

# Registered pharmacy inspection report

**Pharmacy Name:** Dedham Pharmacy, High Street, Dedham,  
COLCHESTER, Essex, CO7 6DE

**Pharmacy reference:** 1031112

**Type of pharmacy:** Community

**Date of inspection:** 07/05/2019

## Pharmacy context

The pharmacy is in a listed building in the village of Dedham in Essex and is co-located with a post office. It dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication in multi-compartment compliance packs for many people who need help taking their medicines. It delivers medicines on four days a week. The pharmacy provides flu vaccinations during the winter season and travel vaccinations throughout the year. It offers chicken pox and shingles vaccination as well as the 'Test and Treat' sore throat service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 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 met

### Summary findings

The pharmacy has safe and effective working practices. It manages risk well by doing regular reviews and it keeps people's private information safe. It regularly asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that medicines are supplied safely and legally.

### Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one to one basis, with any learnings shared with the dispensary team. The current team had not been in post long and there was a low level of near misses which made patterns difficult to spot. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk.

People were encouraged to take part in an annual satisfaction audit and the pharmacy scored well in this. The complaints procedure was clearly displayed on the wall.

The pharmacy had current professional indemnity insurance in place and this was due to expire on 2 March 2020.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were correctly completed. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs in place which covered dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high risk medicines, dispensing incidents, services etc. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included: the electronic private prescription register (for private prescriptions and emergency supplies), records for the supplies of unlicensed medicines and the RP record. The electronic CD registers were appropriately maintained. CD balance checks were done each month. There was also an electronic register where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy had their privacy notice on display and the team had undertaken training in relation to the General Data Protection Regulation.

The pharmacy had safeguarding procedures in place and team members described the actions that

would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and get regular appraisals to identify any opportunities for development or learning.

### Inspector's evidence

There was one regular pharmacist (five days) with locum cover on the remaining day. There was one full-time trained dispenser and one full-time trainee dispenser who had only recently started and was about to be registered on a course. There was one full-time counter assistant, a part-time one and a delivery driver.

The pharmacy team were coping with the current workloads and were up to date with prescriptions.

Each member of the pharmacy team had an account on an online learning platform to keep their knowledge and skills up to date. Recent updates included child oral health, product updates, health and safety and safeguarding. They had protected training time in the pharmacy.

There were annual appraisals for all team members which looked at areas where they were performing well and areas for improvement or opportunities to develop.

The pharmacy team were encouraged to make suggestions for improvements and changes in the pharmacy. One team member had introduced a repeat prescription ordering slip and a communications board for residential home prescriptions. This had led to improved workflows and increased communication.

Targets and incentives were not used in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, and it is generally clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes.

### Inspector's evidence

The pharmacy had carpeted floors throughout the shop area and vinyl in the dispensary. The carpet was deep cleaned twice a year but looked stained and tired in places. There were laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area. The pharmacy had good levels of lighting in the dispensary.

There was a clean, dry cellar area used to store stock medicines and assembled compliance packs. Following a recent increase in the number of multi-compartment compliance packs being dispensed, the pharmacy was planning to convert a designated room for this purpose.

There was a clean, bright and well-maintained consultation room with handwashing facilities and a good level of soundproofing where patients could consult pharmacy team members in private. The room was kept locked when not in use.

The pharmacy premises were kept secure

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy gets its medicines from reputable suppliers and stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The team members follow safe practice to assemble devices which help people to take their medication. They generally identify and give advice to people taking high-risk medicines to make sure that they are taken safely.

### Inspector's evidence

The pharmacy was accessed via a door at path level and there was an open layout. There was a clipboard to assist wheelchair users. The pharmacy had a magnifying glass and team members produced large print labels on request.

The pharmacy obtained stock from a range of licensed wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was generally date checked quarterly and there were records to support this.

The pharmacy was compliant with the requirements of the Falsified Medicines Directive. The pharmacy team signed prescription labels so that each person involved with a prescription was clearly identified.

The pharmacy reviewed people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. Results were not routinely recorded on the PMR as few people provided their test results.

The pharmacy team members were aware of the risks associated with dispensing valproate containing products and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all their patients who took valproate containing medication. The pharmacy did not have the patient safety information for valproate. So, people getting this medicine may not get all the information they need to take it safely. The pharmacist immediately contacted the supplier to request the appropriate leaflets.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between two and eight degrees Celsius. It stored the CDs securely.

The pharmacist checked prescriptions for schedule 2 CDs to make sure they weren't given out after the prescription had expired. But, this did not extend to schedule 3 and 4 CDs. The pharmacy team were in the process of implementing a system to address this.

The pharmacy team dispensed medication into multi-compartment compliance packs. These were disposable, tamper evident packs which had descriptions of the medication. The packs were routinely supplied with patient information leaflets. Team members described the process they followed to ensure that any mid-cycle changes to the packs were rechecked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and allow effective team communication.

The GP requested when patients should receive their medication in multi-compartment compliance packs.

The pharmacy used an online tool to ensure that only current vaccination advice was given in relation to travel vaccinations. People completed a pre-assessment online and this was reviewed by the pharmacist prior to making an appointment.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needlestick injury avoidance

Patient returns were clearly segregated into designated bins and disposed of appropriately.

Drug alerts were received and recorded electronically in the pharmacy. The records were available for examination and review.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for its services and makes sure that it is looked after properly. It uses this equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate.

All electrical equipment appeared to be in good working order and had been safety tested. The pharmacy was about to engage the services of a company to carry out a fire risk assessment.

The pharmacy had a range of infection control materials.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using a shredder.

### 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.