

# Registered pharmacy inspection report

**Pharmacy Name:** Hurn Chemists, 143 Unthank Road, NORWICH,  
Norfolk, NR2 2PE

**Pharmacy reference:** 1035366

**Type of pharmacy:** Community

**Date of inspection:** 10/10/2019

## Pharmacy context

The pharmacy is in a small parade of shops a short distance from the city centre of Norwich. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacist provides a travel vaccination service as well as flu vaccinations in the winter months. The pharmacy offers a range of Health-checks including blood pressure, glucose and cholesterol as well as a smoking cessation service. The pharmacy assembles medication into multi-compartment compliance packs for a significant number of people who need help managing their medicines. This includes a large number of people who have packs assembled weekly and three residential care homes. It delivers medicines to people in their homes on five days a week. The pharmacy provides consultation space for a chiropodist and physiotherapist.

## 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
<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 identifies and manages the risks associated with its services to help provide them safely. It records its mistakes and learns from these to reduce future risk. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

### Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed on an informal basis. The technician said that they would review these more regularly to identify any trends or patterns to improve learning. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk.

The pharmacy encouraged people to complete an annual survey and the most recent results indicated that people were complimentary about the speed of service and friendliness of staff. The pharmacy had received constructive feedback about the range and number of posters displayed in the premises, but it was identified that many of these had been put up by people without asking the pharmacy first and these were regularly removed. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. 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 a comprehensive 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 read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included: the private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. There was also a book where patient returned CDs were recorded.

The pharmacy had three cordless phones 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 team members described the actions that would be

taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team. The pharmacist and technicians had completed level two safeguarding training.

## 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. They are provided with feedback to identify any opportunities for development or learning.

### Inspector's evidence

The pharmacy had one regular, full-time pharmacist and three pharmacy technicians (two full-time and one part-time). There were also two trained dispensers (one full-time and one part-time) and five medicines counter assistants including one in training (one full-time and four part-time). The pharmacy was slightly behind with dispensing prescriptions but was largely up-to-date. This was due to a team member being on holiday and another one being absent. Other team members were working additional hours to cover the shortfall. People undertook training using accredited courses and all team members were medicines counter trained to provide a skill mix in the pharmacy.

The pharmacists and technicians undertook regular ongoing learning using a variety of online resources and training evenings. Other dispensing team members also attended training events. The pharmacy team had recently been registered with an online training system which would help them to keep their knowledge and skills up-to-date with mandatory modules and self-directed learning. The pharmacy found it difficult to allocate training time during the working day. The pharmacist and technicians were aware of the requirements for professional revalidation. There were no formal appraisals or performance reviews.

Team members said they felt empowered to make suggestions to improve safety and workflows. Some of the suggestions were implemented including emailing prescription requests to the local practices rather than physically delivering them. Another example was introducing a new filing system for prescriptions awaiting dispensing. Other suggestions were not carried forward. The pharmacist said he planned to use the pharmacy team to help review the SOPs. Targets and incentives were not used in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were generally clean. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature. There was a dedicated bench for assembling multi-compartment compliance packs.

There were three clean, bright and appropriately-maintained consultation room with hand washing facilities and a good level of soundproofing where people could consult pharmacy team members in private. One of the rooms had recently experienced a leak from the roof above and was awaiting redecoration. Another room contained a sharps and clinical waste bin but did not have a lock on the door. The pharmacist said that they would ensure that these items were not accessible when the room was not in use. The pharmacy premises were kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and largely stores them properly. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take 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.

### Inspector's evidence

The pharmacy was accessed via a wide door a path level and there was an open layout and a clipboard to assist wheelchair users. Large print labels could be generated on request and the pharmacy team had trained as Dementia Friends.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was generally stored in a neat and tidy manner in the dispensary. There were several loose blisters on the shelves which did not have a batch number or expiry date displayed and the technician said that they would dispose of these. Stock was date checked six monthly and there were records to support this. The pharmacy staff were aware of the Falsified Medicines Directive and had software and hardware in place to ensure the pharmacy achieved compliance.

The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood tests related to these medicines. Team members also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were not routinely recorded on the patient's medication record (PMR). 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 two pharmaceutical fridges. 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. The pharmacy highlighted each CD prescription to help ensure that medicines were not issued after the 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 or their carer to identify the medicines. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication. The person's GP requested when people should receive their medication in compliance packs. The pharmacy conducted a needs assessment before starting people on the packs.

The pharmacist conducted an online assessment for each person requesting the vaccination service to ensure that the most current vaccination advice was used for each person.

The delivery driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage if they were returned to the pharmacy. There was a record book with an audit trail to show the medicines had been safely delivered. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. 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 equipment it needs for its services and it largely maintains it appropriately. The pharmacy uses its equipment to help protect people's personal information.

### Inspector's evidence

The pharmacy had up-to-date reference sources, but some of the reference texts in the consultation room were out of date and the team members said that they would remove these. The pharmacy had testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. Some of the glass measures had a build-up of limescale and the team members said that they would clean these. There was a new blood pressure meter which was replaced every two years. There was a meter for checking glucose and cholesterol and control solutions to make sure this was operating effectively. The solutions had recently expired and were in the process of being replaced.

All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract. There was an appropriate range of infection control materials including gloves, surface wipes, alcohol swabs and antibacterial gel. Anaphylaxis equipment was in date. There was a locked cabinet to store sensitive records 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
✓ 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.