



Registered pharmacy inspection report

Pharmacy Name: Corden Pharmacy, Spiro Close, PULBOROUGH,
West Sussex, RH20 1FG

Pharmacy reference: 1092695

Type of pharmacy: Community

Date of inspection: 17/07/2019

Pharmacy context

This is a busy community pharmacy located within a large medical centre on the outskirts of the village of Pulborough. The pharmacy provides pharmacy services to local residents as well as those living in the surrounding rural area. The pharmacy dispenses NHS prescriptions and provides healthcare advice to people. It also supplies medicines in multi-compartment compliance aids, for those patients who live at home and may have difficulty managing or remembering to take their medicines. The pharmacy is part of the Kamsons group.

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	Good practice	1.1	Good practice	The pharmacy identifies and appropriately manages the risks associated with its pharmacy services well and it uses company procedures effectively to achieve this.
		1.8	Good practice	The pharmacy works closely with the surgery and other health care professionals to ensure that vulnerable people are protected.
2. Staff	Good practice	2.1	Good practice	The pharmacy has good levels of appropriately trained staff.
		2.4	Good practice	Staff worked effectively together as a team and showed a good culture of openness , honesty and learning.
3. Premises	Good practice	3.1	Good practice	The pharmacy premises are spacious and fitted out to a high standard.
		3.5	Good practice	Pharmacy services are provided in a very professional and hygienic environment.
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy services are tailored to the needs of the local community and the pharmacy works closely with the adjacent medical centre, to provide effective care.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy provides services safely and effectively in line with clear processes and procedures which are being followed by staff. Team members record, review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. The pharmacy team asks people for their views and deals with any complaints appropriately. And it uses the feedback to improve the service it provides. The pharmacy team generally keeps the records it needs to. And the pharmacy protects patient information and works closely with the adjoining surgery to ensure that vulnerable people are properly protected.

Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The pharmacist demonstrated that dispensing incidents and near misses were documented, reviewed and feedback provided to staff. A recent review following the analysis of near miss incidents had led to the highlighting of 'look alike' and 'sound alike' packaging to try and reduce the risk of errors for example escitalopram and esomeprazole. And to ensure that staff were aware of the similarities in packaging and the increased need to take great care when selecting such products. In addition, during the clinical checking stage any such products were highlighted on the prescription token to try and highlight the potential risk to others before the item was selected. Dispensing incidents were reported to head office and when appropriate to the NRLS.

The pharmacist explained that colour coded baskets were used in the dispensing process to effectively manage the workflow, separate prescriptions and reduce the likelihood of errors. Standard operating procedures (SOPs) were in the place for the services provided from the pharmacy with all SOPs having been last reviewed and re-issued by the group during September 2017. SOPs were signed by staff and signature sheets were retained as verification. The roles and responsibilities of staff were defined within the SOPs. The medicines counter assistant (MCA) was clear on her role and responsibilities. And on questioning, the MCA explained that she would appropriately refer any requests for advice and certain P medicines (for example regular requests for codeine preparations) appropriately to the pharmacist.

The patient complaints and feedback procedure informing people how they could provide feedback or raise any concerns, was clearly displayed on a poster and leaflet displayed at the counter. A patient satisfaction survey had been completed and the summary results were available for patients to see. Feedback was very positive. However, some comments related to the availability of healthy living and eating advice and staff explained that they took care to try and identify patients who may benefit from such advice.

The pharmacy had professional indemnity insurance arrangements in place for the pharmacy services provided. The responsible pharmacist (RP) sign was on display. The RP records together with electronic controlled drug (CD) registers, special records and electronic private prescription records and emergency supplies examined were in order. Controlled drug running balances were checked and recorded regularly electronically and those balances checked during the inspection were correct. Records of patient returned controlled drugs were generally maintained but care should be taken to ensure that any returns are documented when received back into the pharmacy and not just when

denatured.

The responsible pharmacist explained that all staff were required to read and sign to confirm their understanding of the confidential nature of the information that may be acquired by them in the course of their employment. Staff had completed General Data Protection Regulation (GDPR) training and the pharmacy had an up-to-date SOP dealing with information governance. The pharmacy used Summary Care Records and an SOP and training had been implemented. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. A confidential waste bin was used to dispose of patient identifiable and confidential waste. This was stored securely and transported to head office for destruction.

Child protection and vulnerable person safeguarding SOPs were in place and all staff had read and understood these procedures and were aware of what to do and who to contact if they had any concerns about the safety of a child or a vulnerable adult. The pharmacists and technicians had also completed the CPPE safeguarding training. The pharmacy work very closely with the surgery and attend weekly meetings with the local multidisciplinary team.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has good levels of qualified staff for the services it provides and provisions are in place to ensure staffing levels are maintained. Pharmacy staff have the appropriate skills and qualifications for their roles and are actively encouraged to undertake ongoing learning. The team works effectively together with openness and honesty, to help support the safe and effective delivery of pharmacy services. Team members can make suggestions and get involved in making improvements to the systems used and services provided.

Inspector's evidence

The pharmacy dispensed approximately 24,000 items each month. two pharmacists, two trained registered technician and ACT, four trained NVQ 2 dispensers, two trainee dispensers , three trained medicines counter assistants and a pre-registration pharmacy student were present during the inspection. Staffing levels were changed in response to business needs and staff rotas were in place to ensure appropriate staff levels were maintained. In cases of staff shortages, relief staff could be transferred from other local branches or relief staff were used to assist.

Staff had completed appropriate training courses for their roles and were encouraged to continue and develop their skills and progress through training courses. Staff wore uniforms and name badges and were identifiable to patients. The pharmacist explained that he carried out staff appraisals, where performance and development needs were individually discussed and documented. Staff were encouraged to continue their own personal development by completing regular training courses, for example magazine articles and company training events. One member of staff was currently progressing from being a dispenser by undertaking the NVQ 3 technician training course and this was supported by the business. The group also have developed and run their own successful training program for pre-registration trainee pharmacists.

The pharmacists were observed appropriately supervising and overseeing the sales, supply and advice given by staff. Staff worked effectively as a team and 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 procedure in place and on questioning, staff were able to explain how they would raise any concern they had about the provision of a pharmacy service with the company and confirmed that they would not have any hesitation in doing this if circumstances required.

Regular informal staff meetings and briefings take place and staff feedback concerning the operation of pharmacy systems was encouraged. As a consequence of staff comments, the pharmacy had already reviewed the range of vitamin preparations kept at the pharmacy to meet customer requests. In addition following feedback from staff, the pharmacy was in the process of reviewing the prioritisation of dispensing delivery prescriptions each morning, to ensure they were ready without undue delay in advance of when the delivery drivers arrived. The company sets targets around MURs and NMS, but the pharmacists did not feel under any pressure to compromise their professional judgement when providing these services.

Principle 3 - Premises ✓ Good practice

Summary findings

The pharmacy premises are spacious and provide a very good professional environment for the delivery of pharmacy services to people. It has suitable facilities to protect the privacy, dignity and confidentiality of people. And the team uses them to ensure confidentiality is protected.

Inspector's evidence

The pharmacy had a good amount of space available for the activities carried out. It was clean, well lit, fitted out to a very good standard, hygienic, well presented and of a very professional appearance. Hand washing facilities were available in the consultation rooms, dispensary and staff areas. The sinks were clean and each had a supply of hot and cold water.

Two consultation room were available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation rooms were checked during the inspection and no conversations could be heard in the areas next to it. The ambient temperature of the pharmacy was controlled through the air conditioning units.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy provides a good range of services tailored to the needs of the local population for example multi-compartment compliance aids for people in their own homes. Given the location of the pharmacy and the local elderly population, this service ensured that vulnerable patients could be cared for in their own homes. The pharmacy worked closely with the surgery and local hospital in managing this service.

The pharmacy also provided a valuable delivery services and this is managed and audited effectively using the pro delivery system. The pharmacist also works closely with surgery and acts as a triaging service having patients referred directly to him and being able to arrange urgent doctors appointments if required. The pharmacy, consultation room and pharmacy counter were accessible to all including patients with mobility difficulties. The pharmacy advertised its services well. 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 team also had access to the internet to assist with this.

In accordance with the SOPs, the dispensed-by and checked-by boxes of the dispensing labels on assembled medicines were initialled. Clinical checks were carried out by the pharmacist as part of the accredited checking technician procedure. Patient information leaflets were generally supplied with medicines. However, care should be taken to ensure that they are always supplied with compliance aids. The pharmacy carried out regular clinical audits and had completed recent audits in relation to carbimazole and NSAIDs. Clear bags were used for dispensing fridge lines and CDs to minimise risks. A system of utilising stickers was also in place to highlight issues relating to high-risk medicines for example warfarin products, to enable the pharmacist to target counselling and guidance appropriately. The pharmacy had recently undertaken an audit of valproate patients to identify those at risk and to ensure appropriate action was being taken in relation to the recent safety alert. In addition the pharmacist had also carried out an audit of patients who may become pregnant receiving carbimazole, to ensure appropriate pregnancy protection information was also provided to this group of patients.

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The pharmacist demonstrated that the maximum and minimum temperatures of the three pharmacy refrigerators were recorded daily including logging any incidents and the associated action taken. Fridge stock was rotated and stored in an orderly manner in the fridges. Medicines were stored within their original manufacturer's packaging and in an organised and tidy manner to help reduce errors. Pharmaceutical stock was subject to regular date checks through date checking and stock close to expiring was appropriately highlighted.

The staff were clear about the requirements for ensuring compliance with the Falsified Medicines

Directive (FMD), in relation to verification and decommissioning of medicines. At the time of the inspection the pharmacy had received the hardware scanning equipment and the appropriate software was in place. The pharmacy had recently received an updated SOP for FMD, which staff had all read. And the pharmacy team had started using this equipment to carry out the required FMD compliance checks.

The pharmacy used licensed wholesalers to obtain its stock. Invoices from a sample of wholesalers were seen. Waste medicines were stored securely and had the appropriate containers to dispose of hazardous waste (eg cytostatics and cytotoxics). This waste was disposed of via licensed contractors. The pharmacy had a procedure in place for dealing with drug recalls and safety alerts and documented the actions taken appropriately.

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 uses these to protect people's confidential information.

Inspector's evidence

A range of crown stamped measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets and these were clean at the time of inspection. Medicine containers were stored securely to minimise the risks of contamination by foreign matter.

The pharmacy had up to date copies of BNF, BNF children and drug tariff as well as access to the internet and 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. Staff were observed disposing of confidential waste in the special bins provided.

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.