

Registered pharmacy inspection report

Pharmacy Name: Well, 117f Ipswich Road, NORWICH, Norfolk, NR4 6LD

Pharmacy reference: 1035320

Type of pharmacy: Community

Date of inspection: 26/09/2023

Pharmacy context

This pharmacy is located on a busy road near Norwich. It provides a variety of services including New Medicine Service (NMS), flu vaccinations and dispensing of NHS prescriptions. It also provides medicines in multi-compartment compliance packs to people who have difficulty remembering to take their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.1	Standard not met	The pharmacy does not have enough staff to manage its workload effectively.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always store its medicines appropriately or securely. And it cannot sufficiently demonstrate that it keeps its medicines requiring cold storage at the right temperatures.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy is struggling with staffing levels, and it does not store all its medicines securely or appropriately. But overall, the pharmacy generally manages the risks associated with its services. And it records dispensing mistakes that occur in the pharmacy. The pharmacy largely keeps the records it needs to by law. And it generally protects people's personal information well.

Inspector's evidence

Upon entry to the pharmacy the correct responsible pharmacist (RP) notice was displayed. The pharmacy had up-to-date standard operating procedures (SOPs). These were available online and had been and signed by the RP. A team member also confirmed that she had read the SOPs. The team members explained how they recorded near misses which are dispensing mistakes that had not left the pharmacy. These were recorded on the electronic 'Datix' system. But previous records were not available as the RP explained that they were sent to the pharmacy's head office as they were recorded. Dispensing errors, which were mistakes where the medicine had reached a person were recorded on the same system. The RP was not aware of any recent errors, but there were some printed examples of previous dispensing error reports in the pharmacy. The RP said as a result of the dispensing errors, stickers had been put in the dispensary to remind team members to be more vigilant when selecting medicines.

The pharmacy had current indemnity insurance and it had a complaints procedure. People could submit complaints and feedback directly to the customer service team online via the company's website. The RP said that people could submit any feedback or complaints at the pharmacy if they did not have access to the internet. The RP had completed safeguarding level 2 training with the Centre for Pharmacy Postgraduate Education (CPPE) and knew what to do if there was a safeguarding issue in the pharmacy.

The pharmacy stored its confidential waste appropriately in designated small bins in the dispensary. And there was a larger bin at the back of the pharmacy where these were emptied into. The large bin was collected when full by an external company and the waste taken away for secure disposal.

Controlled drug (CD) registers seen were largely completed in line with requirements. Private prescription records were largely complete, but some records were missing the name of the prescriber. Records seen about emergency supplies of medicines were complete and included details about the nature of the emergency. Records about unlicensed medicines supplied were not complete with some records missing details such as date of dispensing and the name of the patient. The RP said that these would be included going forward. The RP record was complete with all entries seen having times the RP signed in and signed out.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough staff to manage its workload effectively. It is behind on its workload and team members struggle to undertake other routine tasks. The pharmacy is often closed or has to close early due to severe staff shortages. Team members do the right training for their roles. And they have access to some ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

During the inspection, there was the RP and a trainee dispenser working at the pharmacy. The pharmacy had closed on the previous two working days due to severe staff shortages. The RP said that the pharmacy currently had one regular RP and three part-time dispensers who usually only worked one day a week each. This meant that there were days where the pharmacy could not open due to lack of available staff. On the day of inspection, the pharmacy was around five days behind on dispensing and it was behind on other routine tasks such as fridge temperature recording and some stock checks. During the inspection, it was seen that the pharmacy was busy with a constant queue of people waiting. A team member said that this was normal for the pharmacy. The team was observed working as efficiently as it could. The team members were observed asking the appropriate questions to people who wished to purchase medicines over the counter (OTC).

The RP confirmed that all staff had either completed or were in the process of completing an appropriate accredited training course. The delivery driver also confirmed he had completed training for his role. Team members did not receive structured ongoing training. The pharmacy did not have any in house training in the pharmacy. But there were pharmacy magazines and information sheets that team members could read. The team could raise issues with area and regional managers. The team members were set some targets of trying to complete ten blood pressure checks and ten NMSs a week as well as many flu vaccinations as possible. The RP said that it was not currently possible to meet these targets due to workload pressures and staff shortages.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally suitable for providing its services and they are secure from unauthorised access when closed. People can have a conversation with a team member in a private area. But the pharmacy is experiencing staffing issues and there are some boxes on the floor and some areas are not clean or tidy.

Inspector's evidence

There were a large number of boxes on the floor of both the dispensary and shop area of the pharmacy. The team said that these had been there for some time. The RP said they had been unable to empty and move them due to staff shortages. The shop floor had some floor space and a chair for anyone who wanted to wait for their prescription. The dispensary area was small, and this was exacerbated by the boxes and baskets of medicines on the floor which made navigating around the dispensary difficult. The dispensary worktops also had baskets and prescriptions on them, and they were very untidy. The dispensary had a sink which was dirty and had items stored in it.

The consultation room was available for anyone who wanted to have a conversation in private, but it was very cluttered and messy and had boxes on the floor. It had some health promotion leaflets on display for people to read and keep. The staff toilet was clean and had access to hot and cold running water and hand wash. The temperature and lighting of the pharmacy was adequate. When closed, the pharmacy was locked and kept secure from unauthorised access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always store its medicines securely or appropriately. And it cannot demonstrate that it keeps its medicines requiring cold storage at the appropriate temperatures. However, the pharmacy manages safely alerts and recalls appropriately. And the team are aware of the risks associated with sodium valproate and other higher-risk medicines. The pharmacy obtains its medicines from reputable sources.

Inspector's evidence

The pharmacy had step-free access from outside via a manual door. There was enough space on the shop floor to allow people with wheelchairs to access the dispensary counter.

The dispensary did not have any specific area to dispense or check medicines and these activities were done wherever space was free. This could increase the chance of dispensing errors or mix-ups occurring. The multi-compartment compliance packs were prepared in a separate room. And these were prepared and stored more securely in separate baskets neatly on shelves. The packs were labelled with all the necessary dosage instructions and safety information as well as a description of the colour, shape and any markings on the medicines. The RP said that patient information leaflets (PILs) were included monthly with the packs. The pharmacy obtained medicines from licensed wholesalers and invoices were seen to confirm this.

The pharmacy did not store all its CDs and other medicines securely. Fridge temperatures were not routinely recorded. The RP said that the process of recording fridge temperature was changed in August 2023 from paper to online based. The pharmacy had two fridges and no online records for temperatures could be shown during the inspection. The minimum, maximum and current temperatures of the fridges were in range during the inspection apart from the maximum temperature of one fridge which was slightly above the recommended range. The fridge was reset and then showed the correct temperature. The pharmacy did not routinely carry out expiry-date checks of medicines. A team member said that the team did not have time to complete them due to staffing and workload pressures. They said that instead expiry dates were always checked by dispensers when picking medicines to reduce the risk of an expired medicine being given out. A random check of medicines on the shelves found no expired medicines.

Safety alerts and recalls of medicines and medical devices were received via an online portal. The pharmacy had a deadline for when the alerts needed to be actioned and these needed to be signed off on the portal. The pharmacy was up to date with these alerts and had recorded and signed off the ones that had been completed. Records were stored on the online portal.

The team was aware of the risks with sodium valproate and knew what to do if a person was the at-risk category. The RP confirmed that they had no one in the at-risk category currently taking sodium valproate. The pharmacy had access to leaflets and warning stickers that they could give to anyone taking sodium valproate to warn them of the risks. The pharmacy also had stickers to indicate prescriptions which contained a CD or an item requiring refrigeration. The RP also said that they regularly attempted to check if people had completed the appropriate tests for higher-risk medicines and if they were not done, they counselled the person to complete these tests urgently.

The pharmacy provided a delivery service for people to their own homes. The delivery driver used a secure electronic device for the deliveries. If a person was not in, a note was put through the door to arrange redelivery. The pharmacy also had a number of Patient Group Directions (PGDs) in place. A selection of these were seen and confirmed to be signed and in date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment it needs to provide services safely. And it uses its equipment to protect people's privacy.

Inspector's evidence

The pharmacy had access to the internet, allowing the team 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 during the inspection. The pharmacy had cordless phones to allow any conversations to be had in private. The RP said that equipment was safety tested yearly but could not remember when it was last done.

The pharmacy had the appropriate glass measurers with separate ones for certain liquids. There were triangles for counting out tablets, with a separate one for cytotoxic medicines such as methotrexate.

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.