

Registered pharmacy inspection report

Pharmacy Name: Being Well Pharmacy, 2 Woodland Parade,
Woodland Drive, Hove, East Sussex, BN3 6DR

Pharmacy reference: 9012336

Type of pharmacy: Community

Date of inspection: 20/08/2024

Pharmacy context

This is a community pharmacy in a parade of shops in a residential area of Hove. It does not provide NHS services. Its main business is on-site prescribing by a pharmacist independent prescriber (PIP) and dispensing private prescriptions. It mainly prescribes for weight loss and minor ailments. It sometimes administers vaccinations under patient group directions (PGDs). And it offers other services such as ear wax removal and blood testing where the samples are sent to an external laboratory for analysis. The pharmacy opened in March 2024, and this was its first inspection. The inspection took place over two days, 20 August and 3 September 2024.

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	3.1	Good practice	The pharmacy is fitted out to a high standard and projects a professional appearance.
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

On the whole, the pharmacy appropriately identifies and manages the risks associated with its services. It largely keeps the records it needs to, to show that it provides its services safely and legally. People using the pharmacy can provide feedback and raise concerns. Team members protect people's personal information well, and they know about how to protect the welfare of vulnerable people. The pharmacy learns from any incidents to help make its services safer.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs), and team members had read and signed the ones relevant to their role. Not all the required responsible pharmacist (RP) SOPs could be found, for example what the procedure was if there was a change in RP. The SI said that they were in the process of reviewing the SOPs and moving them to an electronic platform. There were SOPs for the independent prescribing service, and the pharmacy had done risk assessments for each of the therapeutic areas it prescribed for such as minor ailments and weight loss. The dispenser could explain what they could and could not do if the RP had not turned up in the morning.

The pharmacy's prescribing was relatively low volume. The pharmacy had been open around five months and it had initially only been supplying medicines under PGDs and against private prescriptions. It had not yet undertaken an audit about its prescribing service. The SI said they were intending to undertake an audit in the near future and had done some research about the best way to do it. They had an external prescriber who would be able to review their prescribing. On the second day of the visit there was evidence that the prescribing audit had started, and the pharmacist present explained that it was focusing on minor ailments and included reviewing the corresponding consultation notes. The pharmacy prescribed for several medical conditions under minor ailments, including hayfever, tonsillitis, ear infections, chest infections (under certain conditions), and urinary tract infections. The pharmacist on the second day said that prescribing was done following NICE guidelines. The role of local antimicrobial stewardship guidelines was discussed.

Several consultation records for the prescribing service were checked at random over both days of the visit. Consultation records seen about the minor ailments service had been recorded on the patient medication record (PMR) system, and they generally contained the relevant information such as symptoms, medical history, and safety netting. But not all the relevant information was consistently recorded on each record seen. The notes were recorded as free text on the PMR. This could make it harder for the prescriber to ensure that all the relevant information was recorded, and as the text was editable it could make them less able to be relied upon if there was a query. The SI explained that the pharmacy was going to move to an electronic prescribing system in the future. Consultation records about the weight loss service had been made on paper forms which had been scanned into the computer system. Several records were seen, and they contained the relevant information. A printout from the weighing machine was also scanned into the system. The SI was unable to locate the consultation record for one recent consultation about weight loss. A small number of prescriptions had been written for medicines for different therapeutic areas such as dermatology or a tricyclic antidepressant. When asked about these, the SI was able to explain how the person required the medicine urgently and that the treatment had already been initiated by their regular prescriber.

The SI said that there had not yet been any dispensing mistakes, either ones which were identified before the medicine had been handed out (near misses), or those which where a mistake happened and the medicine was handed out (dispensing errors). The SI explained how they would record any near misses or errors if they occurred. They showed that dispensing mistakes were on the standing agenda for the monthly staff meetings, and the previous agendas seen said that there had not been any. Notes were kept from the meetings, and the SI gave examples of previous incidents and how they had been learned from and changes made.

The pharmacy had a current indemnity insurance certificate. People could provide feedback or raise concerns via several routes, including in person or by using the pharmacy's website. The SI was not aware of any recent complaints. There was a complaint procedure for team members to refer to. Online reviews of the pharmacy seen prior to the inspection were generally positive.

The right RP notice was displayed, and the RP record contained the necessary information. Private prescription records seen complied with requirements. The pharmacy had not made any emergency supplies yet. Records about unlicensed medicines dispensed had the required information recorded. Controlled drug (CD) registers were kept electronically, and the examples seen had the right information recorded. CD running balances were checked regularly. The running balance of a CD selected at random matched the physical quantity present.

No confidential information was visible from the public area. Confidential waste was disposed of with a shredder. Team members had read through the pharmacy's data protection procedure, and the pharmacy had a chaperone policy. The SI confirmed that they had done level 3 safeguarding training and was not aware of any previous safeguarding concerns. Other team members involved in the sale and supply of medicines had also done safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

Present during the inspection on the first day were the SI, and a trained dispenser who was mainly working on the counter. There was also another member of staff who left shortly after the inspection started. The SI confirmed that this person was not involved in the sale or supply of medicines, and provided the ear irrigation service. Another trained dispenser who was not present also provided the ear irrigation service, and the SI confirmed that both had completed the relevant training. The pharmacy was relatively quiet, and team members were up to date with the workload. On the second day, there was a different pharmacist working as the RP, who had recently completed a prescribing course. The same trained dispenser was present, as well as another trained dispenser.

The SI confirmed their initial area of prescribing had been in hormones, and they had also completed a post-graduate diploma in nutrition, and a master's degree in exercise. Following the inspection, with respect to minor ailments, the SI confirmed that they had undertaken diagnostic skills training as part of their prescribing course. And had had on-the-job training in their roles at a GP surgery and for NHS 111. The pharmacist present on the second day had just finished their prescribing course and had not yet started prescribing. They said that their specialism had been in HRT, and that they would undertake training about minor ailments before prescribing for them.

Staff were not set any targets and felt comfortable about raising any concerns. The dispenser working on the counter was able to explain how they would deal with any repeated requests for medicines which were liable to misuse. Team members received updates about new services or products, and one of the dispensers was about to register on a pharmacy technician course.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises project a professional appearance and they are suitable for the pharmacy's services. They are clean and tidy and have plenty of clear workspace. There are rooms where people can have conversations with team members in private. And the premises are kept secure from unauthorised access.

Inspector's evidence

The premises had been fitted out to a high standard. They had a professional appearance and were clean, bright, and tidy. There were two consultation rooms; both allowed a conversation to take place at a normal level of volume and not be overheard. One of the consultation rooms was accessed via some stairs, and one was at ground level. There was lots of clear workspace in the dispensary and surfaces were clean. Lighting was good, and there was air conditioning available. The premises were secure from unauthorised access. There was a staff area at the back of the premises.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. People with a range of needs can access its services. It gets its medicines from reputable suppliers and stores them properly. And it reacts appropriately to safety alerts to help ensure that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was step-free access to the pharmacy through a manual double door. The other side of the door could be opened if people with wheelchairs or pushchairs needed additional space, and there was a large amount of space in the shop area. The SI explained how staff used online translation software if needed. The pharmacy computers could generate large-print labels as required.

Although the volume of dispensing was relatively low, baskets were available to keep different people's medicines separate. The SI was aware of the updated guidance about valproate medicines and said that the pharmacy had not yet dispensed any. No prescriptions for higher-risk medicines such as warfarin or methotrexate had been dispensed, but the SI could explain what additional counselling information they would provide.

The SI said that people were asked for consent to contact their regular prescriber when a prescription was issued. She explained that the pharmacy sent letters, as it was often difficult to obtain the email addresses for the surgery. She showed an example of a letter that had been sent to a GP practice, but there was no record of when this letter had been sent. On the second day of the inspection, several consultation records relating to prescriptions for minor ailments were examined. And all the records seen had a note of when information had been sent to the person's GP. The importance of keeping a record about when a person's regular prescriber was contacted was discussed with the SI.

The SI confirmed that people who were prescribed weight-loss medicines were reviewed every four weeks and was able to show some records to demonstrate this. They explained that people were reviewed every time they requested a new pen, which would be every four weeks. A separate form was used to record what was discussed in people's reviews, and examples seen had been filled in with relevant information.

The pharmacy had in-date PGDs for vaccinations, but the SI said that these were not often used and she usually wrote prescriptions instead. The number of vaccinations administered was low compared to the rest of the pharmacy's services. Deliveries of medicines to people's homes were rarely done, and if they were needed then one of the pharmacists did it themselves.

The pharmacy obtained its medicines from licensed suppliers and stored them tidily in the dispensary. Date-checking of stock was done regularly, and this was recorded. No date-expired medicines were found during a random check. Fridge temperatures were recorded daily, and the records seen were mostly within the appropriate range. The maximum temperature had been slightly over 8 degrees Celsius for one day, and the SI explained that the door had been opened a lot that day. A record had not been made about this, and this was discussed with the SI. Waste medicines were kept separate from stock medicines and collected by a licensed collection service. CDs were kept secure.

Drug alerts and recalls were received by the SI and they explained the action taken in response. Only one recent recall had been relevant to the pharmacy and the SI could show the action that had been taken. The pharmacy did not receive emails about safety alerts, and the SI signed the pharmacy up to the MHRA alert system during the inspection. They gave an example of a person who had experienced an adverse reaction to a 'black triangle' medicine following a dose increase, and the pharmacy had completed a yellow card alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There were in-date adrenaline injections in one of the consultation rooms so that they were easily accessible if needed when vaccinating people. The two blood pressure meters were less than a year old, and the SI explained that they would be replaced or recalibrated after a year. There was an otoscope for ear examinations. The SI explained that the ear irrigation machine was cleaned after each use. The pharmacy had not yet needed to measure liquids but had calibrated glass measures in case it needed to. Weighing scales were available in a consultation room, and they had a printout facility.

Computers were not password protected, but following the inspection the SI confirmed that they now were. People using the pharmacy could not see the information on the computer screens. The phone was cordless and could be moved to a more private area to help protect people's confidential 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.