

Registered pharmacy inspection report

Pharmacy Name: Well, The Medical Centre, Gayton Road, KING'S LYNN, Norfolk, PE30 4DY

Pharmacy reference: 1035271

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

The pharmacy is in a health centre and has a close working relationship with the medical practice. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. A small number of people use the substance misuse service. The pharmacy assembles medication in multi-compartment compliance aids for some people who need help taking their medicines and there is a delivery service. It offers a range of sexual health services including contraception under the C-Card scheme, chlamydia treatment and emergency hormonal contraception. People can ask to have their blood pressure tested. The pharmacy offers smoking cessation and oral healthcare advice services. It administers flu vaccinations under a patient group direction during the winter season.

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 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. 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 weekly 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 team had identified a recent trend with formulations of medicines and had worked to identify solutions to reduce risk such as separating similar products. 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 pharmacist said that people were complimentary about the friendly and helpful staff and had commented on the recently improved waiting times. The team started a process of writing collection due days on the prescription to aid this. People were encouraged to complete feedback questionnaires and the complaints procedure was published in the practice leaflet.

The pharmacy had current professional indemnity insurance in place. 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 online SOPs in place which covered dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high risk medicines, dispensing incidents, services and so on. There was evidence 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), records for the supplies of unlicensed medicines and the RP record. The CD registers were appropriately maintained. CD balance checks were done each week. 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. Team members had undertaken training in 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 part-time regular pharmacist (with locum cover for the remaining 1.5 days a week) and one full-time registered technician. There were three trained dispensers (two full-time and one part-time) and one part-time trainee. The team were able to keep up to date with prescriptions and routine tasks.

The pharmacy team undertook regular ongoing learning to keep their knowledge and skills up to date. This included the use of online learning tools including 'E-expert and Expert-me'. They had opportunities to undertake this learning in the workplace and included self-directed learning in addition to the mandatory training.

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

The pharmacy team had decided to reorganise the eye drops to improve efficiency and reduce the risk of the wrong product being selected. They had also moved the CD register and started to write collection dates on CD prescriptions to improve workflows and ensure that people received their medicines in a timely manner. 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.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean although the sink was heavily scaled in places. There were clear workflows in place and a designated checking area. This was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature. There was a designated section of the dispensary for assembling multi-compartment compliance aids.

There was a clean, bright and well-maintained consultation room with a good level of soundproofing where patients could consult pharmacy team members in private. The pharmacy premises were kept secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and manages them well. It 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 pharmacy identifies and gives advice to people taking higher-risk medicines to make sure that they are taken safely.

Inspector's evidence

The pharmacy was accessed via a wide door at path level and a door directly into the medical practice. There was an open layout and lowered counter to assist wheelchair users. There were hearing loops on the pharmacy counter and in the consultation room. One team member was fluent in Russian, Polish and Lithuanian and this was used to help people to access pharmacy services. The pharmacy team had trained as Dementia Friends.

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 date checked quarterly and there were electronic records to support this. The pharmacy team were aware of the Falsified Medicines Directive and the pharmacist said that the company had a plan in place to ensure the pharmacy achieved compliance.

The pharmacy reviewed people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. Results were recorded on the PMR where appropriate. The pharmacist was aware of the risks associated with dispensing valproate containing products and the Pregnancy Prevention Programme. The pharmacy did not have the patient safety information leaflets for valproate. So, people getting this medicine may not get all the information they needed to take it safely. The pharmacy ordered these during the inspection.

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 the CDs securely. It had a process for each controlled drug prescription to help ensure that medicines were not issued after the prescription had expired.

The pharmacy team dispensed medication into multi-compartment compliance aids. These were disposable, tamper evident compliance aids which had descriptions of the medication. The compliance aids were routinely supplied with patient information leaflets (PILs). Team members described the process they followed to ensure that any mid-cycle changes to the compliance aids were rechecked to make sure that these were supplied safely. The pharmacy team said that they had difficulty getting prescriptions from the medical practice in good time and this meant that they routinely assembled the compliance aids before the prescription was received. The assembled compliance aid was then re-checked against the prescription and labelled but this introduced an increased risk of a change in medication not being promptly actioned. The pharmacy said they would continue to liaise with the

practice to find a way to get the prescriptions in good time to allow the compliance aids to be assembled using the original document. The pharmacy had record sheets to record any changes to medication in the compliance aids and allow effective team communication. The pharmacist reviewed people using the compliance aids to ensure that these were used to support people who needed them. The Norfolk Medicines Support Service also conducted reviews.

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

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered.

Patient returns were clearly segregated into designated bins for storing waste medicines and disposed of appropriately. Drug alerts were received electronically and printed out in the pharmacy. The sheets were endorsed with any actions taken and maintained in a file in the pharmacy.

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 CDs), and labelled equipment for dispensing cytotoxic medication such as methotrexate. Some of the glass measures were heavily scaled and the pharmacy team said that they would address this.

Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested. The pharmacy had a blood pressure monitor which had been recently calibrated and there was 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 sealed bags for secure disposal off-site.

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.