General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 38 Loke Road, KING'S LYNN, Norfolk, PE30 2AB

Pharmacy reference: 1035278

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

The pharmacy is in a residential area in North Lynn. The pharmacy dispenses NHS prescriptions. And it pharmacy provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy provides supervised administration and instalment supplies for substance misuse treatment and there is a regularly accessed needle exchange service. The pharmacy assembles medication in multi-compartment compliance aids for people who need help managing their medicines and there is a delivery service. It administers flu vaccinations under a patient group direction during the winter season. People can ask to have their blood pressure tested.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 appropriately by reviewing near-misses, but it may miss opportunities to identify some trends and patterns by not routinely recording these. 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 pharmacist discussed near misses with the pharmacy team but did not actively record these on a near-miss log. This potentially reduced the opportunity to identify any trends and patterns. The pharmacy team said they would record any near misses in the future and would review these regularly as part of their weekly meeting. 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 similarly named medicines and had worked to identify solutions to reduce risk such as separating similar products and using warning boxes on the stock shelves. 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 team members and the community atmosphere in the pharmacy. 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 SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), sale of medicines, high risk medicines, dispensing incidents, and the services offered. There was an online record that members of staff had read SOPs relevant to their roles. But they did not always record near-misses as required by the SOPs. Other SOPs were being followed.

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. The pharmacy only had one NHS Smartcard as they had struggled to find a sponsor to get new cards issued. The pharmacist said she would continue to try to resolve this. The patient medication record (PMR) was password protected and

sensitive waste was disposed of securely. 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. The pharmacy team had actively intervened where they believed a person to be at risk.

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 get regular opportunities for learning and development.

Inspector's evidence

There was one full-time regular pharmacist with a regular locum covering one day each week. Both were about to leave, and the pharmacy was about to enter a period of running on locum pharmacists. A new pharmacist had been appointed but this was dependent on her successfully completing her pre-registration training. There was one part-time registered technician. There were four trained part-time dispensers. The team was able to keep up to date with prescriptions and routine tasks. All team members had completed counter training to provide a skill mix in the pharmacy.

The pharmacy team members undertook regular ongoing learning to keep their knowledge and skills up to date. They used the ‘E-Expert‘ and ‘Expert-Me’ online learning platforms and these supported the mandatory training (such as reviews of SOPs) as well as self-directed learning, where team members could choose areas of interest. Recent learning included child health, falsified medicines and oral health. The pharmacist and technician were aware of the requirements for professional revalidation.

There was a system for annual appraisals, and these were last undertaken in August 2018. The pharmacy team members were empowered to make changes and suggestions to improve efficiency and safety. They had recently reviewed staffing profiles to ensure that there was an adequate level of cover at all time. They proactively identified medicines with similar names and marked these on the shelves to reduce risk. They relocated fast moving items from the higher shelves to make them easier to access and to streamline workflows. 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 room temperature in the dispensary can sometimes become too hot and the pharmacy team members said they would carefully monitor this.

Inspector's evidence

The pharmacy had vinyl floors throughout, 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 and this was kept tidy to reduce risks. The pharmacy had good levels of lighting throughout and used an air-cooler in the summer. The staff said that the room temperature could sometimes reach 30 degrees Celsius in the summer and whilst the air cooler helped they sometimes struggled to get the temperature to an appropriate level for medicines. They said they would continue to monitor the temperature and notify the superintendent if the temperature exceeded 25 degrees Celsius.

There was a designated section of the dispensary for assembling multi-compartment compliance aids. Storage space was very limited in the pharmacy with bags of dispensed medicines stored on the floor. The pharmacy team members said they could change the use of one of the cupboards to try and free some extra space.

There was a clean, bright and well-maintained consultation room where people could consult pharmacy team members in private. The staff said that they had to speak quietly when using the room so that conversations could not be overheard. 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 identify and give 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 from the medical practice. There was an open layout and lowered counter to assist wheelchair users. To assist people with hearing aids, there were hearing loops on the pharmacy counter and in the consultation room. Large print labels were generated on request for people with visual impairment. The pharmacy team members had trained as Dementia Friends.

The pharmacy obtained dispensing 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 was 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 team had completed the training for the new computer system and was waiting for it to be installed.

The pharmacy reviewed people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacist routinely enquired about blood test results related to these medicines. Results were recorded on the patient's medication record (PMR) where appropriate. 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 the had dispensed valproate containing medication for, and they issued the published support materials.

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 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy used a label on each CD prescription to help ensure that medicines were not issued after the prescription had expired.

The pharmacy team dispensed medication into multi-compartment compliance aids for some people who needed help managing their medicines. These compliance aids were disposable, tamper evident, and had descriptions of the medication included in the compliance aid labelling. 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 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 pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for receiving needles into 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 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.

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.