

Registered pharmacy inspection report

Pharmacy Name: Dolphins Pharmacy, Nightingale Primary Care Centre, Butlers Green Road, Haywards Heath, West Sussex, RH16 4BN

Pharmacy reference: 9012399

Type of pharmacy: Community

Date of inspection: 27/11/2024

Pharmacy context

This NHS community pharmacy is set next to a health centre in Haywards Heath. The pharmacy opens six days a week. It sells medicines over the counter. It dispenses people's prescriptions. And it delivers medicines to some people who have difficulty in leaving their homes. The pharmacy supplies multi-compartment compliance packs (compliance packs) to a few people who need help managing their medicines. It delivers the NHS Pharmacy First service. It offers a travel health clinic and a weight management service. And people can visit the pharmacy to get their coronavirus booster or flu jab.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy doesn't effectively identify and manage all the risks associated with its services. It doesn't have all the procedures it needs to make sure its team works safely. And the procedures it does have aren't always being followed.
		1.2	Standard not met	The pharmacy doesn't adequately review the quality or the safety of the services it delivers.
		1.6	Standard not met	The pharmacy doesn't do enough to make sure it keeps adequate records for some of its clinical services or in the way the law requires it to do so. These records include its consultation records, controlled drug register, emergency supply records, private prescription records and its responsible pharmacist log.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy doesn't always have enough team members to deliver its services safely and effectively. The pharmacist sometimes struggles to do all the things they need to do. And they rely upon locum staff to help or support them.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy can't always show that all its services are provided safely and effectively. And members of the pharmacy team don't always follow the correct procedures all the time. The pharmacy doesn't keep adequate records to show its working practices are safe and effective. And it can't show it has delivered the right medicine to the right person or that it assembles its compliance packs in a safe way.
		4.3	Standard not met	The pharmacy can't show it suitably stores all its medicines that it needs to keep in a refrigerator or that it carries out checks to make sure its medicines are safe and fit for purpose.

Principle	Principle finding	Exception standard reference	Notable practice	Why
		4.4	Standard not met	The pharmacy can't show its team takes appropriate action when the Medicines and Healthcare products Regulatory Agency (MHRA) issues a drug alert. And it isn't always receiving all the drug alerts it should.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't effectively identify and manage all the risks associated with its services. It doesn't have all the procedures it needs to make sure its team works safely. And the procedures it does have aren't always being followed. The pharmacy doesn't adequately review the quality or the safety of the services it delivers. And it doesn't do enough to make sure it keeps adequate records for some of its clinical services or in the way the law requires it to do so. But it does have the insurance it needs to protect people if things go wrong. People who work at the pharmacy generally know what they can and can't do. They try to keep people's private information safe. And they know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for some of the services it provided. But it didn't have any SOPs for its seasonal vaccination service, travel health clinic and weight management service. And the pharmacy hadn't completed an assessment or an audit of these services to show their risks had been appropriately identified and managed or their safety and quality were reviewed and monitored. People who worked at or for the pharmacy, including any locum staff, were required to read and sign the SOPs to show they understood them and agreed to follow them. But the SOPs had only been signed by the superintendent pharmacist and weren't always being followed by the pharmacy team. And, for example, a dispensing audit trail wasn't routinely maintained.

The pharmacy had a process to deal with people's complaints. It also had a procedure to deal with the dispensing mistakes that were found before reaching a person (near misses) and those which weren't (dispensing errors). And the SOPs required the pharmacy team to record these events, the lessons it learnt from them and the actions it took to try and stop the same sort of things happening again. But no records of dispensing mistakes or complaints made about the pharmacy or its team were available. The superintendent pharmacist explained they were very careful when they dispensed people's prescriptions. But the inspector identified and intercepted a mistake during the inspection in which a dispensed product hadn't been labelled. People could share their views and make suggestions about how the pharmacy could do things better. And some people have left online reviews about their experiences of using the pharmacy and its services.

The pharmacy displayed a notice that identified who the responsible pharmacist (RP) was. Its procedures didn't clearly define the roles and responsibilities of its team. But team members knew what they could and couldn't do, what they were responsible for and when they might seek help. And, for example, prescriptions and over-the-counter medicines wouldn't be supplied if the pharmacy didn't have a pharmacist. A team member explained they would refer repeated requests for the same or similar products, such as medicines liable to overuse, misuse or abuse to the pharmacist.

The pharmacy had adequate insurance arrangements in place, including professional indemnity, for the services it provided. It had an electronic controlled drug (CD) register. But some obsolete CD stock lines hadn't been transferred from the previous register into this one. The pharmacy team didn't check the balances in these registers as often as the SOPs required. And it didn't always complete the details of where a CD came from in full. The pharmacy kept a log to show which pharmacist was the RP and when. But over the past six weeks the details of who the RP was wasn't recorded on four occasions

when the pharmacy was open. And the time when a pharmacist stopped being the RP wasn't routinely recorded. The superintendent pharmacist explained the pharmacy hadn't supplied any unlicensed medicinal products since it opened. The pharmacy didn't maintain appropriate consultation records for its travel health clinic or weight management service as required by its patient group directions (PGDs). It required its team to record the emergency supplies it made and the private prescriptions it supplied on its computer. But the reason for making a supply of a prescription-only medicine (POM) to a person in an emergency wasn't recorded properly. And the sample of private prescriptions seen during the inspection hadn't been recorded in the private prescription register.

The pharmacy had a policy on data security and information governance. It had arrangements for confidential information to be stored and disposed of securely. And, for example, the superintendent pharmacist removed a file containing people's prescriptions from the counter to stop people's personal information being seen by others. But the pharmacy couldn't show it had registered with the Information Commissioner's Office since it opened. The pharmacy had a safeguarding SOP. And the superintendent pharmacist had completed some safeguarding training. The superintendent pharmacist knew what to do or who they would make aware if they had a concern about the safety of a child or a vulnerable person.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy doesn't always have enough team members to deliver its services safely and effectively. The pharmacist sometimes struggles to do all the things they need to do. And they rely upon locum staff to help or support them. Members of the pharmacy team can make decisions about what is right for the people they care for. And they know how to raise a concern if they have one.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist only. The pharmacy depended on locum staff to support the superintendent pharmacist with the day to day running of the pharmacy. And a locum pharmacist covered the pharmacy on days the superintendent pharmacist couldn't work. The pharmacy tried to use the same locum dispenser. But this wasn't always possible and there were days when the superintendent pharmacist didn't have any support staff or they relied upon locums who were unfamiliar with the way the pharmacy operated. The people working at the pharmacy during the inspection were the superintendent pharmacist and a student pharmacist. The student pharmacist worked for a locum agency.

The superintendent pharmacist was the pharmacy's regular RP. They were responsible for managing the pharmacy and leading its team. They supervised and oversaw the supply of medicines. But they sometimes struggled to do all the things they needed to do. And, for example, they didn't have time during the inspection to update the point of care system when they vaccinated someone, but they planned to do so when they weren't so busy. The superintendent pharmacist was appropriately trained to vaccinate people. And they were authorised to provide travel health and weight management consultations and treatments through the pharmacy's PGDs. People needed to wait longer than usual when using the pharmacy as the superintendent pharmacist was busy dealing with other people's enquiries or prescriptions. This could be frustrating for them particularly when they had booked an appointment or had returned to the pharmacy following a previous visit.

The student pharmacist described the questions they would ask when making over-the-counter recommendations. They knew requests for treatments for animals, babies or young children, people who were pregnant or breastfeeding and people with long-term health conditions should be referred to a pharmacist. The pharmacy didn't have any incentives or targets. The superintendent pharmacist felt able to make decisions that kept people safe. They were required to keep their professional skills and knowledge up to date as part of their annual revalidation process. They knew who they should raise a concern with if they had one. And they were comfortable about making suggestions on how to improve the pharmacy and its services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment to deliver its services from. And people can receive services in private when they need to.

Inspector's evidence

The pharmacy shared a building with a large health centre. But it had its own separate entrance. The pharmacy was air-conditioned, bright and secure. Its public-facing area was appropriately presented. And its team was responsible for keeping its premises clean and tidy. The pharmacy had a counter, a dispensary, a retail area, a small stockroom and a toilet. And it had enough storage and workspace for its current workload. The pharmacy also had a consulting room for the services it offered that required one or if someone needed to speak to a team member in private. And this was locked when not in use to make sure the things in it were kept secure. The pharmacy had some sinks and a supply of hot and cold water. But the sink in the consulting room didn't drain away properly so it wasn't being used.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy can't always show that all its services are provided safely and effectively. And members of the pharmacy team don't always follow the correct procedures all the time. But they try to help people access the services they need. The pharmacy doesn't keep adequate records to show its working practices are safe and effective. And it can't show it has delivered the right medicine to the right person or that it assembles its compliance packs in a safe way. The pharmacy can't show it carries out checks to make sure its medicines are safe and fit for purpose or that it routinely deals with safety alerts appropriately. This risks people receiving medicines and devices that are not safe to use. But the pharmacy sources its medicines appropriately.

Inspector's evidence

The pharmacy didn't have its own automated entrance. But the health centre did and people could also access the pharmacy via the health centre. And both entrances were level with the outside pavement. The pharmacy displayed notices telling people about its vaccination service and when it was open. And it had a seating area for people to use when they wanted to wait in the pharmacy. The pharmacy provided the NHS Pharmacy First service when its team wasn't too busy. The superintendent pharmacist tried to be friendly and help people throughout the inspection. They knew where to signpost people to if a service wasn't available at the pharmacy. And they talked to people about their medicines. But queues of people developed quickly as the superintendent pharmacist could only deal with one person or task at a time. This meant that people had to wait or return later to collect their medicines or talk to the pharmacist.

The pharmacy provided a delivery service to some people who couldn't attend its premises in person. But it couldn't show it kept a record that its team had delivered the right medicine to the right person as required by the SOPs. The pharmacy didn't always keep a log of who assembled and checked a prescription and patient information leaflets weren't supplied every time as required by its SOPs. The pharmacy used a disposable system for people who received their medicines in compliance packs. But the superintendent pharmacist couldn't show that an assessment had been done to determine if the person needed one. The assembled compliance packs seen during the inspection were unsealed with some medicines in the wrong compartments and a dispensing audit trail of the people who had assembled them wasn't maintained. And the patient information leaflets, descriptions and cautionary and advisory warnings for each medicine contained within the compliance packs hadn't been provided. So, people didn't have all the information they needed to take their medicines safely. The superintendent pharmacist administered coronavirus boosters and flu jabs under the national protocol. The pharmacy was required to keep a record for each of these vaccinations including the details of the person vaccinated, their consent and the details of the vaccine used. The pharmacy had the anaphylaxis resources it needed. And it had PGDs for its travel health clinic and weight management service. But the superintendent pharmacist couldn't show they kept appropriate consultation and administration records for these services to demonstrate they were delivered safely and effectively. The pharmacy didn't routinely mark prescriptions for CDs with the date the 28-day legal limit would be reached. This increased the risk of its team mistakenly making unlawful supplies. The pharmacy team hadn't submitted private CD prescription forms to the appropriate authority as it was required to. And it didn't routinely mark prescriptions for certain CDs with the date they were supplied and people who collected them didn't always sign the back of the prescription form.

The superintendent pharmacist 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. They were aware of the rules on dispensing valproate-containing medicines in the manufacturer's original full pack. And they had access to the resources they needed when they dispensed a valproate.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. And it mostly kept medicines and medical devices within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines during the dispensing process and at regular intervals. But it didn't record when it had completed a date-check as required by the SOPs. The inspector found several expired medicines amongst in-date stock during the inspection. This meant that the risk of out-of-date medicines being supplied to people by mistake was increased. The pharmacy stored its stock, which needed to be refrigerated, in a medical refrigerator. But the maximum temperature value of the refrigerator's thermometer was above 8 degrees Celsius. This was because the pharmacy team hadn't been using the thermometer properly and the maximum and minimum values of the thermometer after weren't reset after each reading. The inspector reset the thermometer's readings. The maximum and minimum temperature range was checked towards the end of the inspection and was found to be within the appropriate range. The pharmacy stored its CDs, which weren't exempt from safe custody requirements, securely. But it had allowed obsolete and expired stock to build up. The pharmacy had SOPs for handling the unwanted medicines people brought back to it. And these were kept separate from the pharmacy's stock and were usually placed in an appropriate pharmaceutical waste bin. But people's details weren't always crossed out or removed before being disposed of. And some patient-returned medicines that needed to be disposed of in a certain way and a cytostatic medicine were removed from a waste bin not intended for hazardous medicines during the inspection. The pharmacy had a procedure for dealing with the alerts and recalls about medicines and medical devices issued by the Medicines and Healthcare products Regulatory Agency (MHRA). The superintendent pharmacist explained the pharmacy received some alerts via email. But they couldn't demonstrate these had been appropriately actioned and recorded as required by the SOP. And they were unaware of a recent MHRA class 2 medicine recall about a blood pressure medicine as the pharmacy hadn't received this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. And its team makes sure the equipment it uses is clean before using it.

Inspector's evidence

The pharmacy had some glass measures to measure out liquids. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team 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. And it could contact Numark to ask for information and guidance. The pharmacy had the medical refrigerators it needed to store pharmaceutical stock requiring refrigeration. And its team checked and recorded each refrigerator's maximum and minimum temperatures regularly. The superintendent pharmacist reported that the pharmacy had the equipment it needed for the Pharmacy First service as well as for measuring a person's blood pressure, height, waist and weight. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. Members of the pharmacy team 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.