

Registered pharmacy inspection report

Pharmacy Name: Yapton Pharmacy Ltd, 2 Yapton Gate, Main Road, Arundel, West Sussex, BN18 0EY

Pharmacy reference: 9011694

Type of pharmacy: Community

Date of inspection: 11/04/2022

Pharmacy context

This is a NHS community pharmacy located on a small parade of shops in the village of Yapton. The pharmacy has recently relocated to these new premises from its previous site within the local surgery. The pharmacy opens six days a week. It sells some health and beauty products, including over-the-counter medicines. It also dispenses people's prescriptions and provides a seasonal flu vaccination service. This inspection took place during the COVID-19 pandemic.

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 has written procedures to help ensure the team works safely. Its team members review things that go wrong and take steps so that they can learn from them and they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. It keeps people's private information safe. And its team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided. Although these had not been reviewed recently or updated to reflect recent changes e.g the change of superintendent pharmacist. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The pharmacy had risk-assessed the impact of COVID-19 upon its services and the people who used it. The pharmacy had offered to complete occupational COVID-19 risk assessments for its team members. Members of the pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. They were encouraged to self-test for COVID-19 regularly. They wore fluid resistant face masks to help reduce the risks associated with the virus. And they washed their hands and used hand sanitising gel when they needed to. The pharmacy team had highlighted and separated some packs of medicines that looked alike and whose names sounded alike on the shelves to help reduce the chances of them picking the wrong one. They used baskets to separate each person's prescription and medication. They referred to prescriptions when labelling and picking medicines. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems for its team to deal with patient safety incidents. The pharmacy's team members discussed and normally recorded the mistakes they made. They reviewed their mistakes periodically to help spot the cause of them. And they shared any learning from these reviews with each other. So, they could try to stop the same types of mistakes happening again.

The pharmacy displayed a notice that told people who the RP was. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. A team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist. The pharmacy generally kept all of its over the counter medicines that required pharmacist supervision behind the counter although Covonia Night Time cough medicine (a pharmacy only medicine) was removed from the self-selection area and placed behind the medicine counter, when highlighted by the inspector. The pharmacy had received positive feedback on its website, but the procedure for providing feedback could be better highlighted to patients either in a leaflet or poster in the pharmacy.

The pharmacy had insurance arrangements in place, including professional indemnity, for the services it provided. It kept a record to show which pharmacist was the RP and when. It had a controlled drug (CD) register. And its team regularly checked the stock levels recorded in this register. The pharmacy kept records of the supplies of the unlicensed medicinal products it made. It recorded the emergency

supplies it made and the private prescriptions it supplied. Pharmacy team members had read and signed the information governance policy including a confidentiality clause. People using the pharmacy couldn't see other people's personal information. Confidential waste was disposed of appropriately using a shredder. Members of the pharmacy team were required to complete safeguarding training relevant to their roles. They could refer to the pharmacy's safeguarding policy to help them if they wanted to raise a safeguarding concern. And they knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient staff to manage its normal workload. They are trained for the jobs they do. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

At the time of the inspection the pharmacy team consisted of a locum pharmacist and two trained dispensers/ medicines counter. The pharmacy was currently suffering from staff shortages due to COVID and as a consequence was managing the workload effectively through adjusting its opening hours slightly at the beginning and end of each day to allow the team members to complete daily activities and operate the pharmacy safely. Members of the pharmacy team worked well together. People were served promptly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy team had all completed the appropriate accredited training for their roles and they undertook additional training for example through e-learning for health as required to keep their knowledge up to date. Team members were encouraged to ask questions and familiarise themselves with new products. The pharmacy team had meetings and informal one-to-one discussions to update its team and share learning. And its team was comfortable about making suggestions on how to improve the pharmacy and its services. Team members felt able to raise any concerns with the owner if they had one.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is secure and has enough space to allow safe working. And the pharmacy layout has been designed to provide services effectively and to protect people's privacy.

Inspector's evidence

The registered pharmacy premises were bright, clean and secure. The pharmacy had the workspace and storage it needed. Members of the pharmacy team were responsible for keeping the premises clean and tidy. The pharmacy had a consulting room for the services it offered. And this could be used if people needed to speak to a team member in private. People's conversations in the consulting room couldn't be overheard outside of it. The consulting room was monitored by staff at the counter to ensure no unauthorised access. So, its contents were kept secure. The pharmacy had a supply of hot and cold water. The pharmacy has just had an air-conditioning unit installed and was awaiting its commissioning.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are safe and effective. Its team members are helpful. And they make sure that people have the information they need. So, they can use their medicines safely. It gets its medicines from reputable sources. And it stores them appropriately and securely. The pharmacy team carries out the checks it needs to. So, it can make sure the pharmacy's medicines are safe and fit for purpose.

Inspector's evidence

The pharmacy had a small step to access the front entrance, however the pharmacy had a ramp to assist patients enter the pharmacy. This made access to the pharmacy, and its services, easier for people who used wheelchairs or mobility scooters. The pharmacy had signs that told people about its products and the services it delivered. And it had a small seating area for people to use if they wanted to wait in the pharmacy. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could advise and help them. And they signposted people to another provider if a service wasn't available at the pharmacy. The pharmacy offered a repeat prescription collection service. And its text messaging service told people when their medicines were ready to collect. This meant that people didn't need to attend or contact the pharmacy to check if it had received their prescription. The pharmacy provided a limited delivery service for people who couldn't attend its premises in person.

Members of the pharmacy team assembled people's prescriptions in line with the SOPs. They were required to supply people with a patient information leaflet with their prescribed medication. They knew that women or girls able to have children mustn't take a valproate unless there was a pregnancy prevention programme in place. They knew that people in this at-risk group who were prescribed a valproate needed to be counselled on its contraindications. And they had the resources they needed when they dispensed a valproate. The pharmacy used clear bags for some dispensed items, such as CDs and insulins, to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. The pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting, such as a higher-risk medicine, or if other items, such as a refrigerated product, needed to be added. The pharmacy team generally marked prescriptions for CDs with the date the 28-day legal limit would be reached to help make sure supplies were made lawfully. The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily within the dispensary within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals. It recorded when it had done these checks. And it marked products which were soon to expire to reduce the chances of it giving people out-of-date medicines by mistake. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it also stored its CDs securely. The pharmacy team recorded the destruction of the CDs that people returned to it. And out-of-date and patient-returned CDs were kept separate from in-date stock. But these had been allowed to build up. The pharmacy had procedures for handling the unwanted medicines people brought back to it. And these medicines were kept separate from the pharmacy's stock and were placed in a pharmaceutical waste bin. But the pharmacy did not currently have a hazardous waste bin. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they took and demonstrated what records they made when they received a drug alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had glass measures to measure out liquids although the pharmacy currently did not have a suitable measure for small volumes less than 10 ml (this was subsequently ordered). And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure they cleaned the equipment they used to measure out, or count, medicines before they used it. The pharmacy team had access to up-to-date reference sources. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team checked and recorded the maximum and minimum temperatures, although these records were not always made each day. The pharmacy restricted access to its computers and patient medication record system. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members made sure their NHS smartcards were stored securely when they weren't working.

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.