

Registered pharmacy inspection report

Pharmacy Name: Trinity Pharmacy, 3 Goldstone Villas, Hove, East Sussex, BN3 3AT

Pharmacy reference: 9010604

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

This is a community pharmacy in the same building as a GP surgery, but with a separate entrance. Most of the people who use the pharmacy are registered with the surgery next door. The pharmacy provides seasonal flu vaccinations and delivers medicines to people. It supplies medication in multi-compartment compliance packs to people who need help taking their medicines. And it offers Medicines Use Reviews (MURs) and the New Medicine Service (NMS).

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
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 generally identifies and manages the risks associated with its services. Team members record and learn from any mistakes, which helps make the services safer for people to use. They are clear about their roles and responsibilities. The pharmacy largely keeps the records it needs to by law to make sure that medicines are supplied safely and legally. Team members generally know how to protect people's personal information. And they know how to protect vulnerable people.

Inspector's evidence

The superintendent pharmacist (SI) showed a series of risk assessments the pharmacy had done around the end of 2018. This included identifying potential risks such as trailing heater wires which was addressed by advising staff to use the air conditioning instead. There was a potential distraction identified when the phone rang while the pharmacist was checking, and team members were asked to answer the phone immediately to help minimise this.

Near misses were recorded on a sheet in the dispensary, but only one had been recorded for July 2019. Team members were not aware of any other near misses which had occurred in this month. They gave an example of a near miss that had occurred between paroxetine and pantoprazole and showed that these items had since been placed onto separate shelves. Near misses were discussed weekly, although a regular documented review to identify any patterns did not usually take place.

Dispensing errors were recorded on a standardised National Reporting and Learning Scheme (NRLS) form. The SI said that he entered the details on to the electronic NRLS but this was sometimes difficult to access in the pharmacy. He had taken home details about an error that occurred earlier in the year so he could enter it there. The inspector discussed with him the importance of keeping potentially confidential information safe. An error had occurred where someone who had their medicines delivered received another person's medicine in their bag. The SI said that they now printed all bag labels at the time of dispensing and isolated medicines for delivery into red baskets to help prevent a recurrence.

A range of standard operating procedures (SOPs) was available. Most had been reviewed but some were overdue. Team members had signed several to indicate that they had read and understood them, but this had not been done for all the SOPs relevant to their role. The SI said that he would ensure all the SOPs were reviewed and that the team members were familiar with them.

The accuracy checking technician (ACT) described which types of dispensed medicines she was able to check. She explained that the pharmacist clinically checked the prescription and marked it with her initials to indicate when she could check it. She said that she did not check controlled drugs (CDs) or higher-risk medicines. She was able to explain what she could and couldn't do if the pharmacist had not turned up in the morning. The dispenser described the steps she would take when selling medicines over the counter which could be liable to abuse.

The pharmacy undertook an annual patient survey. The results from the previous one were largely positive, with the staff and the time taken to be served rating highly. There was a complaints procedure, but no signs or leaflets to explain to people how they could provide feedback. The SI said

that he would print out some practice leaflets. Team members were not aware of any recent complaints from people.

A current indemnity insurance certificate was displayed. The wrong responsible pharmacist (RP) notice was initially displayed but this was immediately changed to the right one. The RP log was largely complete but there were a few gaps where the RP had not signed out. This could make it harder for the pharmacy to show who the pharmacist had been if there was a query. Records about private prescriptions and specials medications generally complied with requirements. Some emergency supply records did not indicate the full reason as to the nature of the emergency. And this could make it more difficult to find out why the medicine had been supplied. CD registers examined had been filled out correctly. The CD running balances were checked when a CD was obtained or supplied, but for some less frequently dispensed medicines there was a gap of several months between checks. The SI said that the running balances would be checked on a more regular basis in the future. A random check of a CD medicine showed that the balance matched the amount in the cabinet.

People's personal information could generally not be seen by people using the pharmacy. The consultation room was unlocked at the start of the inspection, but this was locked when it was highlighted. A shredder was used to dispose of confidential waste. There was an information governance policy but the team members had not yet signed the newest version; the SI said that this would be done. The new version included details about the General Data Protection Regulation. Computer screens were turned away from people using the pharmacy and team members had individual smartcards to access the NHS electronic systems. Two smartcards had labels on them which contained their PIN numbers; the labels were immediately removed, and the SI said that this would not be done in the future.

The SI confirmed that he and the other registrants had completed the level 2 safeguarding course. He was able to describe what he would do if he had any concerns and contact details of local safeguarding agencies were in the dispensary. The dispenser was able to describe signs of abuse and said that she would refer any concerns to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide its services safely. Team members undertake some ongoing training to help keep their knowledge and skills up to date. They are able to raise concerns and make suggestions to help improve the systems in the pharmacy. They can take professional decisions to help protect people's safety.

Inspector's evidence

At the time of the inspection there were two pharmacists (one was the SI), one ACT, two trained dispensers, and a 'grandparented' dispenser who usually worked on the medicines counter. Dispensing was largely up to date and the team was managing the workload well. The SI felt able to comply with his own professional and legal obligations, and the pharmacist felt able to take professional decisions to help protect people's safety.

The ACT said that she completed her revalidation with the GPhC and received updates on new products as they came out. The dispenser described the regular Healthy Living training she did. She said that they also had company representatives come in and talk to them about new products. Ongoing training was done on an irregular basis and was not routinely recorded; some records were found but they were from 2017. The SI said that he would ask the team members to keep the training records up to date in the future. He explained that team members received an annual appraisal. This included elements of self-reflection, and a discussion with the team member about future development goals.

Team members felt comfortable about raising any concerns, and the SI often worked in the pharmacy and was easily contactable. The dispenser said that there was a 'no-blame' culture in the pharmacy and they had team discussions when anything went wrong, as well as being able to offer any suggestions. There were no targets set for staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and suitable for the pharmacy's services. They are maintained to an appropriate level of hygiene.

Inspector's evidence

The pharmacy was clean and tidy, and projected a professional appearance. There was a suitable amount of clear workspace for dispensing and good lighting throughout. There were two consultation rooms; the first was used for consultations and the second usually used to dispensed medicines into multi-compartment compliance packs. The first room was untidy and cluttered. The SI explained that the second room had been recently expanded, and this had meant excess items had been placed temporarily into the first room; he said that they would be removed. Both rooms allowed a conversation to take place inside which would not be overheard, and they were fitted with keycode locks.

The room temperature in the pharmacy was suitable for the storage of medicines and was maintained with air conditioning. Handwashing facilities and cleaning products were available. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely and effectively. People who receive their medication in multi-compartment compliance packs are given the information they need to take their medicines safely. The pharmacy takes the right action in response to safety alerts to ensure that people get medicines and medical devices which are safe to use. It generally manages its medicines well. But medicines are not always date checked on a regular basis. This could increase the chance that people are supplied medicines which are past their 'use-by' date.

Inspector's evidence

There was step-free access into the pharmacy through a wide door. There was enough space in the shop area to help people with mobility aids or pushchairs to manoeuvre. The SI showed a sign they had placed outside to make people aware of the pharmacy. The SI spoke Arabic, and team members said that this was helpful for some people who used the pharmacy.

Baskets were used during the dispensing process to isolate individual people's medicines and there was a clear workflow through the dispensary.

Dispensed multi-compartment compliance packs were labelled with a description of the tablets and capsules, and an audit trail to show who had dispensed and checked the pack. Patient information leaflets which came with medicines were routinely supplied to people. Records were kept of when there was communication with the prescriber or any changes to the packs. The records seen were clear and comprehensive.

An audit trail was used for deliveries of medicines to people's homes. A second bag label was printed out which the recipient then signed. However, some labels had not been signed, and some had clearly been signed while on the sheet where other people's information was visible. The SI said that he had been through the delivery SOP with the drivers and would talk with them again to make sure that the system was robust and people's personal information was protected.

Team members were aware of the additional guidance about pregnancy prevention to be given to people in the at-risk group who took valproate. They were not aware of any people currently taking it who were in the at-risk group. The additional literature such as cards and stickers could not be found, and the pharmacist said that she would order more in. Prescriptions for Schedule 3 and 4 CDs were not routinely highlighted, which may make it more difficult for the team member handing the medicine out to know if the prescription was still valid. The pharmacist showed stickers she had obtained and said that the prescriptions would be highlighted in the future. For higher-risk medicines such as warfarin and methotrexate, the pharmacist said that she did not always ask them about their recent blood tests; she said that she would discuss this with the team and do this in future. The dispenser said that prescriptions for higher-risk medicines were highlighted. There were no corresponding prescriptions for these items available to check.

The pharmacy had the equipment to comply with the Falsified Medicines Directive. The SI explained that they were currently not using it routinely, as most of the stock arriving in did not contain the required barcode. He understood that suppliers would be sending in barcoded stock separately in the

future which would help the pharmacy scan it into the system.

Medicines were obtained from licenced wholesale dealers and specials suppliers and stored in an orderly manner in the dispensary. Stock was date checked, and although this was recorded some of the most recent records were from December 2018. The dates of other checks varied. One date-expired medicine was found in with stock. The pharmacist said that they were in the process of date-checking the whole dispensary again. Liquids were marked with the date of opening to help staff know if the medicine was still safe to dispense. CDs were stored securely. Medicines for destruction were segregated from stock and placed into designated bins. Storage space in the dispensary was limited, but generally used well. An unsealed medicine destruction bin was stored in the toilet area, which could increase the chance that the medicines inside could be accessed by an unauthorised person.

A fridge was used to stored medicines which required cold storage. The temperatures were monitored daily and previous records were within the required range. The temperatures on the day of the inspection ranged from around 6 degrees Celsius to 11.1 degrees. The SI explained that the door may have been left open during the day. The temperature was checked again at the end of the inspection and was within the right range. The fridge was almost full. There was a second fridge in the staff area which was used to store food. The SI was surprised when medicines were found inside this fridge, as the temperatures were not monitored. Following the inspection and on the same day, the SI provided evidence that the stock inside this fridge had been disposed of and showed that a new medicines fridge had been ordered to provide additional space.

The pharmacy received drug alerts and recalls via email and printed them off. The SI explained the action they took as a result to ensure that their stock was still safe to use. The printed copy was then ticked when actioned, but it could have been clearer as to what action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the services it provides, and generally maintains it well.

Inspector's evidence

Calibrated glass measures were available, with separate marked measures used for methadone to help avoid cross-contamination. Some of the measures required cleaning, and the dispenser said that this would be done. Tablet counting triangles were clean and a separate marked one was used for methotrexate tablets.

Up-to-date reference sources were available on the computer. The fax machine was away from the public area, and the phone could be moved somewhere more private to help prevent people overhearing.

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.