

# Registered pharmacy inspection report

**Pharmacy Name:** Five Villages Pharmacy, 49 Barnham Road,  
Barnham, BOGNOR REGIS, West Sussex, PO22 0ER

**Pharmacy reference:** 1091110

**Type of pharmacy:** Community

**Date of inspection:** 03/03/2020

## Pharmacy context

This is a community pharmacy, located on the main road in the centre of the village of Barnham. The pharmacy dispenses NHS prescriptions, provides healthcare advice to people living in Barnham and the surrounding villages. It also supplies medicines in multicompartment compliance aids (blister packs or trays), for those patients who may have difficulty managing or remembering to take their medicines. And also provides pharmacy services to one local nursing home. The regular pharmacist provides a travel clinic service.

## 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 provides services appropriately in line with processes and procedures, which are followed by staff. Team members review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. And the pharmacy team asks people for their views and use this feedback to improve their services. The pharmacy team keep the records they need to by law. The pharmacy protects people's private information and the team members understand their roles in protecting vulnerable people.

### Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The dispenser explained that incidents and near misses were reviewed and feedback provided to staff. As a consequence of near miss reviews this had led to the separating of similar named and similar packaged medicines on the dispensary shelves. The pharmacy used the NPA near miss record book and completed the annual patient safety audit. But improvements could be made to the frequency and level of detail recorded, as well as documenting both the causation and action taken to help monitor trends in relation to incidents and increase the learning in relation to incidents. The dispenser explained that baskets were also used in the dispensing process to manage the workflow, separate prescriptions and to help reduce the likelihood of errors. A system of utilising stickers or highlighting the prescription was used, for example where a high risk medicine such as Methotrexate or Warfarin was included, to enable the pharmacist to target patient counselling.

The pharmacist had carried out risk assessments for the services provided and standard operating procedures (SOPs) were in the place for all the services provided from the pharmacy. SOPs were signed by all staff and signature sheets were retained as verification. The pharmacy SOPs were due for review later this month. The staff were well organised and each knew their roles and responsibilities in the team. The pharmacy carried out the CPPQ patient satisfaction survey and the results of the most recent survey were available on a poster displayed in the pharmacy.

Professional indemnity insurance arrangements were in place for the pharmacy services. The responsible pharmacist (RP) sign was on display. The RP records, controlled drug (CD) registers (including running balances and appropriate records of patient returned controlled drugs), emergency supply records, electronic private prescription records and specials records examined, were in order. The pharmacy had procedures in place to cover information governance and staff were clear in their understanding of the confidential nature of the information that may be acquired by them in the course of their employment. In addition the pharmacy had leaflets available for people to read and understand how their information was utilised and secured by the pharmacy. 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 stored securely and disposed of appropriately using a specialist secure shredding disposal company. Staff were clear what to do and who to contact if they had any concerns about the safety of a child or a vulnerable adult and the pharmacy had the telephone details of local safeguarding contacts for ease of reference. The pharmacist had completed the CPPE safeguarding course.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the skills and training for the roles they undertake. The pharmacy supports the ongoing learning and development of its staff to keep their skills and knowledge up to date. The pharmacy team can make suggestions and get involved in making improvements to the systems used and services provided.

### Inspector's evidence

The pharmacy dispensed approximately 10,000 NHS prescription items each month. A locum pharmacist, two trained dispensers and one qualified medicines counter assistant, were present in the pharmacy at the time of the inspection. Staffing levels were planned and changed in response to business needs. Staff had completed appropriate training courses for their roles and were encouraged to continue and develop their skills. The staff explained that the pharmacist conducted reviews where performance and development needs were individually discussed with them. Staff were encouraged to continue their own personal development through magazine articles and training resources provided through Numark. The locum pharmacist also completed CPD and CPPE training courses as part of her ongoing professional requirements.

The pharmacist was observed supervising and overseeing the sales, supply and healthcare 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 and on questioning, staff were able to explain how they would raise any concern about the provision of a pharmacy service and confirmed that they would not have any hesitation in doing this if circumstances required. The locum pharmacist explained she was not set any targets or incentives.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, safe, secure. And provide a suitable and professional environment for the pharmacy services provided.

### Inspector's evidence

The pharmacy was of a good size, fitted out to a satisfactory standard, clean and well lit Hand washing facilities were available at the pharmacy and the sinks were clean and each had a supply of hot and cold water. A treatment room and separate consultation room were available for use to ensure that patients could have confidential conversations with staff when necessary. The availability of a consultation room for patients to have sensitive and confidential conversations was highlighted on a poster displayed in the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner and people receive appropriate advice and support to help them use their medicines properly. The pharmacy advertises its services and people can easily access them. The pharmacy sources, stores and manages medicines appropriately. And so makes sure that all the medicines it supplies are fit for purpose.

### Inspector's evidence

The pharmacy team provides a range of services tailored to the needs of the local population e.g. community multi-compartment compliance aids (MDS or blister packs) for use in the community. And works closely with the surgery and local hospitals to identify suitable patients that would benefit from this service and to ensure continuity of care. The pharmacy also provides a delivery service to house bound patients living in the surrounding rural areas. Pharmacy services were clearly advertised.

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. However, care should be taken to ensure they are also provided to community-based compliance aid patients. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP), and had the PPP counselling pack and resources available to provide to patients at risk. 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 had the hardware and software in place and were registered with SecureMed. Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The dispenser demonstrated that the maximum and minimum temperatures of the pharmacy refrigerators were recorded daily and stock was rotated and stored in an orderly manner in the fridges. Medicines were stored in appropriate conditions, within their original manufacturer’s packaging.

Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted. The pharmacy obtained its medicines from licensed wholesalers. Waste medicines including hazardous waste were stored securely in appropriate containers and disposed of via licensed contractors. The dispenser explained and demonstrated that drug safety recalls were appropriately actioned and documented records were appropriately maintained of this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it uses these to make sure people's private information is protected.

### Inspector's evidence

A range of measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets and 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. 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. Staff were observed disposing of confidential waste appropriately.

### 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.  |