

# Registered pharmacy inspection report

**Pharmacy Name:** East Worthing Pharmacy, 90 Ham Road,  
WORTHING, West Sussex, BN11 2QY

**Pharmacy reference:** 1037414

**Type of pharmacy:** Community

**Date of inspection:** 18/09/2019

## Pharmacy context

This is a community pharmacy, located on a local parade of shops on the outskirts of Worthing. The pharmacy dispenses NHS prescriptions and provides healthcare advice to people. It also supplies medicines in multicompartiment compliance aids (blister packs or trays), for 13 nursing and care homes. And for those patients who may have difficulty managing or remembering to take their medicines living in their own homes.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy does not have procedures in place around information governance nor does it have appropriate facilities to dispose of patient confidential waste securely
		1.8	Standard not met	The pharmacy does not have procedures or training to ensure that staff know what to do to protect and safeguard vulnerable people
<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 not all met

### Summary findings

The pharmacy has some procedures in place and manages some of the risks by learning from dispensing incidents and the pharmacy team learn from these to improve the service they provide. The pharmacy team also generally maintains the records it needs to keep and the pharmacy has appropriate insurance in place to protect people if things go wrong. However, confidential waste was not being managed appropriately at the time of the inspection. And procedures relating to the management of information and safeguarding of vulnerable people were lacking, increasing the risk to people who use the pharmacy's services.

### Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The superintendent pharmacist explained that dispensing incidents and near misses were reviewed and feedback provided to staff. A review following recent near misses had led to the separating of similar named and similar packaged medicines on the dispensary shelves. Errors were reported and action taken when appropriate to notify the NHS National Reporting and Learning System (NRLS). But the pharmacy could be better at documenting the causation and learning around near misses.

The pharmacist explained that baskets were used in the dispensing process to manage the workflow, separate prescriptions and to help reduce the likelihood of errors. A system of utilising stickers was used, for example where a fridge line or high-risk medicine was included, to enable the pharmacist to target patient counselling.

Standard operating procedures (SOPs) were in the place for all the services provided from the pharmacy with the majority of SOPs having been reviewed earlier in the year. SOPs were signed by all staff and signature sheets were retained as verification.

The pharmacy carried out the annual CPPQ patient satisfaction survey. And details of the feedback and complaints procedure informing patients how they could provide feedback or raise any concerns, were detailed within the pharmacy leaflet displayed at the counter. The results of the 2019 patient satisfaction survey were available on line via the NHS choices website. As a consequence of patient feedback, staff now took time to highlight and signpost to patients the availability of the consultation room for discussing sensitive information.

Professional indemnity insurance arrangements were in place for the pharmacy services, provided via the NPA. The Responsible Pharmacist (RP) sign was on display. The RP records, CD register, emergency supply records, private prescription records and specials records examined, were generally in order. Records of patient returned controlled drugs were maintained. However, care should also be taken to ensure that the time of ceasing responsibility or absence of the RP is properly documented in the RP register and that appropriate records including patient details are recorded and retained for unlicensed specials medicines supplied.

Pharmacy staff were aware of the confidential nature of the information that may be acquired by them in the course of their employment but at the time of the inspection no formal procedures could be located relating to information governance. Access to the pharmacy computer and the patient

medication record (PMR) systems was restricted to authorised members of staff and password protected. However, at the time of the inspection confidential waste was currently being disposed of within the waste medicine bins and this is unacceptable and steps need to be taken immediately to ensure that patient identifiable waste is disposed of appropriately and securely.

The pharmacist had completed the CPPQ level 2 safeguarding training. At the time of the inspection the pharmacy staff had not completed any formal training around safeguarding of vulnerable adults or children, nor did the pharmacy have any formal procedures in place for staff to follow in the event of a safeguarding incident.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has adequate staffing levels and staff received appropriate training and supervision for their jobs. The pharmacist completed ongoing training to keep up to date, but the pharmacy does not do enough to ensure that all staff have access to ongoing training.

### Inspector's evidence

The pharmacy dispensed approximately 8,000 NHS prescription items each month. The superintendent pharmacist and two dispensers were present in the pharmacy at the time of the inspection. One of the dispensers was still completing her probation period, but was due to be placed on the appropriate training course after her 3 month period had been completed.

Staff had generally completed appropriate training courses for their roles and the superintendent was in the process of sourcing appropriate ongoing training resources through Numark to ensure that staff received appropriate ongoing training to keep up to date. The pharmacist also completed CPD and CPPE training courses as part of her own ongoing professional requirements.

The pharmacist was observed supervising and overseeing the sales, supply and healthcare advice given by staff. Staff were observed making OTC recommendations and referred patients to the pharmacist when necessary. The pharmacy had a whistleblowing procedure in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure, spacious, clean and well lit. And provides a satisfactory environment for the delivery of its services. The pharmacy has a consultation room to allow patients to hold confidential conversations, but the pharmacy does not do enough to keep this room secured when not in use to prevent unauthorised access.

### Inspector's evidence

The pharmacy was of a good size, fitted out to a satisfactory standard, clean and well lit. The pharmacy had air conditioning installed to control the ambient temperature at the pharmacy. Hand washing facilities were available at the pharmacy and 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. Although the consultation room was not always kept secure to prevent unauthorised access when not in use.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe manner and people receive advice and support to help them use their medicines properly. The pharmacy advertises its services and people can easily access them. The pharmacy generally sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. But it does not do enough to ensure documented records were maintained for audit purposes

### Inspector's evidence

The pharmacy team provide a limited range of services tailored to the needs of the local population eg community multicompartiment compliance aids (MDS or blister packs) and medicines in compliance aids to 13 local nursing and care homes. The pharmacy team work closely with the local surgeries and hospitals to identify suitable patients that would benefit from this service and to ensure continuity of care.

Pharmacy services were advertised to people and the pharmacy had recently launched an 'app' for ordering repeat prescriptions. The pharmacy was accessible to all, including patients with mobility difficulties. Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided. The pharmacy had signposting resources and had access to the internet to assist with this.

The "dispensed by" and "checked by" boxes on the dispensing labels on assembled medicines were initialled to provide a clear audit trail of which staff had been involved in each process. Patient information leaflets were generally supplied with all medicines, including patients receiving medicines in blister packs. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP) and had an SOP in place around dispensing for such patients. However, staff were unable to locate the PPP information pack and associated materials during the inspection and steps should be taken to locate or replace this. Currently the pharmacy does not have any female patients receiving valproate products in the at-risk group.

The staff were aware of the recent requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. The pharmacy already had scanning equipment and software in place, registered with SecureMed, but were awaiting rollout of training before actively using the system. Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The pharmacist demonstrated that the maximum and minimum temperatures of the pharmacy refrigerators were normally recorded although fridge records for the current month could not be located during the inspection. Medicines stock was rotated and stored in an orderly manner in the fridge.

Medicines were stored in appropriate conditions, within their original manufacturer's packaging. Pharmaceutical stock had been subject to date checks and no date-expired stock was seen on the dispensary shelves. Date expired CDs were appropriately marked and segregated within the CD cabinet. The pharmacy obtained its medicines from licensed wholesalers. Invoices from a sample of these wholesalers were seen. Waste medicines were stored securely in appropriate containers and disposed of via licensed contractors. The pharmacist explained that drug recalls were received via email and actioned. However, the pharmacy could do better by ensuring that documented records were

maintained of these and the actions taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided.

### Inspector's evidence

A range of appropriate measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets or capsules and these were clean at the time of inspection. The pharmacy had up-to-date copies of BNF, BNF children and other reference books as well as access to the internet and the 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 and prescriptions awaiting collection were stored to prevent customers being able to view confidential information from the counter area.

### 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.