

# Registered pharmacy inspection report

**Pharmacy Name:** Coldean Pharmacy Limited, 16 Beatty Avenue,  
Brighton, East Sussex, BN1 9ED

**Pharmacy reference:** 9010023

**Type of pharmacy:** Community

**Date of inspection:** 30/04/2019

## Pharmacy context

This is a small community pharmacy in a residential suburb of Brighton and Hove. It is close to a local school and a care home. It dispenses NHS prescriptions, and is planning to provide Medicines Use Reviews and the New Medicine Service in the future. It has recently been taken over by a new owner.

## 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	4.1	Good practice	The pharmacy is good at making the services accessible to people. And it reaches out to local organisations to help promote awareness about health issues.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages the risks associated with its services well. It mostly keeps the records it needs to by law. And people can give feedback and raise concerns about the pharmacy's services. Team members know how to protect vulnerable people.

### Inspector's evidence

The new owner had taken over the pharmacy a few weeks prior to the inspection. The superintendent pharmacist (SI) said that the team had not had many near misses since the pharmacy changed hands. He showed how he had separated out medicines with similar names, such as sildenafil and sertraline, because of a near miss to help avoid picking errors. He said that he had recorded near misses at his previous pharmacy. And he was planning to implement a system to record them and seek guidance from other sources on how best to do this. The SI was not aware of any dispensing errors but described the National Reporting and Learning System and said he would use that to record any.

A range of standard operating procedures (SOPs) was available and the SI said he was in the process of reviewing them. One or two SOPs had the previous version present which was different, and the SI said that he would remove them. One of the team members was new and was not yet on an accredited training course. Team members had not signed to say that they had read the SOPs, but the new member of staff said he had been through them.

A driver delivered medicines to people. They collected signatures from recipients so there was an audit trail for deliveries and made sure information about deliveries was not inadvertently disclosed.

The SI was observed working on his own over lunch, and he explained that he tried to take a mental break between dispensing and checking. He explained how he had considered the risks when he started working at the pharmacy. This included routinely using dispensing baskets to prevent people's medicines getting mixed up.

He also planned to reorganise the prescription retrieval system and dispense more prescriptions in advance of people coming in to collect their medicines, to help reduce risk.

The pharmacy did an annual patient survey. The recent survey results were positive, with over 98% of respondents rating the pharmacy as very good or excellent overall. People could see how to make a complaint or raise a concern from the sign in the public area. The sign also included information on the NHS Complaints Procedure.

There was a current indemnity insurance certificate displayed in the pharmacy. The right responsible pharmacist (RP) notice was displayed. The RP log was largely complete, but there were some gaps where the RP had not signed out. Emergency supply records and controlled drug (CD) registers examined complied with requirements. CD running balances were checked weekly. A random physical check of a CD medicine was the same as the balance in the register. A book was available for CDs that people returned to the pharmacy but there was one CD which had been returned the previous week and not yet entered. This could make it harder to keep a full audit trail for this medicine. The SI said he had not yet dispensed any private prescriptions or made any supplies of unlicensed 'specials'. He was aware that he needed to keep records if he did.

People's private information was stored in the dispensary away from public view. The new member of staff had not yet signed the information governance policy, but he and other team members had signed confidentiality agreements. Computer terminal screens could not be seen from the shop, and access to electronic patient records was password protected. Confidential waste was destroyed with a shredder.

Team members had read the safeguarding SOPs, and there was a folder containing contact details for local safeguarding agencies. The SI confirmed that he had done level 2 safeguarding training and could describe what he would do if he had a concern about a person's welfare.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough team members to safely deliver the pharmacy's services. They can raise concerns and make suggestions to improve the services people receive.

### Inspector's evidence

At the time of the inspection there was the SI, and the new member of staff who had only started working at the pharmacy a few weeks previously. The SI said that this new member of staff was due to be registered on an accredited training course. And provided evidence that they had also been booked on to external training events, such as Healthy Living and C-card (free condom supply). Another team member dealt with the 'ONPOS' service, which was the supply of dressings to nurses at local surgeries. She was not involved in packing the dressings, and instead sorted out the sealed boxes and where they needed to go. The pharmacy also employed a medicines counter assistant, who the SI said had completed the relevant accredited course. Dispensing was up to date. Team members were seen coping well with the workload during the inspection.

Team members felt able to comply with their own professional and legal obligations. The SI gave an example of how he made records on the patient medication record (PMR) when he referred people to their GP or communicated with the prescriber.

Team members felt able to raise concerns. The new member of staff felt comfortable about raising any issues with or making suggestions to the SI. He said that the pharmacist had given him some informal training around tasks and activities with him, and he had read through the SOPs. The SI said that the team had discussed and agreed as a group to use dispensing baskets more often and to aim to dispense medicines before the person came in.

The SI described how he intended to hold regular staff meetings to go through any ongoing training and any other issues. He had booked staff on to external training courses and was keen to expand the range of services that the pharmacy offered. Staff did not have any targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are generally secure and suitable for the pharmacy's services. People can have a conversation with a pharmacist in a private area.

### Inspector's evidence

The pharmacy was generally clean and tidy and had good lighting throughout. Some of the workspace was a little cluttered in places, but there was enough clear space for dispensing. Storage space was adequate, and the SI showed an area at the back of the pharmacy they had cleared so they could store dispensed medicines there.

The consultation room was relatively small, but adequate. It allowed a conversation to take place inside which would not be overheard. The room was unlocked, but it was lockable, and the SI said that it would be kept locked when not in use in the future. The room temperature was suitable for the storage of medicines. And the pharmacy was secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is good at making its services accessible to people. And it reaches out to local organisations to help promote awareness of health issues. It generally provides its services safely and mostly manages its medicines appropriately. It takes the right action in response to safety alerts. This helps make sure that people get medicines and devices that are safe to use.

### Inspector's evidence

The pharmacy had a small step from the street, but the SI said that they were able to borrow a portable ramp from the shop next door. The SI explained how they had run a stall outside the pharmacy earlier in the week to promote the 'Speak Up About Cancer' service. He said that the stall had been provided by the local football team, who he had contacted to arrange it with. The SI explained that the skin cancer rate was quite high locally, and the people on the stall had handed out ultra-violet sensing bands. And staff had gone out to help with the stall and speak with people. He said that there had been a lot of local interest, and he had actively informed people using the pharmacy of the stall. Volunteers had also helped with the stall. The event was due to be held again in June 2019.

The pharmacy supplied some people with their medicines in multi-compartment compliance aids, but no finished compliance aids were available to be examined. Some labelled compliance aids were found which did not contain a description of the tablets and capsules. But the SI said that the person was in hospital and these would not be supplied. Patient information leaflets (PILs) were not seen with these compliance aids. The SI said he would ensure that compliance aids were supplied with the leaflets. He showed how he recorded clinically significant notes on the PMR, such as when a prescriber had stopped a medicine due to the pharmacist's recommendation.

Under the previous owner, the pharmacy had supplied a small number of medicines to the surgery against signed orders. The SI said that he was not intending to continue this and would obtain prescriptions for named people instead. He said that if he needed to supply stock, he would discuss this with the MHRA.

The pharmacy had the scanners and equipment to comply with the Falsified Medicines Directive. But the SI said that many of the packs they received did not work with the system.

The SI was familiar with the additional advice to be provided to people in the at-risk group who were taking valproate. He thought they had received a pack containing items such as patient information cards and stickers but was unable to find it. He said he would order another in. He had not yet done an audit of how many people they had in the at-risk group, but said that he would do this. He showed how he was implementing a system to use for high-risk and CD medicines, where dispensed items would be marked with a sticker. This would help the team member handing out the medicine to know that they needed to refer to the pharmacist.

A cool bag was used when people were delivered medicines that were temperature-sensitive. Medicines were obtained from licensed wholesale dealers. The SI had not yet ordered any specials but said that he would use a licensed supplier. Team members regularly date-checked the stock, and this was recorded. No date-expired medicines were found in the sections examined. Some

liquids had not been marked with the date of opening, including ondansetron and morphine solution. This made it harder for the pharmacy to show that these were still safe to use. Medicines for destruction had been segregated from stock and placed into designated sacks and boxes. These were then collected for secure disposal.

The pharmacy used two fridges to store temperature-sensitive medicines. The fridge in the dispensary had temperature records which were in range, although there were a few gaps where it had not been recorded each day. The fridge in the consultation room had a current temperature of 0.1 degrees Celsius. And the records for this fridge indicated that only the current temperature (rather than the minimum and maximum) was being recorded. The SI emailed the inspector soon after the inspection and provided evidence that a new medical fridge had been ordered. He explained that the stock inside the consultation room fridge had been destroyed.

The pharmacy received drug alerts and recalls via email, and the SI showed a recent one for prednisolone. He explained how they had been through the stock they held to see if it was affected. But a record was not routinely made of the action they had taken. This could make it harder for the pharmacy to show that it had taken the right steps to ensure medicines were still safe to use.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the right equipment for its services.

### Inspector's evidence

There were two glass measures, with one marked for dispensing CDs. The cylinders could not measure units less than ten millilitres. The SI ordered a new, smaller measure in during the inspection. He said that they had ordered more dispensing baskets in to ensure that they had enough. Empty dispensing bottles were capped or turned upside down to prevent contamination.

Up-to-date reference sources were available. The fax machine was in the dispensary, and the phone could be moved somewhere more private to protect people's personal information.

### 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.