

Registered pharmacy inspection report

Pharmacy Name: Arundel Pharmacy, 20 High Street, Arundel, West Sussex, BN18 9AB

Pharmacy reference: 9012009

Type of pharmacy: Community

Date of inspection: 26/07/2023

Pharmacy context

This is a community pharmacy located on the high street in Arundel town centre. At the time of the inspection the pharmacy does not offer NHS pharmacy services, but does supply private prescriptions. In addition selling over-the-counter medicines and providing healthcare advice to tourists and residents. The pharmacy has only been open for approximately 6 months.

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. The pharmacist reviews anything that goes wrong and take steps to learn from it and he takes 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 the pharmacist understands 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 limited services it provided and these had been read and signed by the pharmacist and were kept under review. The responsible pharmacist (RP) had highlighted and separated 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. The pharmacy used baskets to separate each person's prescription and medication. And the pharmacist referred to prescriptions when labelling and picking medicines. The pharmacist initialled each dispensing label. And assembled prescriptions were not handed out until they were checked again by him and this was confirmed by initialling the dispensing label.

The pharmacy had systems in place to deal with patient safety incidents. These were recorded and reviewed, and learning implemented to try to stop the same types of mistakes happening again although these rarely occurred.

The pharmacy generally kept all of its over-the-counter medicines that required pharmacist supervision behind the counter and the pharmacist was aware of the risks associated with over-the-counter products subject to abuse. The pharmacy had a feedback suggestions box and a process which was highlighted to patients should they wish to complain or provide feedback about any service. The pharmacy also had a practice leaflet on display.

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. It had a controlled drug (CD) register although at the time of the inspection the pharmacy had not dispensed any controlled drugs. The pharmacy had the capacity to maintain records of the supplies of any unlicensed medicinal products it made. It recorded the emergency supplies it made and the private prescriptions it supplied.

The pharmacy had an information governance policy in place. People using the pharmacy couldn't see other people's personal information. Confidential waste was disposed of appropriately using a shredder. The pharmacist had completed level 2 safeguarding training and was able to refer to the pharmacy's safeguarding policy to assist if he needed to raise a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacist works alone, although he has plans in place to keep the staffing arrangements under review should the level of business increase.

Inspector's evidence

At the time of the inspection the pharmacy team consisted of just the RP. The RP personally provided the supply of all medicines and advice given by the pharmacy. The pharmacist explained that his wife occasionally helped with some minor administrative tasks for the pharmacy.

Currently he was able to manage the workload effectively. However he was conscious that he would have to keep staffing under review as the business and demand for services grew.

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. The pharmacy had a consulting room for the services it offered. And this could be used if people needed to speak in private particularly if new services were offered in the future. People's conversations in the consulting room couldn't be overheard outside of it. The pharmacy had a supply of hot and cold water.

The pharmacy also contained a cellar for further storage which was generally clean and tidy. The staff WC and utility area were also clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacist is helpful and makes 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 pharmacist carries out the checks he needs to. So, he can make sure the pharmacy's medicines are safe and fit for purpose.

Inspector's evidence

The pharmacy was part of a listed building. There was a small step at the entrance to the pharmacy which most pushchairs and wheelchairs would have been able to get over. The pharmacist said that he usually leaves the door open so anyone can call if they needed assistance.

The pharmacy had signs that told people about its products and the services it delivered. And it had seats available for people to use if they wanted to wait in the pharmacy. The pharmacist was helpful and took the time to listen to people. So, he could advise and help them. And he signposted people to another provider if a service wasn't available at the pharmacy. The pharmacist assembled people's prescriptions in line with the SOPs. The pharmacist knew that women or girls able to have children mustn't take a valproate unless there was a pregnancy prevention programme in place. He knew that people in this at-risk group who were prescribed a valproate needed to be counselled on its contraindications. And he had the resources they needed when they dispensed a valproate.

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 pharmacist checked the expiry dates of medicines at regular intervals and recorded when he had done these checks. And he 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 was able to store its CDs securely.

The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And the pharmacist described the actions he took and demonstrated what records he 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 the pharmacist makes sure the equipment he 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 and it had equipment for counting loose tablets and capsules too (including a separate one for cytotoxic medications). The pharmacist also made sure he cleaned the equipment he used to measure out, or count, medicines before he used it.

The pharmacist had access to up-to-date reference sources. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And the pharmacist checked and recorded the maximum and minimum temperatures each day.

The pharmacy restricted access to its computers and patient medication record system. Screens faced away from public view to protect privacy. The pharmacy also had cordless phone so conversations could be had in private. There was no evidence that equipment had been PAT tested but the pharmacist confirmed that all equipment was only a couple of months old and would be PAT tested when it needed to be.

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.