

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy & Stores, High Street, Upper Beeding,  
STEYNING, West Sussex, BN44 3HZ

**Pharmacy reference:** 1037400

**Type of pharmacy:** Community

**Date of inspection:** 18/06/2024

## Pharmacy context

This is a community pharmacy situated in the village of Upper Beeding, providing services to the local community. The pharmacy provides NHS dispensing services as well as providing advice and selling medicines over-the-counter. The pharmacy also provides the Pharmacy First scheme for minor ailments.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has safe and effective working practices. Members of the pharmacy team monitor the safety of their services well. They routinely record their mistakes and review them to help improve the pharmacy's internal processes. The pharmacy maintains its records appropriately in accordance with the law. Team members proactively protect the welfare of vulnerable people and they understand how to suitably protect people's private information.

### Inspector's evidence

The pharmacy had electronic written procedures in place as well as risk assessments for the services it provided. These had been reviewed and updated to reflect changes and the pharmacy team had all read and signed them to confirm their understanding. There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported when appropriate to the Learn from patient safety events (LFPSE) service. And the pharmacist demonstrated that dispensing incidents were reviewed regularly and errors discussed with staff members to ensure appropriate reflection and learning, particularly in relation to drug quantities. The pharmacy investigated errors so that they could learn from these and reduce the risk of these occurring in the future.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used individual baskets to hold dispensed medicines to prevent them mixing up different prescriptions. Dispensing labels were also seen to have been completed indicating who had dispensed and who had checked a prescription.

The pharmacy's team members understood what their roles and responsibilities were when questioned.

There was a business continuity plan in place. There was also a complaints procedure in place and displayed on the website for people to see. Staff were all clear on the processes they should follow if they received a complaint or feedback. The pharmacy had a number of positive reviews online, as well as a number of thank you card and letters from patients.

The pharmacy had appropriate public liability and indemnity insurance cover in place.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked regularly. The responsible pharmacist (RP) record was correctly completed and the RP notice was displayed and could be clearly seen by the public. There were two fridges in use and temperatures were recorded and continuously monitored. Date checking of medicine stock was in place and records were maintained for this. The private prescription, emergency supply and specials and extemporaneously prepared product records were maintained appropriately.

The pharmacy's team members were seen to be following the information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. There was a safeguarding policy in place at the pharmacy. The pharmacists had both

completed CPPE level 2 safeguarding training. Contact details for local safeguarding advice, referral and support were available for the staff to use should the need arise.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient staff to manage its workload safely. Pharmacy team members are suitably trained and skilled for the tasks they undertake. They have a clear understanding of their responsibilities. And team members are encouraged to develop and keep their skills and knowledge updated by completing regular training.

### Inspector's evidence

The pharmacy was adequately staffed by suitably skilled team members. This helped to manage the workload safely. Staff present during the inspection included the two pharmacists and three trained dispensers. Two of the dispensers were also currently undertaking training to qualify as pharmacy technicians.

A number of the team members were long-standing staff who had worked at the pharmacy for a prolonged period of time. The team worked well together to provide a good service to people. They helped each other to make sure people were seen to as quickly as possible and to ensure prescriptions were dispensed safely.

Team members understood their role and responsibilities, they asked appropriate questions before selling medicines over the counter, held a suitable level of knowledge to sell medicines safely and referred to the pharmacist when appropriate or required. The team were observed undertaking their tasks with very little direction required from the RP.

The pharmacist helped identify training needs with staff members. And assisted with their ongoing training needs to improve and keep their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment to deliver its services. The pharmacy is clean, it is professional in its appearance. And, it has sufficient space to safely provide its services.

### Inspector's evidence

The pharmacy was clean and tidy and appropriately equipped for the services provided. The pharmacy fixtures and fittings were appropriate for the service provided and the pharmacy was well lit with adequate storage and workbench space available. The pharmacy had air-conditioning installed.

There was a sink available with hot and cold running water with sanitiser to allow for hand washing. The consultation room was clean bright and professional in appearance. It could be kept secure when not in use.

The pharmacy had a separate dispensary area where extemporaneously prepared topical solutions for hair loss were prepared and this was clean, well lit and suitable for use. The pharmacy was planning a refit later in the year.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. The pharmacy team members are helpful and ensure the pharmacy's services are easily accessible. The pharmacy obtains its medicines from reputable sources. It stores and manages them appropriately

### Inspector's evidence

The pharmacy's opening hours and its services were being advertised to people entering the pharmacy. Entry into the pharmacy was from the street via a step and there was a portable ramp and the premises consisted of wide aisles, to assist people with wheelchairs or restricted mobility to easily use the pharmacy's services. The pharmacy team supplied multi-compartment compliance packs for around 10 people for use in their own homes.

Members of the pharmacy team knew that women or girls able to have children mustn't take a valproate unless there was a pregnancy prevention programme in place. They knew that people in this at-risk group who were prescribed a valproate needed to be counselled on its contraindications. They were aware of the new rules on dispensing valproate-containing medicines in the manufacturer's original full pack. And they had the resources they needed when they dispensed a valproate. The pharmacist was also aware of the new legislation around the supply of puberty blocking drugs. The pharmacy was also aware of the MHRA warnings around Finasteride preparation and counselled patients carefully around this.

The pharmacy offered the Pharmacy First scheme. The pharmacist had the equipment and had received the appropriate training to provide this service safely. The pharmacists were both independent pharmacist prescribers and provided a hair loss prescribing service, utilising either telephone/ video call or face to face appointments. Appropriate patient history and prescribing records were maintained. The pharmacy also prepared a number of these topical products extemporaneously and the team closely followed the GPhC guidance on preparing extemporaneously prepared medicines. The pharmacy had also recently started offering aesthetic services through a separate company providing injectable treatments and fillers. The team involved had all received appropriate training and patients were seen face to face.

The pharmacy used authorised wholesalers to obtain medicines and medical devices. Specials were ordered via licensed specials manufacturers.

The pharmacy team had access to destruction kits for the destruction of controlled drugs. Designated bins were available and being used for the disposal of medicines returned by patients. Waste collection was at regular intervals and the team explained they would contact the contractors if they required more frequent waste collection. The pharmacy did not currently have a hazardous waste bin for disposal of cytostatic and cytotoxic waste. However, the pharmacist said that she would obtain one.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked.

The fridges were in good working order. MHRA drug alerts and recalls were received and actioned appropriately by the pharmacy team. Records and audit trails to demonstrate this were kept.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy keeps its equipment clean and uses its facilities appropriately to protect people's privacy.

### Inspector's evidence

The pharmacy was equipped with current versions of the reference sources as well as access to the online reference sources it needed. The equipment it had was clean and this included measures for liquid medicines, weighing equipment that was calibrated regularly, as well as counting triangles.

The pharmacy provided a blood pressure monitoring service and the blood pressure machine, together with the equipment used for the Pharmacy first scheme was checked on a regular basis. The pharmacy restricted access to its computers and PMR system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members made sure their NHS smartcards weren't used when they weren't working.

### 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.