

Registered pharmacy inspection report

Pharmacy Name: McCormick Chemists, 6-10 Rectory Road, Tarring,
WORTHING, West Sussex, BN14 7PA

Pharmacy reference: 1037421

Type of pharmacy: Community

Date of inspection: 21/11/2023

Pharmacy context

This is a community pharmacy situated on a parade of shops on the outskirts of Worthing town centre. The pharmacy dispenses NHS and private prescriptions. It offers a range of services such as seasonal flu vaccinations. The pharmacy provides multi-compartment compliance aids to people if they find it difficult to manage their medicines and delivers medicines for people who can't get to the pharmacy themselves.

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	2.4	Good practice	The experienced pharmacy team members work very well together, supporting each other effectively in managing the workload and delivering a good service to local people.
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 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. Team members proactively protect the welfare of vulnerable people and they understand how to suitably protect people's private information. The pharmacy maintains its records appropriately in accordance with the law.

Inspector's evidence

The pharmacy had written procedures in place and these had been updated recently to reflect changes to the original pack dispensing of valproate products. These procedures had been received in branch and were in the process of being read and signed by the team.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported electronically to head office via the Pharmapod system. And the pharmacist demonstrated that this had been reviewed regularly and errors discussed with staff members to ensure appropriate reflection and learning. Particularly in relation to look-alike and sound-alike (LASA) medicines. The pharmacy would investigate 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.

They had taken measures to mitigate the risk of transmission of COVID-19. There was a business continuity plan in place. There was a complaints procedure in place and displayed for people to see. Staff were all clear on the processes they should follow if they received a complaint.

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. There were some out-of-date CDs that had been separated from regular CD stock and labelled appropriately. The responsible pharmacist (RP) record was correctly completed and the RP notice was displayed and could be clearly seen by the public.

There was a fridge in the main dispensary in use and temperatures were recorded and monitored daily. Date checking of medicine stock was in place and records were maintained for this. The private prescription, emergency supply and specials records were maintained appropriately.

The pharmacy's team members were seen to be following the company's 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 and technician working had 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 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 pharmacist manager an accredited checking technician, two dispensers and a medicines counter assistant. A number of the team members including the pharmacist were long-standing staff who had worked at the pharmacy for a number of years. They wore name badges to identify themselves and they 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 when 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. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. There were plastic screens separating the retail area from the dispensary. The consultation room was clean and could be kept secure when not in use. Upstairs in the pharmacy there was a separate dispensary area specifically for the preparation of compliance aids, as well as additional storage space.

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 were listed on the front door and its services were being advertised to people entering the pharmacy. Entry into the pharmacy was from the street via a ramp and the premises consisted of wide aisles as well as some clear, open space. This assisted people with wheelchairs or restricted mobility to easily use the pharmacy's services. The pharmacy team supplied multi-compartment compliance packs for around 70 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 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 regular and the team explained they would contact the contractors if they required more frequent waste collection.

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 fridge was in good working order, although due to the amount of stock and prescriptions awaiting collection the space available could be improved by increasing the size of the fridge or providing an additional fridge to increase the storage space for medicines.

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 and counting triangles. The pharmacy provides a blood pressure monitoring service and the blood pressure machine had been replaced and 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.