

Registered pharmacy inspection report

Pharmacy Name: University Pharmacy, The Student Centre,
University Of Sussex, Refectory Road, Falmer, Brighton, BN1 9BU

Pharmacy reference: 9011888

Type of pharmacy: Community

Date of inspection: 20/11/2023

Pharmacy context

This is a community pharmacy opposite a GP surgery on a university campus. Parking on the site is limited, but there is a nearby train station and a local bus service. The pharmacy mainly provides NHS services such as dispensing and provides a supervised consumption service. It offers a travel vaccinations and other vaccinations under patient group directions (PGDs). Most of the people using the pharmacy are from the university, and it also has some people who come from the local Falmer village.

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 adequately identifies and manages the risks associated with its services. People can give feedback to the pharmacy about its services. The pharmacy generally keeps the records it needs to by law. And it protects people's personal information well. Team members know what to do if they have concerns about people's wellbeing.

Inspector's evidence

There was a folder of standard operating procedures (SOPs) but more recent SOPs had come through and were stored next to them. It was not immediately clear which were the current SOPs, which could cause confusion. Team members had read and signed the more recent SOPs, with the exception of the new medicines counter assistant (MCA) who was in the process of going through them. Some of these SOPs were slightly overdue for review, which could make them less likely to reflect current best practice.

There were sheets to record near misses, where a dispensing mistake was made and was identified before the medicine was handed to a person. The last entries on the near misses were from 2022, although the responsible pharmacist (RP) was not aware of any near misses that had occurred since then. She gave an assurance that any near misses would be recorded if they occurred in the future. Dispensing errors, where a dispensing mistake happened, and the medicine reached a person were reported to the superintendent pharmacist (SI). And the RP said that she would make a note on the patient medication record (PMR). She was not aware of any recent dispensing errors.

The trainee pharmacist was able to explain what she could and could not do if the pharmacist had not turned up in the morning, or if they were absent from the pharmacy. Team members were observed referring queries to the pharmacist as appropriate. The pharmacy's indemnity insurance certificate had expired but following the inspection the SI provided evidence of current cover.

People could give feedback in person, or there was a form on the pharmacy's website where people could send a message. People could also leave reviews using online third-party review services. The RP said that any complaints would be escalated to the SI where necessary.

The right RP notice was displayed, and the RP records seen had been filled in correctly. Records about private prescriptions supplies and emergency supplies largely complied with requirements. Controlled drug registers were kept electronically, and the running balances were checked regularly. A random check of a CD running balance showed that the physical quantity of stock matched the recorded balance. The RP was not aware of any unlicensed medicines that had been supplied yet but was aware of the information that should be recorded.

No confidential information could be seen from the public area. Confidential waste was separated from general waste into a sack and collected by a specialist contractor when full. Team members who worked in the dispensary had individual NHS smartcards. Computer terminals were password protected.

The RP confirmed that she had completed level 3 safeguarding training and could explain what she

would do if she had any concerns. She said the SI was the safeguarding lead for the company. Other team members said that they would refer any safeguarding concerns to the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they do the right training for their roles. They do some ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about making suggestions or raising any concerns.

Inspector's evidence

During the inspection there was the RP (a regular locum), a trainee pharmacist, and an MCA who had started work around a month ago. The MCA was registered on the MCA course, which was in the process of being transferred from his previous employer. The pharmacy was sometimes busy with small queues, but the team members managed the queues effectively and they were up to date with the dispensing. The RP explained that the pharmacy was quieter outside of university term times. Team members had been signed up for e-learning packages and a new one usually came through monthly. They were able to do training at work during quieter times, and did training more frequently outside of term times. The trainee pharmacist felt supported whilst undertaking her training, and able to ask any questions as they arose. The pharmacy had arranged for her to have an off-site training day each month. Staff felt comfortable about making suggestions or raising any concerns, and the SI was easily contactable. Team members were not set any numerical targets and said that they did not sell any codeine linctus or Phenergan elixir.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services, and they are kept secure. People can have a conversation with a team member in a private area.

Inspector's evidence

The premises were generally clean and tidy. There were some bags of non-medicinal stock on the floor in the dispensary, but they had been moved to the side to reduce the chance of someone tripping on them. The RP explained that the bags had only arrived in that morning, and team members were in the process of putting them away.

There were two consultation rooms, but only one was currently being used for services. Both rooms allowed a conversation to take place inside at a normal level of volume and not be overheard. And both rooms were protected with keycode locks. The ambient temperature in the pharmacy was suitable for the storage of medicines, and lighting was bright throughout. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely, and people with a range of needs can access them. It gets its medicines from reputable sources and stores them properly. It takes the right action in response to safety alerts to help ensure that people get medicines and medical devices that are safe to use. But it does not always record what action it has taken, which could make it harder for it to show what it has done if there was a query.

Inspector's evidence

There was step-free access from outside through a push-button automatic door. The pharmacy had relatively little free space inside, but staff explained there was enough space for people with wheelchairs to manoeuvre. People could book an appointment for services such as vaccinations via the pharmacy's website.

Baskets were used through the dispensing process to help isolate individual people's medicines, although most prescriptions were dispensed and then handed out relatively quickly. Team members were aware of the guidance about pregnancy prevention for people in the at-risk group who were taking valproate medicines. They were not aware of any people currently in the at-risk group who received these medicines. Prescriptions for CDs were highlighted to make the team member handing it out aware of the shorter validity date. The RP explained that prescriptions for higher-risk medicines were flagged up on the pharmacy computer. But it was not clear how these prescriptions were highlighted if a person was coming back to collect them at a later date. No examples of prescription for higher-risk medicines were found awaiting collection.

The pharmacy had a range of PGDs which were available electronically. A selection was examined, and they were in date, and the RP confirmed that she had completed the relevant training for them. She explained that she was not involved in yellow fever vaccinations, and these were done by the SI.

The pharmacy obtained its medicines from licensed wholesalers and stored them tidily in the dispensary. Fridge temperatures were monitored and recorded regularly, and the current temperatures were within the appropriate range. Bulk liquids were marked with the date of opening so that staff knew if they were still suitable to use. Date-checking of stock was done every six months and this was recorded. A random selection of medicines was checked, and no date-expired medicines were found in stock. Medicines that people had returned for destruction were appropriately separated from stock. CDs were stored securely.

Drug alerts and recalls were received via email, and the RP explained the action that was taken in response. A record of the action taken was not always made, so this could make it harder for the pharmacy to show what it had done if there was a query.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. And it uses its equipment in a way which helps protect people's personal information.

Inspector's evidence

There was a range of calibrated glass measures and equipment for counting loose capsules and tablets. Staff had access to up-to-date reference sources online. There was an in-date anaphylaxis kit available in the consultation room and the flowchart to follow if there was an anaphylactic reaction was displayed in the room. The phone was cordless and could be moved to a more private area, and computer terminal were password protected.

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.