

# 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:** 10/03/2022

## 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 risks associated with the services it provides. This includes the risks relating to the the way it manages the area where team members dispense medicines.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The pharmacy does not keep all areas of its premises in a suitable condition both for the team and the services it provides. Areas where team members dispense is untidy and excessively cluttered. This increases risk of mistakes and creates a significant tripping hazard. And a fire exit is obstructed by the clutter.
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<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. This includes making sure the area where team members dispense medicines is safe and suitable. And although team members discuss mistakes, they rarely record them. This increases the risk they will not learn from repeated mistakes. The pharmacy mostly keeps the records it must be law, and its team members know when to appropriately raise concerns to help safeguard vulnerable adults and children.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had some procedures in place to help manage the risks and to help prevent the spread of coronavirus. These included notices reminding people visiting the pharmacy to wear a face covering. However, not all team members were wearing face coverings. There was plastic screen at the pharmacy counter to act as a protective barrier between team members and people visiting the pharmacy. The pharmacy's team members socially distanced from each other when they could. The pharmacy had hand sanitiser placed in areas around the retail area and the dispensary to promote good hand hygiene.

The pharmacy had previously been inspected six months ago. Since the last inspection the pharmacy had kept the same set of written standard operating procedures (SOPs). The SOPs covered tasks such as dispensing and controlled drug (CD) management. These were generic templates and a third-party contractor had written them. 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. Since the last inspection, a pharmacy assistant had been employed at the pharmacy. But they had not read the SOPs, so there was a risk they may not be carrying out the correct process to complete specific tasks.

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. At the last inspection, the pharmacy had a near miss log kept in the dispensary into which team members recorded details of any near miss errors made. But the near miss log couldn't be located during this inspection. And team members explained that it wasn't often used. There was little evidence of learning from any near miss errors, although team members explained they were aware of the increased risk of errors with medicines that had similar names. For example, amitriptyline and amlodipine. 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. The pharmacy had an informal concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. The RP register was correctly completed and up to date. Team members knew which tasks they could and could not do in the absence of the RP. The pharmacy occasionally dispensed some private prescriptions but there were no records of any supplies made since the last inspection. The pharmacy kept CD registers and records of CDs returned by

people to the pharmacy. To make sure they were accurate, the pharmacy periodically audited CD registers against physical stock. The inspector checked the balance of four randomly selected CDs. The balances were correct.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. It separated confidential waste 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. 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. Team members work well to support each other. They give feedback to improve services and they know how to 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 the RP. Three full-time pharmacy assistants and a full-time counter assistant supported the RP during the inspection. Team members who were not present during the inspection were another full-time pharmacy assistant and a counter assistant who only worked on Saturdays. The pharmacy had an electronic tablet supplied through its partnership with a third-party pharmacy support company. The tablet contained various healthcare related training modules that team members could access. 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. Following the previous inspection, team members were scheduled to start training via the tablet, but they had not done so and so this training resource was not being used.

Team members attended ad-hoc team meetings which the SI organised. Team members discussed various topics during the meetings including daily tasks and staff rotas. The meetings were also an opportunity for team members to suggest ways the pharmacy could improve its services and raise any professional concerns. Team members felt comfortable giving feedback or raising concerns. And they felt confident their thoughts would be considered. For example, a team member described how she asked other team members to ensure they returned telephone handsets into their cradles once they had finished using them. This was because the team member was often finding it hard to find handsets when they were ringing. And as a result, the team had missed some telephone calls. The pharmacy didn't have a whistleblowing policy and so the team members may not be able to anonymously raise and escalate a concern. There were no specific targets set for the team to achieve.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy does not keep all areas of its premises in a suitable condition both for the team and the services it provides. The area where team members dispense is untidy and excessively cluttered. This creates an increased risk of the team making mistakes. And presents a safety risk to the team members. The pharmacy has a temporary consultation room that people can use to have private conversations with team members. And for those unable to use this room, team members use a quiet area of the pharmacy.

### Inspector's evidence

The dispensary area of the pharmacy premises was undergoing building works. The works included moving the main dispensary area to a larger, open plan area. This work had continued from the previous inspection, so the team had been working with the refit for some time which increased risk. There was a rear section of the dispensary which led to a fire exit. This area was cluttered with cardboard boxes, bags containing medicines that had been returned by people for disposal and other miscellaneous items. As a result, a fire exit was difficult to access. The clutter also presented a significant trip hazard to team members.

To manage the dispensing workload, the pharmacy had ample bench space. But the benches were extremely cluttered with medicines that had not been returned to their original place on dispensary shelves and miscellaneous paperwork. As a result, the team stored some baskets of prescriptions and medicines awaiting a final check on the floor. This didn't fit in with the professional and hygienic image of a pharmacy. And it created a risk of them being knocked over and a trip hazard for team members.

The pharmacy was using a first-floor office as a temporary consultation room. People who couldn't use the stairs to access the room were taken to a segregated section of the retail area if they wished to have a private conversation with a team member. The room was sound-proofed, contained two seats and was large enough for two people to appropriately socially distance from each other. But there were some building tools stored in the room, for example, a multitool. This undermined the professional image and use of the room. The potential risk of injury had not been identified or mitigated.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout most of the premises. But the rear area of the dispensary was poorly lit. The SI checked some controlled drugs in this area. And so, there was an increased risk of mistakes being made.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy adequately helps people access its services. It correctly sources its medicines, and it completes some checks of its medicines to make sure they are in date. The pharmacy is set up to receive safety alerts about medicines. It satisfactorily manages the delivery of its services. But it doesn't make records to help provide audit trails to effectively monitor the safety and effectiveness of these services.

### Inspector's evidence

People had level access into the pharmacy through the main entrance door. The pharmacy advertised some of its services on a front window. The main signage at the front of the premises had been removed as a part of the ongoing renovation. This made it difficult for people to see that the premises were a pharmacy. The team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy provided owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. People were given one slip and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. Since the last inspection, the pharmacy had started routinely delivering medicines to people's homes on request. The SI or one of the pharmacy assistants completed the deliveries. 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 pharmacy didn't keep records of the delivery process. And so an audit trail was not in place. The pharmacy only delivered medicines to one or two people per day which was a relatively low number. 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 generally dispensed once a week to help reduce workload pressures.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. The pharmacy had a process for the team to check the expiry dates of its medicines every three months. Team members signed a sheet to show which medicines they had checked and when. So, an audit trail was in place. But some medicines hadn't been checked in around five months. The pharmacy used dot stickers to highlight short-dated medicines. The inspector found eight out-of-date medicines after a random check of around 30 randomly selected medicines. The out-of-date medicines were identifiable as short-dated by the dot stickers. And when they dispensed, team members checked for these stickers. The team recorded the date of opening on medicines that had a short shelf life. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used one medical grade fridge to store medicines that needed cold storage. The team kept daily records of the fridge's minimum and maximum temperatures. A sample of the records showed the fridge was operating within the correct temperature ranges. 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.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. And it 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. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to 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.