

Registered pharmacy inspection report

Pharmacy Name: Midhurst Pharmacy, Whithorne House, North Street, MIDHURST, West Sussex, GU29 9DH

Pharmacy reference: 1106426

Type of pharmacy: Community

Date of inspection: 20/08/2019

Pharmacy context

This is a community pharmacy, located on the main high street in the centre of Midhurst. The pharmacy dispenses NHS prescriptions, provides healthcare advice to people living in Midhurst and the surrounding rural areas. It also supplies medicines in multicompartiment compliance aids (blister packs or trays), for those patients who may have difficulty managing or remembering to take their medicines.

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 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 they use this feedback to improve their services. The pharmacy team generally keeps the records it needs 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 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 Service (NRLS).

The pharmacist 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, Warfarin or Lithium 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 with the majority of SOPs having been reviewed recently. SOPs were signed by all staff and signature sheets were retained as verification.

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 details of the feedback and complaints procedure informing patients how they could provide feedback or raise any concerns, was detailed within the practice leaflet available at the pharmacy. The results of the most recent survey were available on line via the NHS choices website. As a result of feedback from the survey staff were now taking time to signpost and highlight to patients waiting for prescriptions, to the seating area in the pharmacy.

Professional indemnity insurance arrangements were in place for the pharmacy services, provided via Pharmacy Guard. The responsible pharmacist (RP) sign was on display. The RP records, CD register (including running balances), emergency supply records, electronic private prescription records and specials records examined, were generally in order. The pharmacy could not locate any records for patient returned controlled drugs during the inspection and undertook to start a new register if the old one could not be located. 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.

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. 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

disposed of using a shredder to dispose securely.

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 also completed the CPPE safeguarding course. Improvements could be made around formalising written procedures around safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the right skills and training for the roles they undertake. The pharmacy supports the ongoing learning and development of its staff. And they get the chance to do training during working hours 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 3000 NHS prescription items each month. One pharmacist, one trained dispenser 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 pharmacist explained that all staff had reviews where performance and development needs were individually discussed, and the dispenser was about to commence the NVQ level 3 training programme. Staff were encouraged to continue their own personal development through online training courses through Alphega and magazine articles. The pharmacist also completed CPD and CPPE training courses as part of his ongoing professional requirements. Staff were provided with time to carry out ongoing training during work time.

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. 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 pharmacist explained that there were no specific targets in place for MUR's and NMS.

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. 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 treatment room and separate consultation room were 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 and the room could be kept more tidy.

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 provide a limited 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 work 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, including community compliance aids patients. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP), but were unable to locate the information during the inspection and should take steps to replace this to ensure that they have the information required available for patients at risk. The pharmacy currently had no patients in the at-risk group on valproate preparations. 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 was finalising its decision as to which software provider to use and then will register with SecureMed and obtain scanners to comply with the decommissioning requirements. Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The pharmacist demonstrated that the maximum and minimum temperatures of the pharmacy refrigerator was recorded daily and 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 was subject to regular date checks and stock close to expiring was appropriately highlighted. Date expired CDs were appropriately marked and segregated within the CD cabinet. The pharmacy obtained its medicines from licensed wholesalers. Specials were generally ordered via Sigma / Alliance specials. Invoices from a sample of these wholesalers were seen. Waste medicines including hazardous waste were stored securely in appropriate containers and disposed of via licensed contractors. The pharmacist explained that drug recalls were appropriately actioned and documented records 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 / 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.