

Registered pharmacy inspection report

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

Pharmacy reference: 1035320

Type of pharmacy: Community

Date of inspection: 23/04/2024

Pharmacy context

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

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 manages the risks associated with its services well. And it has appropriate insurance arrangements in place. The pharmacy largely keeps the records it needs to by law. And people can give feedback about the pharmacy's services.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in a prominent location in the pharmacy. The pharmacy had up-to-date standard operating procedures (SOPs) which were available electronically, however not all team members had read them. The pharmacy manager gave assurances that these would be read by all team members as a priority. The pharmacy recorded near misses (dispensing mistakes spotted before they reached a person) on paper log sheets in the dispensary in good detail. The team recorded dispensing errors (dispensing mistakes that had reached a person) on the electronic 'Datix' system and these were sent to the pharmacy's head office for review. The team also had a meeting to discuss any errors that occurred in the pharmacy.

The pharmacy had a complaints procedure. People could make a complaint or leave feedback on the company's website. The RP confirmed that people could also give feedback or complain in person or over the phone if they wished to. Complaints were usually dealt with by the team but could be escalated to head office if necessary. Confidential material was disposed of in a dedicated waste bin. When this bin was full, the waste was collected by an external company and taken away for safe disposal. No confidential waste was found in the general waste bins. And no person-identifiable information could be seen from outside the dispensary.

The RP had completed safeguarding level three training with the e-Learning for healthcare (e-lfh). Other team members had also completed appropriate safeguarding training. They were aware of what to do if they had a safeguarding concern. And the team members had access to details of local safeguarding contacts to report concerns and could also contact their area manager for advice if necessary.

The pharmacy had current indemnity insurance. Controlled drug (CD) records were kept electronically, and all records seen were in line with legal requirements. The pharmacy completed regular CD balance checks, and records were seen to confirm this. A random check of a CD showed that the running balance matched the quantity in stock. The pharmacy kept its private prescription records electronically, and the ones seen were largely complete. However, some records were missing the address of the prescriber. This could make it harder to locate a prescriber if required. The RP said that the prescriber's address would be included on all private prescription records going forward. The pharmacy had not done any emergency supplies or received any unlicensed medicines for some time. The RP record was complete with all entries seen having a start and finish time.

Principle 2 - Staffing ✓ Standards met

Summary findings

On the whole, the pharmacy has enough team members to manage its workload effectively. And its team members have completed the required training for their roles. They can raise any concerns they have. And they get ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team consisted of the RP, two dispensers and a pharmacy manager who was also a dispenser. The pharmacy manager stated that the pharmacy had enough team members to manage the workload and they were up to date with dispensing. Following action from the previous inspection, the pharmacy had hired the pharmacy manager to work full-time at the store and had also recruited more team members to help ensure the pharmacy workload was completed safely and efficiently. The pharmacy manager stated that all team members had either completed or were currently enrolled on an appropriate training course with an accredited training provider. The team was observed working safely and efficiently during the inspection. And team members knew what could and could not be done in the absence of an RP.

Team members stated that the area manager visited the pharmacy regularly to have informal reviews with team members and discuss objectives with them. The team was also provided with ongoing training in the form of eLearning by head office. The team members said they did not have any issues raising any concerns. Team members would usually go to the RP or pharmacy manager first but could speak to head office if they needed to. The RP confirmed that she was set some targets in the pharmacy relating to the Pharmacy First service, but that these targets did not affect her or the pharmacy team's ability to provide a safe service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it is kept secure from unauthorised access. The pharmacy has a consultation room where people can have conversations with a team member in private.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair. The pharmacy was generally clean and tidy, and the shop floor area was clean and bright; it had chairs for people waiting for services. Pharmacy only (P) medicines were stored securely behind the counter. The dispensary had just enough space for everyone to work in and it had a sink for preparing liquid medicines which was generally clean. The temperature and lighting of the pharmacy were adequate. The pharmacy had a staff toilet with access to hot and cold running water and hand wash. The pharmacy also had a consultation room for people who wished to have a conversation in private. The room was generally clean and tidy and allowed for a conversation at a normal level of volume to take place and not be heard from outside. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. And people with a range of needs can access the pharmacy's services. The pharmacy stores its medicines appropriately. And its team responds appropriately to safety alerts and recalls ensuring that medicines and medical devices are fit for purpose.

Inspector's evidence

The pharmacy had step-free access via a manual door. The pharmacy could cater for people with accessibility issues, for example by printing large-print labels for people with sight issues. There was enough space on the shop floor for wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines. Baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines that were seen contained a dispensing label which had the initials of the dispenser and checker, and this provided an audit trail.

Multi-compartment compliance packs were prepared in a separate part of the pharmacy. Packs seen were labelled with all the necessary dosage and safety information as well as a description of the shape, colour and any markings on the medicines to help people identify their medicines. The team confirmed that Patient Information Leaflets (PILs) were always included with the packs every month. Team members stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy provided a medicine delivery service to people in their own homes. This involved the delivery driver using a secure electronic device when delivering medicines to people. If there was a failed delivery, a note was put through the door to arrange redelivery and the medicines returned to the pharmacy.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen to confirm this. CDs requiring safe custody were stored securely, and all expired CDs had been destroyed recently with an authorised witness. The date when the prescription was no longer valid was recorded and highlighted on all CD prescriptions to reduce the chance of a medicine being handed out after this time. The pharmacy had two fridges. Fridge temperatures for both were recorded daily, and all records seen were in range. And the current temperatures were found to be in range during the inspection. Expiry-date checks were carried out every two months on a rota basis with different sections being checked each time. A random check of medicines on the shelves revealed no expired medicines.

Safety alerts and recalls of medicines and medical devices were received online via an electronic system. They had to be signed off when they had been actioned and the team was up to date with the alerts and recalls. Alerts were automatically archived after being completed. Team members were aware of the risks associated with sodium valproate and knew where to apply a label to a box of sodium valproate so as not to cover any important safety information. The team was aware of the recent guidance changes for sodium valproate. The pharmacy had PGDs for the Pharmacy First service available in the pharmacy. These were signed and in date and the RP had completed all the training required for the Pharmacy First service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment to deliver its services safely. And it uses this equipment to protect people’s confidentiality.

Inspector's evidence

The pharmacy computers had access to the internet, allowing the team members 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. And the pharmacy had cordless phones to allow any conversations to be had in private. Electrical equipment had been safety tested in January 2024.

The pharmacy had appropriate calibrated glass measures with separate ones reserved for certain liquids. There was a tablet triangle for counting out tablets; the RP stated the pharmacy did not supply any loose methotrexate and so didn’t have a separate triangle for this medicine. The pharmacy had access to a blood pressure monitor; the pharmacy manager said that this was new and so did not require replacement or recalibration yet. The pharmacy also had access to an appropriate otoscope for providing the Pharmacy First service.

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.