

Registered pharmacy inspection report

Pharmacy Name: Wellbeing Pharmacy, 2 Mandela Close, Oak Street,
NORWICH, Norfolk, NR3 3BD

Pharmacy reference: 1035335

Type of pharmacy: Community

Date of inspection: 08/01/2024

Pharmacy context

This community pharmacy is located next to a medical centre in the city of Norwich. It provides a variety of services including dispensing of NHS prescriptions, the New Medicine Service (NMS) and supervised consumption of medicines. 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

Overall, the pharmacy manages the risks associated with its services well. And its team members review their mistakes regularly. It has written procedures to help the team work safely. The pharmacy generally keeps the records it needs to by law. And it has appropriate insurance in place to protect people.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. It had a range of standard operating procedures (SOPs) available in a folder in the pharmacy. Records showed that the SOPs were last reviewed in 2023 and all team members had signed to say they had read them. Team members knew their roles and responsibilities in the pharmacy. And the team members were observed working in an efficient and safe manner. Team members knew which tasks they could and could not do in the absence of an RP. The team recorded near misses (dispensing mistakes that were corrected before a medicine left the pharmacy) electronically. Near misses were discussed and shared with the team so that everyone could learn from them. Dispensing errors (mistakes that had reached a person) were also recorded electronically. These were recorded in more detail and also discussed with the team. Records about errors were also sent to the superintendent pharmacist (SI) for review.

Complaints and feedback from people were usually submitted online. However, the RP said that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually resolved in store but could be escalated to head office or the SI if necessary.

Confidential waste was disposed of in designated confidential waste bins. When full these were collected by an external company 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. Team members had completed appropriate safeguarding training. The RP confirmed that all staff had completed level 1 safeguarding with the Centre for Pharmacy Postgraduate Education (CPPE). The RP had completed level 2 safeguarding training, also with CPPE. The pharmacy had a list of local safeguarding services who team members could contact if there was a safeguarding issue. And the team knew how to deal with a vulnerable person if they presented in the pharmacy.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly of controlled drugs (CDs), and other records in the CD register were made in accordance with the law. A random check of a CD showed the quantity in stock matched the running balance in the register. Records about private prescriptions were generally complete as were records about unlicensed medicines. The RP record was generally complete, but a few entries were missing an exit time. The RP said exit times would be included on all entries going forward.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload effectively. And team members do the right training for their roles. They receive regular ongoing training to help keep their knowledge and skills up to date. Team members have no concerns about providing feedback or raising concerns if needed. And targets do not affect team members ability to provide a safe service.

Inspector's evidence

On the day of the inspection there was the RP, three dispensers and a foundation year pharmacist. The team members were observed working well together during the inspection and the pharmacy was up to date with dispensing. The RP confirmed that all team members had completed an appropriate training course with an accredited training provider. There was a folder in the pharmacy which was updated regularly with different pharmacy-related topics and the team had regular teaching sessions on these. Team members also had a formal appraisal every six months to review their progress. They said they had no issues raising any concerns and they would usually go to the RP first but could go to head office or the SI if necessary. The pharmacy also had a whistleblowing policy in place. The RP said the team was set some targets which included the flu vaccination service and completing NMS checks. The RP confirmed that these targets did not affect the ability of the team to provide a safe and effective pharmacy service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair and was professional looking. Pharmacy only (P) medicines were stored in glass cabinets next to the counter, with notices stating for people to seek advice before purchasing. The cabinets could all be seen clearly from the counter and dispensary areas of the pharmacy so access could be monitored. The pharmacy had chairs for people who wished to wait for their medicines.

The dispensary area was tidy and of a good size for the level of work the pharmacy had. There was plenty of floor and desktop space for team members to work in and the temperature and lighting of the pharmacy were adequate. It had a toilet which had access to hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had and not be heard from the outside. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its medicines and services safely. And it stores medicines appropriately. It gets its medicines from reputable sources. And the team takes the right action in response to safety alerts and recalls, ensuring that people get medicines that are fit for purpose. People with different needs can access the pharmacy's services.

Inspector's evidence

The pharmacy had step-free access via a manual door. It was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. It also had a hearing loop. There was enough space for wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and 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. The pharmacy provided a delivery service to people who had difficulty collecting their medicines. The delivery driver used a secure electronic device to keep a record of deliveries. 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 used stickers to highlight prescriptions that contained a CD or an item requiring refrigeration. Dispensed medicines awaiting collecting on the shelves were also checked weekly and any prescriptions that were beyond their valid date were removed from the shelves. This helped to reduce the chance of prescriptions being handed out when they were no longer valid. Multi-compartment compliance packs were prepared in a separate area of the dispensary. A check of completed packs showed that they contained all the necessary dosage instructions and safety information. They also had a description of the colour, shape and any markings on the medicines to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were included each month with the packs. Team members also confirmed that they would contact the surgery regarding any queries they had with prescriptions, such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Fridge temperature ranges were checked and recorded daily, and records seen were all in the required range. The current temperatures were found to be in range during the inspection. Expiry date checks of medicines were carried out each week on a rota basis, with a different section being checked each time. A random check of medicines on the shelves found no out-of-date medicines. Liquid medicines were marked with the date of opening so dispensers could assess if they were still suitable to use. Safety alerts and recalls were sent by email to the pharmacy. These were actioned as appropriate before being archived.

Team members were shown where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. The RP gave an explanation of what she would do what to do if a person in the at-risk category presented at the pharmacy with a prescription for these medicines.

The pharmacy had a patient group direction (PGD) for administering seasonal flu vaccinations. The PGD

was in date and had been signed. The pharmacy had access to a suitable anaphylaxis kit should a person experience an anaphylactic reaction to a vaccination.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide a safe and effective service. And it uses this equipment to protect people's privacy.

Inspector's evidence

The pharmacy had computers with access to the internet, allowing the team to access any online resources it needed. Computers were password protected and faced away from public view to protect people's privacy. The pharmacy had cordless phones to allow conversations to be had in private. Team members were observed using their own NHS smartcards. Electrical equipment had recently been safety tested which was evidenced by green stickers on items in the pharmacy. The pharmacy also had appropriate glass measures for measuring liquids. And it had triangles for counting tablets and a separate one for cytotoxic medicines such as methotrexate to prevent cross-contamination; these were clean. There was a blood pressure machine in the consultation room. The RP confirmed that it was relatively new and not currently in need of replacement or recalibration.

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.