General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 38 Market Place, SWAFFHAM, Norfolk, PE37 7QH

Pharmacy reference: 1035379

Type of pharmacy: Community

Date of inspection: 14/10/2024

Pharmacy context

This pharmacy is located on a busy high street in the town of Swaffham in Norfolk. It provides a variety of services including dispensing of NHS and private prescriptions, the NHS New Medicine Service (NMS) and the NHS Pharmacy First service under Patient Group Directions (PGDs). It also provides medicines in multi-compartment compliance packs to people who need additional support 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. There are times when the pharmacy has to close due to staffing issues which may result in people not being able to access the services they need. And there are examples of people not receiving their medicines in a timely manner.
3. Premises	Standards not all met	3.1	Standard not met	Areas of the dispensary are very cluttered which present significant health and safety risks to team members working in the pharmacy.
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 does not always manage all the risks associated with its services effectively. It does not routinely record all dispensing mistakes that occur in the pharmacy. So, the pharmacy may not be able to learn from mistakes and put measures in place to prevent them from occurring again. The pharmacy largely keeps the records it needs to by law. And it protects people's personal information. The pharmacy has up-to-date standards operating procedures for team members to follow to help make sure activities are completed in the correct way.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The RP was a locum pharmacist and had worked in the pharmacy a few times in the past. The pharmacy did not have a regular pharmacist and was reliant on locums. The pharmacy had up-to-date standard operating procedures (SOPs). These were available online and had been and signed by the RP and the other team member working at the pharmacy. Each team member had their own account to access and read the SOPs. The SOPs were reviewed regularly by head office and details of updates were sent to team members to read.

The pharmacy had paper logs in the dispensary for recording near misses (dispensing mistakes spotted before a medicine was handed to a person). However, the team was not always recording near misses when they occurred. Only one near miss had been recorded from September 2024. This meant they could be missing out on potential opportunities to learn from mistakes and patterns of near misses could go unnoticed. Team members said that they did not always have time to record near misses due to the high workload in the pharmacy. The team confirmed that dispensing errors, (mistakes where the medicine had reached a person) were recorded electronically and in more detail than near misses. A team member said that errors were not usually discussed in the pharmacy due to the lack of staff and because there was usually a different pharmacist working each day. However, she confirmed there had not been an error in the pharmacy for some time.

The pharmacy had current indemnity insurance and it had a complaints procedure. People submitted complaints and feedback directly to the customer service team online via the company's website. The team said that people also submitted complaints in person at the pharmacy or over the phone and these were actioned in the same way. The RP confirmed they had completed safeguarding level three training with E-learning for healthcare (elfh) and knew what to do if there was a safeguarding issue in the pharmacy. The team said there was details of local safeguarding contacts available in the pharmacy, but these could not be located during the inspection. The use of the NHS safeguarding app was discussed with team members. Confidential waste was separated and disposed of appropriately in a designated waste bin. The waste was taken away by an external contractor for secure disposal. No patient personal information could be seen from the retail area. There was also a privacy notice on display explaining how the pharmacy used people's personal information.

Controlled drugs (CDs) registers seen included all details required by law and were kept electronically. A balance check of a CD showed that the amount in stock matched the recorded stock in the register. The pharmacy did not have a folder for keeping certificates of conformity that we were required to be retained for unlicensed medicines supplied. However, the team said they had not supplied unlicensed

medicines for a long time and gave assurances that a folder would be made to keep the records of any future supplies. The private prescription register was complete with all entries seen having the required details recorded. The RP record was largely complete with only a couple of entries seen missing a finish time. This could make it difficult for the team to find out who the RP was on a particular day if needed. The RP said the record would be completed in future.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy does not have enough staff to manage its workload effectively. The pharmacy does not always operate for the full duration of its opening hours due to staff shortages which means it sometimes fall behind on the workload undertaken. And it may result in people not being able to access the service they require. Team members do not get a regular review of their progress, so the pharmacy cannot be completely sure that team members are performing adequately. However, 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. But they do not always have time to complete this.

Inspector's evidence

During the inspection, there was the RP and a trainee dispenser working at the pharmacy. The pharmacy had not opened till 3pm the previous working day due to severe staff shortages and no RP being available. So, people may not always be able to access the pharmacy's services during its stated opening hours. This could lead to delays in people receiving treatment from the pharmacy. The dispenser explained that it was usually just her and a pharmacist working in the dispensary and other team members came in on certain days to try and help with the workload. The pharmacy did have a manager, but they had been on leave for some time. The pharmacy was around three days behind on dispensing workload, but a team member said the pharmacy was up to two weeks behind at one stage with a constant queue of people waiting. During the inspection, it was seen that the pharmacy was quite busy with a steady stream of people entering the pharmacy. The team was observed working as efficiently as it could. But the number of team members was not enough to deal with the workload that was undertaken. Several recent online reviews from people about the pharmacy said that they had experienced delays in getting their medicines, that the pharmacy was not always open when it should have been and that it did not have enough staff. The team said similar complaints had been shared with them by people. Team members were observed asking the appropriate questions to people when selling pharmacy only (P) medicines to help make sure sales were appropriate.

The dispenser confirmed that she was in the process of completing an appropriate training course with an accredited training provider. However, she had not had a review or appraisal of her progress since she began working at the pharmacy over a year ago. Some online training was provided by head office for team members to complete, but this was not provided in a structured manner. And they did not always have time to complete the learning due to the workload. So, the team may be missing out on important learning and development opportunities. Team members were comfortable raising issues in the pharmacy and would usually go to the RP with any concerns. They also escalated concerns to the regional or area manager if necessary. The team was set some targets in relation to blood pressure checks and the NHS Pharmacy First service. But said that it was not currently possible to meet these targets due to workload pressures and staff shortages. Team members said that they focused on delivering the essential pharmacy services over trying to achieve targets.

Principle 3 - Premises **Standards not all met**

Summary findings

Some areas of the pharmacy are very untidy and cluttered which create potential tripping hazards posing a health and safety risk to team members. However, people can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The shop floor area of the pharmacy was generally tidy, and chairs were available for anyone who wanted to wait to access the pharmacy's services. There was consultation room was available for anyone who wanted to have a conversation in private. And it had some health promotion leaflets on display for people to read and keep as well as a chaperone policy on display.

There were a large number of boxes, bags, baskets, medicines and other items on the floor of the dispensary area which presented significant tripping hazards to team members. The team said they had not had time to remove all the items from the floor due to workload pressures.

The dispensary worktops also had numerous baskets and prescriptions on them which were very untidy. This reduced the amount of clear workspace the team had and increased the risk of prescriptions getting mixed up. There was a door next to the dispensary counter that led to a fire exit that was completely blocked with boxes and other items meaning it could not be used in an emergency. This also led to a back storage room that could not be accessed but could be seen to be extremely cluttered. However, there was another fire exit at the back of dispensary that was not blocked and could be used in the event of an emergency. The dispensary had a sink which was largely kept clean.

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. The pharmacy and kept secure from unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy does not always provide all of its services effectively. And it does not always store its medicines appropriately which increases the chance of mistakes occurring. The pharmacy gets its medicines from licensed wholesalers. People with a range of differing needs can access the pharmacy's services. The team responds appropriately to safety alerts and recalls ensuring that people are getting medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy had step-free access from via an automatic push button door. There was enough space on the shop floor to allow people with wheelchairs to access the dispensary counter. It also had a hearing loop. The dispensary did not have any specific area to dispense or check medicines and these activities were done wherever there was clear space. There wasn't an established workflow in place in the pharmacy, so the team may not have been working as effectively as it could have been. There were also a large number of dispensing baskets which cluttered some of the worktop space. This may increase the risk of errors occurring. Checked medicines that were seen contained a dispensing label which had the initials of the dispenser and checker, and this provided an audit trail of who was involved in both processes.

Multi-compartment compliance packs seen 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 team said that patient information leaflets (PILs) were only included the first time a person was prescribed a medicine and not supplied thereafter. So, people may not always have access to important information about their medicines. The team said that going forward PILs would be supplied with all packs. A team member confirmed they contacted the GP surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Fridge temperatures 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. Some medicines were not stored neatly on the dispensary shelves with different medicines being stored on top of each other which could increase the chance of picking errors occurring. Expiry date checks of medicines were carried out every three months. And the pharmacy used stickers to highlight stock soon to expire. A random check of medicines on the shelves found no out-of-date medicines.

Safety alerts and recalls of medicines and medical devices were received electronically. Alerts were printed and actioned before being archived in a folder. The team was aware of the risks with sodium valproate and knew what to do if a person was the at-risk category presented at the pharmacy with a prescription. The team were shown where to apply a label to a box of sodium valproate to not cover any important safety information. The RP confirmed he had completed the necessary training for the NHS Pharmacy First service and had signed the appropriate copies of the PGDs electronically.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. 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 and the medicines were returned to the pharmacy.

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 which team members used to access 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 electrical equipment was safety tested the previous month as evidenced by stickers on the electrical equipment. The pharmacy had the appropriate calibrated glass measurers. However, they were badly stained with limescale. The team said these would be cleaned. There were triangles available for counting tablets and capsules. And there was a blood pressure machine in the consultation room which recently been recalibrated. There was also an otoscope available for use with the NHS 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.