

Registered pharmacy inspection report

Pharmacy Name: Glyn Norris Pharmacy, 1 Wick Parade, Wick Street,
LITTLEHAMPTON, West Sussex, BN17 7JQ

Pharmacy reference: 1037379

Type of pharmacy: Community

Date of inspection: 02/01/2020

Pharmacy context

This is a community pharmacy located within a small local shopping facility on the outskirts of Littlehampton, providing pharmacy services to local residents. It also dispenses NHS prescriptions and provides healthcare advice to people. And makes supplies of medicines to one care home and in multi-compartment compliance aids, for those patients who live at home, and may have difficulty managing or remembering to take their medicines. The pharmacy is part of the Paydens group of pharmacies and is an accredited 'Healthy Living' Pharmacy.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy provides services in line with company processes and procedures which are being followed by staff. Team members record, review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. The pharmacy has the appropriate insurance cover to protect people if things go wrong. The pharmacy team keeps the records it needs to by law. They protect patient information and understand their roles in protecting vulnerable people.

Inspector's evidence

The pharmacy had procedures in place to record, review, and proactively learn from adverse events. The dispenser explained that dispensing incidents and near misses were recorded on the 'Pharmapod' system electronically and reviewed in an attempt to learn from incidents. Relevant learning from incidents was shared with staff and also across the company via the monthly newsletter. As a consequence of analysing near miss incidents the pharmacy had separated and highlighted look alike and sound alike drugs (LASA) to try to reduce the risks of errors.

Up-to-date and relevant electronic standard operating procedures (SOPs) were in the place and the pharmacy maintained SOPs online for the services provided from the pharmacy. Hard copies of SOPs, together with sign-off sheets were present in the pharmacy for reference and most of the staff had read and signed these. However, some newer members of staff were still in the process of completing this process completely.

The staff were clear on their roles and responsibilities. On questioning, they explained that they would refer any requests for advice and regular requests for certain Pharmacy medicines e.g, codeine containing medicines, to the pharmacist. Staff were aware of the risks associated with OTC medicines liable to abuse and knew to highlight any frequent requests to the pharmacists to reduce the risk of inappropriate sales.

Details of the company's complaints procedure were displayed on a poster in the retail area. A patient satisfaction survey was carried out annually and the results were displayed on the NHS website. Professional indemnity insurance arrangements were in place for the pharmacy services provided via the NPA.

The responsible pharmacist (RP) sign was on display and appropriate RP records maintained. Controlled drug register, emergency supply, specials records and the electronic private prescription records examined were in order. Running balances for CD's were checked and recorded and those examined during the inspection were in order. Records of patient returned controlled drugs were maintained in accordance with good practice.

The pharmacy had an up-to-date information governance procedure in place and all staff had signed a confidentiality clause. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. Confidential waste was disposed of via a shredder. A business continuity plan and emergency procedure were in place at the pharmacy to ensure that adequate service levels could be maintained. The pharmacy had a privacy policy on display in the consultation area for patients.

Up-to-date child and vulnerable adult safeguarding SOPs and contact details were in place. The staff had completed a training package in this area and were clear about the importance of safeguarding. The pharmacist had also completed the CPPE training on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient staff to manage its workload. The pharmacy team works effectively together and team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist.

Inspector's evidence

The pharmacy dispensed approximately 8,500 prescription items each month. At the time of the inspection there was a relief responsible pharmacist, one trained dispenser, together with one trainee dispenser and a trainee counter assistant. All staff had either completed or were in the process of completing the appropriate staff training required for their roles.

Staffing levels were kept under review although currently the branch has one person on maternity leave and a vacancy for a dispenser which they were actively seeking applicants. The pharmacist conducts regular performance reviews with all staff, where training and development needs were discussed.

Opportunities were provided for staff to continue with development opportunities and staff participated in completing ongoing training provided by the company. The pharmacist also completed his own personal continuing professional development.

The pharmacist was observed supervising and overseeing the sales, supply and advice given by staff. Staff were observed following the sales of medicines protocol when making OTC recommendations and referred patients to the pharmacist when necessary.

The pharmacy had a whistleblowing policy in place to enable staff to raise any concern they had about the provision of a pharmacy service within the company.

Informal staff meetings took place within the pharmacy team, as well as larger management meeting for pharmacists across the group. The company also produces a pharmacy matters newsletter which was read by all staff.

The relief pharmacist did not feel that the targets set for him impacted on the care of patients or his professional decision making

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, bright and maintained to a satisfactory standard. The pharmacy has a private consultation room which people can use if they want to speak privately with the pharmacist and the pharmacy is secure when it is closed.

Inspector's evidence

The pharmacy premises were of a satisfactory size and well lit. It had dedicated areas for dispensing, checking and the preparation of multicompartiment compliance aids, to try to minimise the risk of errors.

The pharmacy was cleaned by staff and a cleaning rota was in place. At the time of the inspection the pharmacy was clean. Hand washing facilities were available in the staff areas, dispensary and consultation room. The sinks were clean and each had a supply of hot and cold water.

A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation room was checked during the inspection and no conversations could be heard in the area next to it. Consideration should be given to ensuring that the consultation room is kept secure when not in use, to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy generally sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. They identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely.

Inspector's evidence

Given the number of elderly housebound patients in the area, the pharmacy offers an important service in providing a prescription collection and delivery service for housebound patients (e.g. medicine compliance packs for vulnerable patients). The pharmacy works closely with the surgeries in identifying patients who may benefit from this service and or may have issues around compliance.

The pharmacy, consultation room and pharmacy counter were accessible to all including patients with mobility difficulties.

Staff were clear about the services offered by the pharmacy. The pharmacy team were able to signpost patients to services not provided by the pharmacy and had signposting information, posters and leaflets as well as access to the internet to assist them with signposting.

In accordance with the SOPs the dispensed by and checked by boxes of the dispensing labels on assembled medicines were initialled. Baskets were used in the dispensing process to separate prescriptions, manage the workflow and reduce the likelihood of errors. In addition stickers were used to highlight and indicate fridge lines, Controlled drugs CDs (including highlighting when CD prescriptions expire), or patients prescribed high-risk medicines. To ensure that appropriate action was taken, including counselling patients where necessary.

Patient information leaflets were generally supplied with all medicines, including those in compliance packs. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP) and were in the process of completing an updated audit of patients receiving valproate products. Although at the time of the inspection the staff were unable to locate the PPP information and supporting counselling literature for patients in the at-risk group. The pharmacy should ensure that this information is readily available for staff.

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius in the fridge. The dispenser explained that the maximum and minimum temperatures of the pharmacy refrigerator were recorded daily and stock was rotated and stored in an orderly manner in the fridge.

Medicines were generally stored in the dispensary in alphabetical order, with certain groups of medicines eg antibiotics stored separately. Medicines were stored tidily in appropriate conditions within their original manufacturer's packaging.

Pharmaceutical stock was subject to date checks and stock close to expiring was appropriately highlighted and removed prior to their expiry.

The staff were aware of the requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. They had the scanners

and software installed and had started using the equipment to decommission medicines.

The pharmacy obtained medicines from authorised suppliers and invoices from a sample of these wholesalers were seen. Waste medicines were stored in appropriate containers including hazardous waste. Waste medicines were stored securely and disposed of via licensed contractors.

Staff were able to demonstrate that drug recalls and safety alerts were received, although proper documented records of actions taken were not always maintained and filed to enable the audit of this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It maintains this equipment to ensure it works and is accurate.

Inspector's evidence

A range of crown stamped measures were available at the pharmacy and these were cleaned regularly. The pharmacy had suitable equipment for counting loose tablets and capsules. Dispensing containers were stored appropriately to minimise the risk of contamination with foreign matter.

The pharmacy had copies of BNF, BNF children and drug tariff as well as access to online resources and facility to access the NPA information service. The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.