



# Registered pharmacy inspection report

**Pharmacy Name:** Woodgrove Pharmacy, 7 Woodgrove Parade,  
Catton Grove Road, NORWICH, Norfolk, NR3 3NS

**Pharmacy reference:** 1035298

**Type of pharmacy:** Community

**Date of inspection:** 23/06/2021

## Pharmacy context

The pharmacy is located in a small shopping parade in a residential area of Norwich. The pharmacy provides a limited range of core services including dispensing of medication, over-the-counter sales and assembly of multi-compartment compliance packs.

## 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
<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 generally manages its risks appropriately. And it keeps people's private information safe. It keeps the records required by law to ensure that its medicines are supplied safely and legally. The pharmacy makes some records of when dispensing mistakes happen. But these records are not completed consistently, so staff could be missing out on opportunities to make the pharmacy's services safer.

### Inspector's evidence

The pharmacy provided essential services such as dispensing prescriptions, with a limited number of additional services. The pharmacy kept records of dispensing mistakes which were identified before the medicine was handed to a person (near misses). And records of dispensing mistakes that had reached a person (dispensing errors). But these records were not always completed. And so, it could make it harder for the pharmacy to review these and staff could miss out on opportunities to make the pharmacy's services safer. The last entry on the near miss log was in 2020. If dispensing errors occurred, they were discussed between the pharmacist and the dispenser.

The pharmacy team had responded to feedback from people about the appearance of the shop area and had worked hard to improve this. There had not been a recent annual patient survey due to the Covid-19 pandemic.

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 current professional indemnity insurance.

The pharmacy had a range of 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 evidence that members of staff had generally read and signed SOPs relevant to their roles. The SOPs were issued in 2018 and were about to be reviewed. There were procedures related to the Covid pandemic but staff were a little uncertain about the content of these. The pharmacy distributed lateral flow tests and staff had been vaccinated but lateral flow tests were only carried out monthly for team members. The risks relating to this were discussed and the pharmacist said that more regular testing would be introduced for staff.

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 CD registers were appropriately maintained.

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 pharmacist described the actions that

would be taken in the event of a safeguarding concern. There were contact details available 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.

### Inspector's evidence

There was one full-time pharmacist, one full-time NVQ2 qualified dispenser and a part-time medicines counter assistant. The pharmacist said that efforts to recruit additional staff had been unsuccessful. All the team members had undertaken appropriate training for their roles. The pharmacy team were up to date with dispensing prescription and other routine tasks. The pharmacy also had a part-time delivery driver who assisted with house-keeping tasks in the shop area.

Pharmacy team members occasionally read pharmacy-related articles in magazines and were keen to introduce regular ongoing learning to keep their knowledge and skills up to date. The dispenser had undertaken significant additional training to be able to assist in the ongoing day-to-day running of the pharmacy and was heavily involved in reviewing the Standard Operating Procedures. And felt able to make suggestions. The dispenser was also actively involved in reviewing and improving standards in the pharmacy. This had been particularly important during a recent period where the pharmacy was reliant on locum pharmacists. The team regularly reviewed the daily updates from the PSNC organisation. The pharmacist had undertaken additional online learning and was aware of the requirements for revalidation. The pharmacy did not use targets and incentives.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure. And the premises are generally suitable for the pharmacy's services. The pharmacist has an area to check prescriptions, but the workbenches are cluttered which limits available space. And the pharmacy could do more to keep all areas clean and tidy.

### Inspector's evidence

The pharmacy had carpeted floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were generally observed to be clean, but the sink required additional cleaning and several of the bench areas were cluttered and crowded which impacted on available workspace. The pharmacy did not have a consultation room, and this limited the services that the pharmacy was able to provide. The table next to the dispensary that had previously been used as a consultation area was covered with paperwork and boxes. This was untidy and meant that there was no designated area for people to speak to the pharmacist in private. The pharmacist said that the table would be cleared. People using the pharmacy were asked to stand two metres away from each other, which did give some level of privacy. And the pharmacy was usually relatively quiet. There were appropriate levels of lighting throughout.

Whilst some improvement was noted in the back-shop area since the previous inspection, the area was still cluttered. The pharmacy had arrangements in place to ensure the premises was secure outside of pharmacy opening hours.

There was a screen on the pharmacy counter to reduce the risk of Covid infection and tape at two metre intervals on the shop floor.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy gets its medicines from reputable suppliers and it generally 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 when assembling multi-compartment compliance packs which help people to take their medication. The pharmacy generally identifies and gives advice to people taking high-risk medicines to make sure that they are taken safely.

### Inspector's evidence

The pharmacy was accessed via a wide door with an open layout to assist wheelchair users. The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was generally stored in a neat and tidy manner on the dispensary shelves. There was however a significant amount of stock waiting to be put away and this led to clutter on the benches and boxes on the dispensary floor. The dispenser said that stock was date-checked quarterly but the records to support this had been removed from the pharmacy to be filed and were not available for inspection. Checks on some of the stock during the inspection did not find any date-expired products. There was evidence of active date-checking of stock in the shop area with recently removed items.

The pharmacy reviewed people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacist routinely enquired about blood test results related to these medicines. They also provided additional advice about how to take these medicines safely. Results were recorded on the patient's medication record (PMR) where appropriate. The pharmacy did not have the new emergency steroid cards and the pharmacist agreed to order these. 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 pharmacy kept medicines requiring cold storage in a 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. Controlled drugs were not dispensed until the person presented to collect the prescription and there was a system to highlight if a 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 to identify their medicines. The pharmacy routinely supplied patient information leaflets with packs to people. The driver had a clear procedure for CDs and refrigerated items to ensure appropriate storage. There was a record with an audit trail to show the medicines had been safely delivered.

Patient-returned medicines were clearly segregated into designated bins and disposed of appropriately. There were several bags of returned medicines waiting to be processed as the pharmacy had run out of appropriate bins. 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 right equipment for its services and makes sure that it is looked after properly. It uses its 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 certain medicines) and labelled equipment for dispensing cytotoxic medication. This helped to avoid any cross-contamination. All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract. Sensitive records were stored in the dispensary 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
 <b>Excellent practice</b>	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.
 <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
 <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.