

Registered pharmacy inspection report

Pharmacy Name: A.F.Norman Chemists Ltd., 55 Senhouse Street,
MARYPORT, Cumbria, CA15 6BL

Pharmacy reference: 1030221

Type of pharmacy: Community

Date of inspection: 16/10/2020

Pharmacy context

This is a community pharmacy in the village of Maryport, Cumbria. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy offers a substance misuse service to several people. The inspection was completed during the Covid-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy doesn't have written procedures available on the premises to help support team members deliver services safely and effectively.
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 not all met

Summary findings

The pharmacy has implemented and is following several systems to manage risks and help prevent the spread of coronavirus infection. But it doesn't have written procedures in place to help support team members deliver services safely and effectively. The pharmacy keeps records it is required to do by law. Team members know when to raise concerns to safeguard vulnerable adults and children. When a dispensing mistake happens, the team members generally respond appropriately. But they don't always record these mistakes, which could mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

The pharmacy had several procedures to help manage the risks and help prevent the spread of coronavirus. These included posters on the entrance door and in the retail area reminding people visiting the pharmacy to wear a face covering as required by law. People visiting the pharmacy were asked to wait outside the pharmacy if there were more than three people in the retail area. The pharmacy had set up three lanes leading up to the pharmacy counter. The lanes were clearly marked out and there were signs instructing people to occupy an empty lane to ensure people socially distanced. People were observed to be following the system well and without any instruction from the pharmacy's team members. There were large plastic screens placed at the pharmacy counter which acted as a protective barrier between team members and members of the public. There wasn't a written Covid-19 risk assessment available for inspection.

The superintendent pharmacist (SI) said that the pharmacy had a set of standard operating procedures (SOPs) but these were several years old and were not kept on the premises. So, they were unavailable during the inspection, and staff would be unable to refer to them. The SI said he was expecting a new set of SOPs to arrive on the day of the inspection. But they had not arrived since the inspection had been completed. There was no evidence that team members had read or signed the SOPs relevant to their role.

Occasionally the pharmacists spotted near miss errors made by team members during the dispensing process. They immediately informed the dispenser of the error and asked them to rectify the mistake. There was a near miss log in the dispensary into which the team could record details of the errors. But it wasn't used and there was no evidence of any learning from the errors made, which the team could use to improve their practices. Dispensing incidents were immediately brought to the attention of the pharmacist on duty. They assessed the severity of the incident and took steps to rectify them. No records of any incidents were available for inspection.

The pharmacy had an informal complaints procedure in place. It was not advertised to the public. Team members explained they would try to resolve any complaints informally. If they were unable to, then the complaint would be referred to the SI. The team explained that most people who used the pharmacy, had been very understanding of the workload pressures the team had faced and that it had tried to meet people's expectations during a challenging time. The pharmacy didn't have a formal procedure to obtain feedback from people to help them improve their services.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept up-to-date and accurate records of private prescriptions.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was periodically destroyed. The team members understood the importance of keeping people's private information secure.

The SI had completed safeguarding vulnerable adults and children training through the Centre for Pharmacy Postgraduate Education (CPPE). None of the other team members had completed any formal training. When questioned, the team members accurately described various scenarios which they considered to be a safeguarding concern, and they explained they would raise any such concerns with the SI at the earliest opportunity. The SI explained he was unsure of where he could formally raise a concern. The inspector advised the SI to raise any potential concerns with the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the skills to suitably provide the pharmacy's services. The team manages the pharmacy's workload well. Team members work well to support each other, and they can give feedback to improve services and raise any professional concerns.

Inspector's evidence

At the time of the inspection, the SI was working alongside a full-time pharmacy dispensing assistant and a full-time counter assistant. The SI worked three days a week. The pharmacy also employed a second pharmacist, who worked on the days the SI didn't, another full-time dispensing assistant and two counter assistants who worked on Saturday's. The team members were not formally risk assessed for their vulnerability to infection of coronavirus but they had discussed their personal circumstances with the SI on an ad-hoc basis.

All team members had completed the required training for their roles. But the pharmacy wasn't currently supporting them to complete ongoing training to ensure their knowledge and skills were refreshed and up to date. Team members explained they weren't focusing much time to ongoing learning as they had been exceptionally busy providing pharmacy services. The pharmacy had recently been provided with an electronic tablet through its partnership with a third-party pharmacy support company called Alphega. The tablet contained various healthcare related modules that could be accessed by team members when they wished. Topics included pain relief and skin conditions. The SI explained each team member was to be given unique login details so they could manage and track their own training. The SI expected team members to start using the tablet within the next month.

The team members attended regular, informal team meetings during which they were encouraged to provide feedback and suggest ways the pharmacy could improve its way of working, but no specific examples were provided. The team member said they were able to discuss any professional concerns with the SI or the second pharmacist, and they felt comfortable doing so. The pharmacy didn't have a whistleblowing policy and so the team members may not be able to raise and escalate a concern anonymously. There were no specific targets set for the team to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a consultation room available to allow people to have a private conversation with a pharmacy team member. But it could do more to keep its consultation room tidy.

Inspector's evidence

The pharmacy was generally tidy and adequately maintained. At the time of the inspection the pharmacy was going through a major refit. The refit was to significantly increase the size of the retail area and the dispensary. The SI explained the refit would allow the team members to easily socially distance while they worked. The pharmacy had separate sinks available for hand washing and for the preparation of medicines, and there were bottles of hand sanitiser located around the dispensary and on the pharmacy counter. The pharmacy dispensary was kept tidy throughout the inspection. Floor spaces were kept clear to prevent the risk of a trip or a fall.

The pharmacy had a small consultation room. But it wasn't kept tidy and it wasn't well lit. Lighting was bright in all other areas of the pharmacy. The temperature was comfortable throughout the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. And it largely provides them safely. It sources its medicines properly, and it takes the right action in response to safety alerts. But the pharmacy doesn't always date check its stock regularly. And this could increase the chance that people get a medicine which is past its 'use-by' date.

Inspector's evidence

The pharmacy could be accessed through a simple push or pull door at street level, so people with wheelchairs and prams could easily access the pharmacy. The pharmacy advertised its services and opening hours in the main window. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. Large-print labels were provided on request to help people with a visual impairment. The team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

Prescriptions that were handed to team members were passed through to the dispensary via a small hatch behind the pharmacy counter. The team member who passed the prescription informed the dispensary team whether the person who handed in the prescription was waiting for it to be dispensed immediately or if they were to call back to the pharmacy later. This helped the team members effectively prioritise their workload. They annotated prescriptions or used stickers as an alert before they handed medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug (CD) that needed handing out at the same time. Baskets were used to hold medicines and prescriptions. This helped reduce the risk of them being mixed up or lost. Team members signed 'dispensed by' and 'checked by' boxes on dispensing labels, and so an audit trail of the dispensing process was in place. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person and one was kept with the original prescription for reference when dispensing and checking the remaining quantity.

The pharmacy didn't routinely deliver medicines to people's homes, but they would in exceptional circumstances. For example, if a person was housebound and unable to ask a representative to collect their medicines on their behalf. Due to the pandemic, the team member who completed deliveries left medicines at the person's door before moving away and waiting to watch them pick up the medicines.

The team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation and showed how the pharmacy's computer system printed a warning label when a prescription for valproate was dispensed. They had access to reading material about the programme that they could give to people to help them take their medicines safely. The pharmacy dispensed methadone to several people as part of a substance misuse service. People mostly received daily instalments of methadone. The instalments were made up once a week. The SI explained this helped reduce the workload pressure on the team and minimised the time people had to wait in the pharmacy. The instalments were clearly marked with the person's name and were kept in a separate secure area.

Pharmacy (P) medicines were stored behind the pharmacy counter so people couldn't self-select any items without speaking to a team member. The team members were seen speaking to people about any P medicines they wished to buy. The pharmacy's medicines were stored tidily in the dispensary and were easy to find. The pharmacy had a process to date-check its medicines. But it wasn't completely regularly. Two out-of-date medicines were found after the inspector completed a check of 20 randomly selected medicines. Some medicines were stored loosely in plain white dispensing boxes. These medicines didn't have their batch numbers or expiry date recorded. The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The SI received drug alerts via email and actioned them. But a record of the action taken wasn't retained and so an audit trail was not in place. The pharmacy used an electronic thermometer which was designed to automatically record the fridge temperature each day. But it had not been functioning correctly and no data could be accessed during the inspection. Following the inspection, the SI provided historic temperature check logs. They logs showed the fridge temperatures being within the correct range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is suitable for the services it provides. The pharmacy uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. Medicines waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. Computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of physical cash. The team members had access to ample supplies of personal protective equipment including face masks and gloves.

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.