

# Registered pharmacy inspection report

**Pharmacy Name:** Pharm@Sea, Lower Ground Floor Out-Patient

Dept, Royal Sussex County Hospital, Eastern Road, BRIGHTON, BN2  
5BE

**Pharmacy reference:** 1122007

**Type of pharmacy:** Community

**Date of inspection:** 30/01/2024

## Pharmacy context

This is a community pharmacy which is in the grounds of an NHS hospital and it mainly dispenses outpatient prescriptions. It dispenses prescriptions for a wide variety of medical specialisms, including HIV, oncology, renal, and ophthalmology. It provides a delivery service to people's homes across East Sussex. And it supplies medicines in multi-compartment compliance packs to a small number of people who need this additional support. The pharmacy does not have an NHS community pharmacy contract and does not dispense FP10 prescriptions.

## Overall inspection outcome

✓ Standards met

**Required Action:** None

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## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy records and regularly reviews any dispensing mistakes. It discusses any mistakes and any learnings with the team on a regular basis.
<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 identifies and manages the risks associated with its services well. It records and regularly reviews any dispensing mistakes, and it takes action to help prevent a recurrence. Team members know about their own role and responsibilities and there are written procedures for them to refer to. The pharmacy keeps the records it needs to by law, to show that its medicines are supplied safely and legally. It protects people's personal information well. And team members know how to respond to concerns about the welfare of a vulnerable person.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which had recently been updated and staff were in the process of reading through the new versions. There were additional procedures and policies for the more specialised services the pharmacy provided. For example, there was a policy for oral chemotherapy medicines, and a procedure about how to dispense them safely. And staff were required to answer questions to check if they had understood them. The responsible pharmacist (RP) was the lead pharmacist and explained that only team members who had read through the documents and completed the associated training were allowed to dispense oral chemotherapy medicines.

The pharmacy recorded dispensing mistakes which were identified as part of the dispensing process (known as near misses) electronically. And it also made electronic records about dispensing mistakes where the medicine had been handed to a person (known as dispensing errors). Records about dispensing errors were available on the computer system on the team drive, and each team member had access. The RP described how the near misses and errors were reviewed regularly and showed a detailed analysis on the computer system about the types of mistakes and medicines involved. The review also included any actions needed to help prevent a reoccurrence, and the review was discussed at the monthly safety and governance meeting. The outcomes from the meeting were emailed to all team members. Previous outcomes had included reminding the team to date check the stock regularly, and to take additional care with specific oncology medicines. One medicine had been prescribed for a rare unlicensed condition and it was initially believed to be a prescribing error and the dose had been adjusted. The dispensed dose was later found to be incorrect, and as a result the team had been advised to check with the prescriber first if a dose or medicine was unusual. Staff also had access to electronic records about people's consultations and medicine reviews which helped inform the team about why a medicine had been prescribed. As well as the monthly meetings, there were also weekly team briefs in which any dispensing mistakes were discussed and details about what was discussed was emailed to team members.

The dispenser could describe what she could and could not do if the pharmacist had not turned up in the morning. And the medicines counter assistant (MCA) could explain what action she would take if a person attempted to repeatedly purchase a medicine which was liable to abuse. There was a list on the wall in the dispensary which showed the daily tasks that needed to be completed. And there was a sheet for the lead pharmacist to fill in to confirm that various tasks had been completed during the day, such as making records about controlled drug (CD) prescriptions.

The pharmacy had a complaint procedure for team members to refer to. People could scan a QR code in the public area to give feedback about the pharmacy's services, and there were also printed forms

available. The superintendent pharmacist (SI) was not aware of any recent complaints and said that a recent patient satisfaction survey showed that 96% of respondents were satisfied.

The pharmacy had current indemnity insurance. The RP notice showed the wrong pharmacist's details, but it was immediately changed. The lead pharmacist said that the RP changed several times during the day. The RP records and private prescription records seen had been filled in correctly. The lead pharmacist said that emergency supplies were very rare, as there were always prescribers available at the hospital. Controlled drug (CD) registers seen complied with requirements, and the CD running balances were checked regularly. The pharmacy kept records with the relevant information about unlicensed medicines it had dispensed.

No confidential information could be seen from the public area and computer terminals were password protected, with the screens facing away from people using the pharmacy. Team members were required to undertake mandatory information governance training, and the RP said that they also did training from the Trust about confidentiality. Confidential waste was separated from general waste and disposed of by the Trust.

The RP confirmed that each team member had completed mandatory safeguarding training, and there were safeguarding contacts in the hospital if a concern arose about a vulnerable person. The SI confirmed that the delivery drivers had completed training about safeguarding and infection control.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy is busy, but it has enough staff to provide its services, and they do the right training for their roles. They are supported in learning more skills and obtaining further qualifications. And they undertake ongoing training to help keep their knowledge and skills up to date. They feel comfortable about raising any concerns.

### Inspector's evidence

At the time of the inspection there was the SI, the RP, three pharmacists, two accuracy checking technicians (ACTs), two MCAs, and three dispensers. The RP explained that the pharmacy was currently using locum staff for support. The pharmacy was seen to be busy but was generally up to date with its workload. The SI confirmed that all team members were registered on the relevant accredited courses or had completed them. And team members spoken with were able to describe the training they had undertaken.

Team members felt comfortable about raising concerns, and the SI worked regularly in the pharmacy and was easily accessible. Staff had access to a range of online training materials, and this included mandatory courses such as safeguarding and information governance. Team members were given time at work to do this training where possible, and if they were doing an accredited course, they had an assigned supervisor. They had annual appraisals, and there was succession planning to help increase the range of skills and capacity of the team. The SI described how he encouraged team members to undertake additional training to help them qualify for new roles. One of the dispensers had completed her dispenser course after previously working on the medicines counter. She described the additional ongoing training she had completed, which included smoking cessation, chemotherapy, and blood pressure training. The SI said that the drivers and counter staff had done some additional training about safety and security, and he was aware of the requirements about Continuing Professional Development. Team members had daily huddles, weekly team meetings, and the monthly safety and governance meeting.

There were some targets in the form of KPIs that the team aimed to meet, but there was no undue pressure to achieve them. The SI said that patient safety was his primary concern and he felt fully able to take professional decisions.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean and tidy and they are kept secure. They are suitable for the services the pharmacy provides. And people can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was clean and tidy and had a professional appearance. The dispensary was of an adequate size with limited storage space, but it was organised and there was enough clear workspace to dispense safely. Lighting throughout was good, and there was air conditioning. The premises were secure from unauthorised access when closed.

The consultation room was located slightly away from the public area, and it allowed a conversation at a normal level of volume to take place inside which would not be overheard. During the inspection there were some unsecured items in the room, although the room was lockable and had lockable storage inside it. The SI explained that the consultation room was not used often, and if it was needed for a private consultation then team members cleared away any unnecessary items before it was used. During the inspection, the room was only seen being used by team members who were doing administrative tasks.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services in a safe and effective way. It highlights higher-risk medicines so that there is an opportunity to speak with people taking these medicines. And it keeps an audit trail for its delivery service. It gets its medicines from reputable sources and stores them properly. Team members take the right action in response to safety alerts to help ensure that people get medicines and medical devices that are safe to use.

### Inspector's evidence

The pharmacy had step-free access via an automatic door. Part of the counter was lowered, to assist people with wheelchairs, and there was a large clear space in the shop area. People were given a number for each prescription handed in, and these numbers and their progress were displayed on the large screen in the public area. The RP described how the screen also showed people if the pharmacy was awaiting stock from another department, or if there were any queries which were being made. The screen showed people who the current RP was. The pharmacy's computer system could print large-print labels, and the RP explained that medicines for ophthalmological conditions were automatically printed in a larger font.

There were plastic trays used during the dispensing process to help keep individual people's medicines separate, and there was a clear workflow through the dispensary. Staff were observed communicating effectively with each other and working in an organised way. The pharmacy provided flu vaccinations under a National Protocol when in season, but this service had been paused. It also had provided a smoking cessation service in association with the local council as a local need had been identified, but this service had been temporarily paused. The SI said that the pharmacy supplied some medicines under patient specific directions such as antiviral medicines for people in nursing homes. He explained that the pharmacy had previously taken part in avian flu initiatives with the local integrated care system.

Dispensed multi-compartment compliance packs had an audit trail to show who had undertaken the various stages such as dispensing and checking the packs. Staff kept a record of any changes to people's medicines or when they received new prescriptions. The pharmacy had a conversation with the clinic to help assess if people needed their medicines in the packs. Only a small number of people received the packs, and the RP was conscious that the pharmacy had a limited capacity to dispense them. No dispensed packs were available to be examined, and the RP confirmed that patient information leaflets were supplied with them. And that the packs were labelled with a description of the medicines inside.

Prescriptions for higher-risk medicines were highlighted, and examples were seen. The RP showed how prescriptions for paediatric medicines were flagged where the person's parent or guardian needed additional counselling. She explained that only trained team members handed out and counselled people about chemotherapy medicines. The team was aware of the recent isotretinoin guidance. And team members knew about the recent valproate guidance and supplying it in its original manufacturer's pack.

The pharmacy delivered medicines to some people's homes and kept an electronic audit trail for this. It did deliveries for the Covid medicines unit which distributed antiviral medicines as necessary to

vulnerable people. The SI said that the pharmacy had been recognised at the ICS level for the level of service offered. And that around a quarter of the pharmacy's dispensed medicines were delivered to people.

The pharmacy obtained its medicines from licensed suppliers and stored them tidily in the dispensary and the dispensing robot. The computer system generated lists of stock for staff to date check, and this included the stock in the robot and the rest of the dispensary. Date checks were also done annually for all stock. A selection of medicines was chosen at random, and no out-of-date medicines were found. Fridge temperatures were monitored and recorded daily, and an alarm sounded if the temperatures went out of the appropriate range. Records seen showed that the temperatures had generally stayed within 2 to 8 degrees Celsius. There were one or two occasions seen when the temperatures had slightly gone over 8 degrees, and an explanation had been noted on the record. Bulk liquids were marked with the date of opening, and medicines awaiting destruction were put into designated bins. CDs were kept secure.

The pharmacy received drug alerts and recalls via email, and the SI said that several pharmacists had signed up to the MHRA mailing list. He described the action that was taken if a relevant alert or recall was received. There were some records about previous recalls, but the last one seen was from September 2023. The SI thought that there was a more recent folder but could not locate it at the time of the inspection. And said that recent recalls had not applied to the stock the pharmacy held. He explained that drug alerts and recalls were discussed as part of the monthly safety and governance briefs, and at the weekly team meetings.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services, and it maintains them appropriately.

### Inspector's evidence

The pharmacy's dispensing robot was under a maintenance contract and was serviced regularly. There were cordless phones available which could be moved to a quieter part of the pharmacy to help protect people's personal information. The glass measuring cylinders were clean, and they had been appropriately calibrated. The pharmacy had a pneumatic tube system so that it could quickly receive prescriptions and other documentation from the different departments in the hospital.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.