

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: 07/12/2022

Pharmacy context

This is a community pharmacy in the centre of the village of Maryport, Cumbria. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers a substance misuse service to several people.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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 met	N/A	N/A	N/A
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 met

Summary findings

The pharmacy has processes in place to help the pharmacy team safely manage the risks with the services it provides to people. Team members keep the legal records they need to, and they keep people's private information safe. They have the knowledge to help protect vulnerable people who use the pharmacy. And they make some records of the mistakes they make while dispensing to help them learn and prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy had previously been inspected in March 2022. Since the last inspection the pharmacy had introduced a new set of written standard operating procedures (SOPs). They were held electronically. 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 were documented dates for when the SOPs were to be reviewed and there were records to show that team members had read and understood the majority 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. The pharmacy had a near miss log into which team members recorded details of any near miss errors made. At the last inspection, the log could not be located by the team, but it was now attached to a dispensary wall to avoid it being misplaced. Team members recorded some, but not all, of the near miss errors made. And so, the team may have missed out on some opportunities to spot trends or patterns. Three near miss errors had been recorded since July 2022. The team had made some changes to the way it worked to prevent common near miss errors happening again. For example, following a meeting, the team decided to separate Bendroflumethiazide 2.5mg and 5mg as the team had noticed they had occasionally picked the wrong strength during the dispensing process. 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 record 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 reportedly dispensed some private prescriptions. 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 and it 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 by the team. 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

Pharmacy team members have the qualifications and skills to provide the pharmacy's services. And the pharmacy supports them to make changes to improve the way the pharmacy operates and the services they provide. Team members feel comfortable in raising professional concerns. The pharmacy provides opportunities to complete ongoing learning, but team members do not make the most of these opportunities.

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. The pharmacy employed a trainee medicines counter assistant who worked on Saturdays. Team members covered each other's absences. The RP was replaced by a locum pharmacist when he didn't work. During the inspection, team members were observed working well together and supported each other in managing the workload.

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. Each team member was given unique login details so they could manage and track their own training. Team members were able to access the tablet and choose a module to work through, but none had yet taken this opportunity.

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. A team member had recently discussed completing a course so the pharmacy could provide a private hearing test service. The team member had been enrolled on a suitable course and was aiming to complete it within the next few weeks. The team member explained he had decided to do the course as he felt he wanted to contribute to the pharmacy being able to provide a more varied range of services to the local community. 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 met

Summary findings

The pharmacy premises are suitable for the services provided. It has a suitable room and alternative facilities where team members speak to people privately.

Inspector's evidence

The dispensary area of the pharmacy premises was undergoing building works that had not been completed since the previous inspection. However, the main dispensary area had been refurbished to allow for a larger, open plan space for team members to dispense in. There were spacious benches, which were kept tidy throughout the inspection. The pharmacy used spacious shelves to store medicines. Floor spaces were generally kept clear to avoid a trip hazard. Areas of the premises which were still undergoing a refurbishment were cordoned off with tape to prevent unauthorised access.

The pharmacy had a first-floor consultation room. It was spacious and professional in appearance. The room was sound-proofed and contained two seats. 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. Since the last inspection, the pharmacy had installed a roller blind in the segregated area to improve people's privacy.

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 public access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout most of the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services easily accessible to people. And it manages and delivers its services safely. The pharmacy sources its medicines from recognised suppliers, and it stores and manages its medicines appropriately to make sure they are suitable to supply.

Inspector's evidence

People had level access into the pharmacy. The pharmacy advertised its services and opening hours in the retail area, which had seating. The team provided large-print labels on request to help people who had a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. They 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, including checking whether people were enrolled on a Pregnancy Prevention Programme if they fitted the inclusion criteria. And ensuring such people used appropriate contraception.

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 were required to sign the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. But this process was not always followed, so a robust audit trail was not in place. Team members 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. 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 instalments were stored tidily in a CD cabinet.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter, to help supervise sales. 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. The team was up to date with the process and no out-of-date medicines were found after a check of around 30 randomly selected medicines. Team members highlighted short-dated medicines using dot stickers or a highlighter pen. 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.