

Registered pharmacy inspection report

Pharmacy Name: Well, The Street, Acle, NORWICH, Norfolk, NR13
3DY

Pharmacy reference: 1035360

Type of pharmacy: Community

Date of inspection: 28/09/2023

Pharmacy context

This pharmacy is located on a high street in the town of Acle, near Norwich. It provides a variety of services including dispensing of NHS prescriptions, the New Medicine Service (NMS) and supply of Emergency Hormonal Contraception (EHC). It also supplies 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 identifies and manages the risks associated with its services. Team members are familiar with the pharmacy's procedures they need to follow. And people using the pharmacy can provide feedback or raise concerns. The pharmacy largely keeps the records it needs to by law. And team members store and dispose of confidential waste appropriately. They know how to protect the welfare of a vulnerable person.

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) which had been read by the team members present. The pharmacy recorded near misses which were dispensing mistakes that are spotted before they reached a person. 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. The team also recorded dispensing errors, which were dispensing mistakes that reached a person, on the same electronic system. The team gave an example of a dispensing error where the dispersible formulation of a medicine was given instead of the standard one. As a result, an error report was written, and the different formulations were separated on the dispensary shelf.

The pharmacy had current indemnity insurance and it had a complaints procedure. People could complain or leave feedback on the company website. The RP confirmed that people could also give feedback or complaints in person or over the phone if they did not have access to the internet. There were designated small bins in the dispensary which were used for confidential waste. These were emptied into a larger bin at the back of the pharmacy. When this bin was full, it was collected by an external company and the waste taken away for safe disposal. No confidential waste was found in the general waste bins.

The team had completed the appropriate safeguarding training. The RP had completed safeguarding level 3 with the Centre for Pharmacy Postgraduate Education (CPPE). The team members were aware of what to do if they had a safeguarding concern.

The pharmacy kept its private prescription records electronically, and the ones seen were largely complete. However, some records were missing details of the prescriber. This could make it harder to identify who prescribed a medicine if this information was needed. The RP said all prescriber details would be included on the private prescription register going forward. Records of emergency supplies of medicines were also recorded electronically, and the ones seen had appropriate details about the nature of the supplies that were made. Some records about unlicensed medicines supplied did not contain details of the person receiving the medicine or the date of dispensing. The RP said that these would be included going forward. The RP record was complete with all entries seen having the time the RP signed in and out.

The pharmacy usually completed regular controlled drug (CD) balance checks, and records were checked to confirm this. A random check of a CD showed that the balance matched the quantity in stock.

Principle 2 - Staffing ✓ Standards met

Summary findings

On the whole, the pharmacy has just enough team members to manage its workload. And the team members have completed the required training for their roles. They can raise any concerns they have. And they get 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 fully trained dispenser working at the pharmacy. The pharmacy also had two other dispensers who worked part-time. The team was observed working safely and efficiently during the inspection. The RP said the pharmacy was about a day behind on dispensing. And explained that all team members had completed the required training with an accredited training provider. The dispenser knew what could and could not be done in the absence of an RP.

The team had training in the pharmacy on an ad-hoc basis provided by the RP when a new medicine or service was coming out. The team did not have any issues raising any concerns. The team members would usually go to the RP first for any medicine-related issues and for any work-related issues, they could go to the store manager or area manager. The RP confirmed that the team members were set some targets such as completing ten blood pressure checks a week. But they did not let these targets affect people's safety.

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 pharmacy was generally clean and tidy, and the shop floor area was clean and bright and had enough space. It also had chairs for people who wished to wait for their medicines. The dispensary had enough space for everyone to work in and it had a sink which was generally clean. The temperature and lighting of the dispensary was adequate. The pharmacy had a WC with access to hot and cold running water and hand wash.

The pharmacy also had a consultation room at the back of the pharmacy. The room allowed for a conversation at a normal level of volume to take place and not be heard. It was kept in a neat and tidy condition. It had leaflets about various health promotion topics on display for people to read and take. The pharmacy also had a back section where multi-compartment compliance packs could be prepared. This area was generally clean and tidy. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally dispenses medicines in a safe and manner. And people with a range of needs can access the pharmacy's services. The pharmacy generally stores its medicines appropriately. The team members respond appropriately to safely recalls and alerts. And they are aware with the additional steps they need to take to ensure that certain medicines are taken safely.

Inspector's evidence

The pharmacy had step-free access from the street via a manual door. Access to the consultation room was via a ramp. And there was enough space on the shop floor for wheelchairs and pushchairs to access the dispensary counter. The pharmacy had the ability to cater for people with accessibility issues, for example by printing large-print labels for people with sight issues. It also had a hearing loop for people with hearing difficulties.

The pharmacy had separate areas for dispensing and checking prescriptions. Multi-compartment compliance packs were dispensed in a separate area in the back of the pharmacy. The packs 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. The team confirmed that Patient Information Leaflets (PILs) were always included with the packs every month. The pharmacy provided a delivery service to people in their own homes. This involved the delivery driver using a secure electronic device when delivering medicines to people. If a person was not in, a note was put through the door to arrange redelivery.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen to confirm this. The pharmacy had stickers which were used to highlight prescriptions that had CDs or medicines requiring refrigeration. The pharmacy had two fridges, and temperatures for both were recorded daily and records seen were in range. And the temperatures were found to be in range during the inspection. Expiry-date checks were not carried out regularly. A team members said that this was due to lack of staff. To help mitigate any risk, the team made sure that expiry dates were checked thoroughly when dispensing and checking medicines. A random check of medicines on the shelf found one medicine that had expired the previous month. Red stickers were used to help highlight short-dated medicines. CDs were stored appropriately.

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. The team members were aware of the risks associated with sodium valproate. They confirmed they had no people in the at-risk category currently taking sodium valproate. But the team knew what to do for people in the at-risk category. The pharmacy had in-date Patient Group Directions (PGDs) including for the supply of EHC.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to the internet, allowing the team to access any online resources they required. Computers were all password protected. And they faced away from public view to protect people's privacy. The pharmacy had cordless phones to allow conversations to be had in a more private area. The team had NHS smartcards and were observed using their own smartcards during the inspection. The RP could not confirm when the equipment was last safety tested but said it had been done previously.

The pharmacy had calibrated glass measures in place, which were generally kept clean. It also had triangles to accurately count medicines and there a separate one for counting 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.