

Registered pharmacy inspection report

Pharmacy Name: Well, 8 Lowestoft Road, Gorleston-on-Sea, GREAT YARMOUTH, Norfolk, NR31 6LY

Pharmacy reference: 1035247

Type of pharmacy: Community

Date of inspection: 15/10/2019

Pharmacy context

The pharmacy is in the seaside town of Gorleston-on-Sea. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. It offers a range of sexual health services including contraception under the C-Card scheme, chlamydia testing and emergency hormonal contraception. A small number of people use the substance misuse service. People can ask to have their blood pressure tested. The pharmacy assembles medication into multi-compartment compliance packs for a large number of people who need help managing their medicines. It also assembles and supplies medication for people in five residential homes. It delivers medicines to people in their own homes on five days a week. The pharmacy administers flu vaccinations during the winter season. It sends some prescriptions to a centralised off-site dispensary for assembly.

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	1.2	Good practice	The pharmacy is good at recording and reviewing its mistakes. And it can show how the team learns and improves from them.
2. Staff	Good practice	2.2	Good practice	Team members undertake regular ongoing learning and they get time set aside at work to complete it. This helps them to keep their knowledge and skills up-to-date.
		2.5	Good practice	Team members actively review and change systems to improve safety and workflows.
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 identifies and manages the risks associated with its services. It is good at regularly recording and reviewing its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

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 pharmacy team had noticed that olanzapine and quetiapine were in very similar packs and had discussed this to reduce the chance of picking errors. They had also noticed that there were several occasions where medical abbreviations had been left on a label and had taken steps to prevent this in future. 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. The team routinely used communication sheets on prescriptions to ensure that people received the appropriate information about their medicines.

The pharmacy scored over 90% positive feedback in their last satisfaction survey and the pharmacist said that people were positive about the friendly atmosphere and helpful team members. Following constructive feedback, the pharmacist had reviewed the service provision to the residential homes when she had arrived in the pharmacy. This had led to positive feedback and a reduction in problems and mistakes. She had also recently visited all the homes to carry out a medicines audit. The pharmacy complaints procedure was published in the practice leaflet. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. 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 online SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was an electronic record to show that members of staff had read SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included: the private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done regularly. There was also a book 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 team had

undertaken training about the General Data Protection Regulation and had signed confidentiality agreements.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team. The pharmacy team gave an example of an intervention which had resulted in improved patient care.

Principle 2 - Staffing ✓ Good practice

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 undertake regular ongoing learning and are given time set aside at work to complete it. And they identify any gaps in their own knowledge. This helps them to keep their knowledge and skills up to date. They are encouraged to make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There was one regular full-time pharmacist and a part-time accuracy checking technician. There were four trained dispensers (two part-time and two full-time). Additional dispensing support was available if needed to assist with an increased workload or staff absence. The pharmacy was up-to-date with dispensing and routine tasks such as date checking. And it was up-to-date with assembling the packs for the residential homes.

Dispensary team members had completed accredited courses and were trained for working on the medicines counter to provide a skill mix in the pharmacy. They undertook regular ongoing learning to keep their knowledge and skills up-to-date using an online learning portal. Recent mandatory training included controlled drugs management, sildenafil supply and managed care. Team members also completed self-direct learning and there was also suggested voluntary learning with recent examples including urinary tract infections and coughs and colds. The team identified topics where they would like additional learning and the pharmacist provided local training and briefing on these. People were allocated designated time in the pharmacy to undertake training. A recent example of training included exploring the differences between two similar packaged medicines. The pharmacist was aware of the requirements for professional revalidation.

All the staff had annual appraisals which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. There were team meetings at least twice a month as well as a monthly patient safety review. The team members were encouraged to make suggestions to improve safety and workloads. They had introduced a team task rotation system to prevent people focussing for too long on a particular task. This had led to an improved morale and better management of the workload. They had noticed a reduction in stress levels and fewer near misses. The review also included team members becoming multi-skilled to reduce the impact caused by holiday or illness on any particular pharmacy service. Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area. There is a dedicated dispensing area for assembling compliance packs for residential homes, and this helps reduce distractions.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There was a designated dispensing area for the assembly of compliance packs for the residential homes. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout. The team members monitored the room temperatures using maximum and minimum thermometers and gave examples of the action they had taken when the temperature in the care home dispensary became slightly too warm. This included removing stock promptly from the room and using a portable air conditioner to bring the temperature back to an acceptable level.

There was a clean, bright and well-maintained consultation room with handwashing facilities and a good level of soundproofing where people could consult pharmacy team members in private. Sensitive information was appropriately secured. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take 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.

Inspector's evidence

The pharmacy was accessed via a double door at path level and there was an open layout to assist wheelchair users. There was a hearing induction loop on the main counter to assist people with compatible hearing aids and the pharmacy could generate large print labels on request. Team members had trained as Dementia Friends. The pharmacist routinely used Portuguese to assist some people to access pharmacy services.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy had a new computer system in place and was actively scanning bar codes on dispensed medicines to ensure compliance with the Falsified Medicines Directive. This included scanning barcodes for medicines dispensed locally and at the remote dispensing facility.

The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood test related to these medicines. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were routinely recorded on the patient's medication record (PMR). 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 the people they had dispensed valproate containing medication for and issued the published support materials. The pharmacist carried out a regular audit on higher-risk medicines and this was routinely discussed with team members.

The pharmacy kept medicines requiring cold storage in two pharmaceutical fridges. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy used a highlighter to identify when prescriptions were dispensed and a label on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had communication record sheets to record any changes to medication in the packs and to help with effective team communication. The pharmacy used a tracking tool to identify which packs needed

assembling in any given week. The person's GP or medicines support service requested when people should receive their medication in compliance packs. The pharmacy did not routinely conduct a needs assessment before starting people on the packs, but the pharmacist said that they were planning to introduce this. The pharmacist carried out a clinical review of medicines for the care homes and had identified that a medicine had been prescribed in error. The pharmacy had identified that they were at capacity for assembling packs. The delivery driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage if medicines were returned to the pharmacy. There was a record book with an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles into the pharmacy and had received training in needlestick injury avoidance. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and it maintains it well. The pharmacy uses its equipment to help protect people's personal information.

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. This helped to avoid any cross-contamination. There was a blood pressure meter which had been recently calibrated.

There was appropriate range of infection control materials including alcohol gel, surface wipes and gloves. Anaphylaxis materials were present and in date.

All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract. There were locked drawers to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using sealed bags for secure disposal offsite

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.