

Registered pharmacy inspection report

Pharmacy Name: Well, 46 High Street, Caister-on-Sea, GREAT YARMOUTH, Norfolk, NR30 5EP

Pharmacy reference: 1035241

Type of pharmacy: Community

Date of inspection: 23/05/2024

Pharmacy context

This pharmacy is located in Caister-on-sea in Great Yarmouth. It provides a variety of services including the New Medicine Service (NMS), dispensing NHS prescriptions and the Pharmacy First service under patient group directions (PGDs). It also provides medicines in multi-compartment compliance packs to people who have difficulty remembering to take their medicines.

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 manages the risks associated with its services well. And it largely keeps the records it needs to by law. People can give feedback about the pharmacy's services. And the pharmacy handles people's private information appropriately. Team members know what action to take to protect the welfare of a vulnerable person.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in a prominent location in the pharmacy. The RP was also the store manager. The pharmacy had up-to-date standard operating procedures (SOPs) which were available electronically with each team member having their own account to access the SOPs. All team members had read the SOPs and the SOPs were regularly updated by the pharmacy's head office. The pharmacy recorded near misses (dispensing mistakes spotted before they reached a person) on the electronic 'Datix' system and these were sent to the pharmacy's head office for review. The RP said that he also discussed any near misses with the team member involved. The team recorded dispensing errors (dispensing mistakes that had reached a person) on the same electronic system in more detail than near misses and these were also sent to head office for review. The team also had a meeting to discuss any errors that occurred in the pharmacy. The RP stated that as a result of a previous dispensing error two similarly sounding medicines had been separated on the pharmacy shelf to reduce the chance of the same error occurring again.

The pharmacy had a complaints procedure. People could make a complaint or leave feedback on the company's website. The RP confirmed that people could also give feedback or complain in person or over the phone if they wished to. Complaints were usually dealt with by the team but could be escalated to head office if necessary. Confidential material was disposed of in a dedicated waste bag. When this was full, the waste was collected by an external company and taken away for safe disposal. No confidential waste was found in the general waste bins. And no person-identifiable information could be seen from outside the dispensary. Waste medicines were stored in the back of the pharmacy in dedicated waste bins and collected regularly for safe disposal.

The RP had completed safeguarding level three training with the Centre for Pharmacy Postgraduate Education (CPPE). Other team members had also completed appropriate safeguarding training. They were aware of what to do if they had a safeguarding concern. And the team members had access to details of local safeguarding contacts to report concerns and could also contact their area manager for advice if necessary. The pharmacy had a privacy notice on display detailing how they would use people's personal information.

The pharmacy had current indemnity insurance. Controlled drug (CD) records were kept electronically, and all records seen were in line with legal requirements. The pharmacy completed regular CD balance checks, and records were seen to confirm this. A random check of a CD showed that the running balance matched the quantity in stock. The pharmacy kept its private prescription records electronically, but some records were missing the address of the prescriber. This could make it harder to locate a prescriber if required. The RP said that the prescriber's address would be included on all private prescription records going forward. However, the RP record was complete with all entries seen having a start and finish time. The pharmacy did not routinely provide emergency supplies for people

and would usually refer them to their GP or the NHS 111 service.

Principle 2 - Staffing ✓ Standards met

Summary findings

On the whole, the pharmacy has just enough team members to manage its workload effectively. And its team members have completed the required training for their roles. They can raise any concerns they have. And they get regular ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team consisted of the RP, two full-time dispensers and an accuracy checking technician (ACT) who worked part time. The RP stated that the pharmacy had just enough team members to manage the workload and they were up to date with dispensing. The RP stated that all team members had completed an appropriate training course with an accredited training provider. The team was observed working safely and efficiently during the inspection. And team members knew what could and could not be done in the absence of an RP. The team was provided with ongoing training in the form of eLearning regularly by head office. The RP said that team members had a yearly formal appraisal with him to discuss their progress, and he also had a yearly formal appraisal with the area manager. Team members said they did not have any issues raising any concerns and would usually go to the RP first but could speak to head office or the area manager if they needed to. The RP confirmed that the pharmacy was set some targets relating to blood pressure checks and the Pharmacy First service, but that these targets did not affect the pharmacy team's ability to provide a safe and efficient pharmacy service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy, and it is kept secure from unauthorised access. The pharmacy has a consultation room where people can have conversations with a team member in private.

Inspector's evidence

The front fascia of the pharmacy was in an adequate state of repair. The pharmacy was generally clean and tidy, and the shop floor area was clean and bright; it had chairs for people waiting for services. Pharmacy only (P) medicines were stored securely behind the counter. The dispensary had just enough space for everyone to work in, but there were some boxes on the floor which presented a tripping hazard, the RP said that these would be moved. The dispensary had a sink for preparing liquid medicines which was clean. The temperature and lighting of the pharmacy were adequate. The pharmacy had a staff toilet with access to hot and cold running water and hand wash and a break room for team members to use. The pharmacy also had a consultation room for people who wished to have a conversation in private. The room was clean and tidy and allowed for a conversation at a normal level of volume to take place and not be heard from outside and was kept locked when not in use. It also had a range of health promotion leaflets available for people to read and take. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. And people with a range of needs can access the pharmacy's services. The pharmacy stores its medicines appropriately. And its team responds appropriately to safety alerts and recalls ensuring that medicines and medical devices are fit for purpose.

Inspector's evidence

The pharmacy had step-free access via a manual door. There was enough space on the shop floor for wheelchairs and pushchairs to access the dispensary counter. And there was a hearing loop available for people with hearing difficulties. The dispensary had separate areas for dispensing and checking medicines. Baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines that were seen contained a dispensing label which had the initials of the dispenser and checker, and this provided an audit trail.

Multi-compartment compliance packs were prepared in a separate area at the back of the pharmacy. Packs seen were labelled with all the necessary dosage and safety information as well as a description of the shape, colour and any markings on the medicines to help people identify their medicines. The RP stated that Patient Information Leaflets (PILs) were usually included the first time a new medicine was started. The RP stated that he would supply the PILs in future. Team members stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy provided a medicine delivery service to people in their own homes. This involved the delivery driver using a secure electronic device when delivering medicines to people. If there was a failed delivery, a note was put through the door to arrange redelivery and the medicines returned to the pharmacy.

The pharmacy obtained medicines from licensed wholesalers as confirmed by the RP. CDs requiring safe custody were stored securely. The date when the prescription was no longer valid was recorded and highlighted on all CD prescriptions to reduce the chance of a medicine being handed out after this time. The pharmacy had three fridges. Fridge temperatures for all three were recorded daily, and all records seen were in range. And the current temperatures were found to be in range during the inspection. Expiry-date checks were carried out monthly on a rota basis with different sections being checked each time. A random check of medicines on the shelves revealed no expired medicines. And short dated medicines were clearly highlighted on the dispensary shelves.

Safety alerts and recalls of medicines and medical devices were received online via an electronic system. They had to be signed off when they had been actioned and the team was up to date with the alerts and recalls. The team also printed off the alerts and archived them in a folder after actioning. Team members were aware of the risks associated with sodium valproate. And were shown where to apply a label to a box of sodium valproate so as not to cover any important safety information. The RP knew what to do if a person in the at-risk category presented on the pharmacy. And the team was aware of the recent guidance changes for sodium valproate. The pharmacy had PGDs for the Pharmacy First service available in the pharmacy. These were signed and in date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment to deliver its services safely. And it uses its equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy computers had access to the internet, allowing the team members to access any online resources that they needed. The computers were password protected and screens faced away from public view to protect people's privacy. The team were observed using their own NHS smartcards. And the pharmacy had cordless phones to allow any conversations to be had in private. Electrical equipment had been safety tested previously but the team could not remember exactly when. The RP said that he would confirm with the area manager when the electrical equipment needed retesting. The pharmacy had appropriate calibrated glass measures with separate ones reserved for certain liquids. There was a tablet triangle for counting out tablets; the RP stated the pharmacy did not supply any loose methotrexate and so didn't have a separate triangle for this medicine. The pharmacy had access to a blood pressure monitor; the RP said that this had recently been recalibrated. The pharmacy also had access to an appropriate otoscope for providing the Pharmacy First service.

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.