

# 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:** 20/05/2021

## 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy doesn't adequately identify and manage all the risks associated with the services it provides, including the management and storage of its medicines. It doesn't have suitably robust processes. And it doesn't have accurate records to show to help ensure the safety of its processes.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy doesn't always store or manage its medicines correctly. And its processes are not adequately robust. This has not improved sufficiently after the previous inspection.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy doesn't adequately identify and manage all risks associated with the services it provides, including managing and storing its medicines. It mostly makes the records it must by law but not all are correct. When a dispensing mistake happens, the team members generally respond appropriately. But they don't record any of these mistakes, which means they may miss out on opportunities to learn and make the pharmacy's services safer. Team members know when to appropriately raise concerns to help safeguard vulnerable adults and children.

### 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 pharmacy had previously been inspected six months ago. It had not met standards for risk management as there were no written procedures to help support team members deliver services safely and effectively. Some improvements had been made. Since the last inspection the pharmacy had implemented a set of written standard operating procedures (SOPs). The SOPs covered tasks such as dispensing and controlled drug (CD) management. These were templates and had been written by a third-party contractor. There wasn't an index with the SOPs, which made it difficult to find a specific one. There were no documented dates for when the SOPs were to be reviewed and there were no records to show that team members had read and understood the SOPs that were relevant to their role.

The superintendent pharmacist (SI) spotted near miss errors made by team members during the dispensing process. The SI 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 SI. The SI assessed the severity of the incident and took steps to rectify them. No records of any incidents were available for inspection. There had been little improvement in this area since the last inspection.

The pharmacy had an informal complaints procedure in place. It was not advertised to the public. Team members explained how they resolved any complaints informally. If they were unable to, then they referred the complaint to the SI. 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. Entries in the CD register were not all accurate. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. It placed confidential waste 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 how they would raise any such concerns with the SI at the earliest opportunity.

## 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. They have access to ongoing training but do not take the opportunity to use it.

### Inspector's evidence

At the time of the inspection, the SI was working alongside two full-time pharmacy dispensing assistant and a full-time counter assistant. The SI worked six days a week. The pharmacy also employed two counter assistants who worked on Saturdays. All team members had completed the required training for their roles. The pharmacy had an electronic tablet supplied through its partnership with a third-party pharmacy support company. 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 given unique login details so they could manage and track their own training. Team members were scheduled to start training via the tablet following the previous inspection, but they had not yet done so.

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 explained they were able to discuss any professional concerns with the SI 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 currently doesn't have a consultation room available for people to use, but the pharmacy has adequate, alternative arrangements for people to have a private conversation with a team member.

### Inspector's evidence

The pharmacy was generally tidy and adequately maintained. The pharmacy was undergoing a refit at the time of the previous inspection. The refit was still ongoing. 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, and he was looking forward to its completion. 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's consultation room had been dismantled during the current phase of the pharmacy's refit. The team used a segregated area of the pharmacy to undertake private conversations with people. The area was adequate, and it was sufficiently distanced from the retail area to help prevent private conversations being overheard. As the area was being renovated there were some tools stored in the area during the inspection.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy sources its medicines properly but doesn't always store or manage its medicines correctly which increases the risk of people receiving medicines that aren't fit for purpose. The pharmacy makes its services easily accessible to people. And it largely provides them safely.

### Inspector's evidence

The pharmacy could be accessed through a simple push or pull door. The pharmacy advertised its services and opening hours in the main window. 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 medicines to several people as part of a substance misuse service. People mostly received daily instalments of their medicines. 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 securely as required.

Pharmacy (P) medicines were stored behind the pharmacy counter and people couldn't self-select any items. The pharmacy's medicines were mostly stored tidily in the dispensary but were not all in the original manufacturer's containers. The pharmacy had a process to date-check its medicines. But it wasn't robust, and the team was not completing it regularly. The team didn't record completed checks or keep a record of short-dated stock. Two out-of-date medicines were found after the inspector

completed a check of 20 randomly selected medicines. There was no annotation on the packs to identify these as short dated. Some medicines were stored loosely in plain white dispensing boxes. These medicines didn't have their batch numbers or expiry date recorded, so were unsuitable for use. Both these issues were identified at the pharmacy's previous inspection and any improvements made had not been maintained. 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 there was no display on the thermometer, and no data could be accessed during the inspection. The SI stated the thermometer made an audible noise if the temperature went out of range. He stated the records were accessed on the computer. But this was not seen on the day and no records were provided subsequent to the inspection. Temperature records were also unavailable to be seen during the previous inspection.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy's equipment is mostly 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. The pharmacy had a non-medical fridge and a thermometer. But the thermometer didn't appear to be working correctly.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.