

# Registered pharmacy inspection report

**Pharmacy Name:** Tarring Community Pharmacy, St. Lawrence Avenue, 79 St. Lawrence Avenue, WORTHING, West Sussex, BN14 7JL

**Pharmacy reference:** 1108386

**Type of pharmacy:** Community

**Date of inspection:** 19/06/2019

## Pharmacy context

This is a community pharmacy, located within a medical centre close on the outskirts of Worthing. The pharmacy dispenses NHS prescriptions, provides healthcare advice to people. 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
<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 in line with processes and procedures, which are followed by staff. But these are due a review to ensure that they are still relevant. Team members review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. But the team could do more to increase the learning gained from these incidents. The pharmacy team asks people for their views and deals with any complaints. And it uses this feedback to improve the service it provides. The pharmacy team generally keeps the records it needs to by law. The pharmacy protects peoples 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 NRLS. But the pharmacy could be better at documenting near misses.

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 last in February 2015. SOPs were generally signed by all staff and signature sheets were retained as verification. But the pharmacy could improve by reviewing the SOP's in place.

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 displayed at the counter. The results of the 2016 patient satisfaction survey were available on line via the NHS choices website. Although this could be updated to ensure the most up to date survey results were displayed.

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, although care should be taken to ensure that any returned controlled drugs are recorded in this register at the time of receipt, rather than just when they are destroyed. 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 and that the details of the prescriber are recorded on every occasion in the private prescription 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 dedicated bins and stored securely and disposed of through a confidential waste service.

Child protection and vulnerable person safeguarding SOPs were in place detailing 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 course. The pharmacist explained that where he had concerns about safeguarding issues he was able to easily speak with the duty doctor at the surgery to discuss next steps and ensure that appropriate action was taken if required quickly.

## 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 16,000 NHS prescription items each month. Two Pharmacists, two trained dispensers and two qualified medicines counter assistants, 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. Staff were encouraged to continue their own personal development through online training courses, magazine articles and on occasions face to face training through company representative training. The pharmacist and technicians also completed CPD and CPPE training courses as part of their ongoing professional requirements. Staff were provided with time to carry out ongoing training. The pharmacist was in the process of completing the independent pharmacist prescribing course and was being supported to complete this by the medical practice.

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. Following feedback staff were working closely with the surgery to ensure that the newly instigated urgent prescription request service worked smoothly, to ensure continuity of care for patients who had run out of their medication. 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 safe, secure, and suitable for the pharmacy services provided.

### Inspector's evidence

The pharmacy was of a good size, well fitted out, 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 consultation room was 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.

## 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 eg community Monitored Dosage Systems (MDS or blister packs). 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 have an excellent working relationship with the surgery and the pharmacist is able to arrange appointments for patients who need to be seen by a GP urgently. Consequently, the surgery often refer patients to see the pharmacist for triaging for minor ailments.

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 DDS patients. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP) and had the information readily available to provide to patients as part of the counselling process.

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 in place, registered with SecureMed and were in the process of finalising suitable software.

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 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 Rokshaw 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.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

A range of measures were available at the pharmacy although these were of the laboratory type rather than crown stamped and should be replaced. 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 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 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.