

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: 05/08/2020

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 for patients in 15 nursing and care homes. In addition it supplies multi compartment compliance packs for about 65 patients, who may have difficulty managing or remembering to take their medicines living in their own homes. This inspection was carried out during the COVID-19 pandemic.

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 has written procedures in place and manages the risks by learning from dispensing incidents and pharmacy team members 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. Team members had received training to help them protect vulnerable people.

Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The responsible 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). 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 currently being reviewed to implement newly written company procedures across all branches. These should be reviewed to ensure that they cover all activity and be read and signed by all staff. The superintendent pharmacist had carried out both a COVID-19 risk assessment in relation to the premises and also individual risk assessments for individual staff.

The pharmacy carried out the annual Community Pharmacy Patient Questionnaire (CPPQ) patient satisfaction survey. And details of the feedback and complaints procedure informing people how they could provide feedback or raise any concerns were available, although the pharmacy was awaiting further copies of the pharmacy practice leaflet to display. The results of the 2019 patient satisfaction survey were available on line via the NHS choices website. As a consequence of people's feedback, staff now took time to highlight and signpost to people 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. Care should also be taken to ensure that appropriate records, including people's details, are recorded and retained for unlicensed specials medicines supplied. Pharmacy staff were aware of the confidential nature of the information that might be acquired by them in the course of their employment and procedures had been implemented for staff to follow in relation 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. Confidential information was disposed of appropriately using a shredder. The pharmacist had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. And staff were aware of the importance of safeguarding of vulnerable adults or children and were

aware of the process to follow in the event of a safeguarding incident. Contact details for local safeguarding agencies were on display.

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 9,000 NHS prescription items each month. The superintendent pharmacist and two dispensers were present in the pharmacy at the time of the inspection.

Staff had completed appropriate training courses for their roles and the superintendent pharmacist was in the process of creating log ins for each staff member to access ongoing training resources through Numark. This would ensure that staff received appropriate ongoing training to keep up to date. The pharmacist also completed continuing professional development (CPD) and CPPE training courses as part of his own ongoing professional requirements. The pharmacist was observed supervising and overseeing the sales, supply and healthcare advice given by staff. Staff were observed making over-the-counter (OTC) recommendations and referred people 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 people 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 and sanitising gels were available at the pharmacy and the sinks were clean and each had a supply of hot and cold water.

The pharmacy had notices displayed to remind people of the need to wear masks and maintain social distancing although social distancing spacing reminders had recently been removed from the flooring. Staff cleaned surfaces and contact points regularly throughout the day. A large consultation room was available for use to ensure that people 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.

Inspector's evidence

The pharmacy team provided a limited range of services tailored to the needs of the local population eg community multicompartiment compliance aids (MDS or blister packs) and medicines with electronic medicines administration record (eMAR) charts to 15 local nursing and care homes. The pharmacy team was working closely with the local surgeries and hospitals to identify suitable people who would benefit from this service and to ensure continuity of care.

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

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 (PILs) were generally supplied with all medicines, including people receiving medicines in compliance aids. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP) and had an SOP in place around dispensing for people at risk. And staff had access to the PPP information pack and associated materials to provide the necessary information and counselling to people. Currently the pharmacy does not have any female patients in the at risk group receiving valproate products.

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. 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 recorded electronically. 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, actioned and documented records maintained of these.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided. And it takes sensible precautions so that people can safely use those facilities to access its services.

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 people being able to view confidential information from the counter area. The pharmacy had a perspex safety screen to protect counter staff and personal protection equipment (PPE) was available for staff to use.

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.