

Registered pharmacy inspection report

Pharmacy Name: Eye Pharmacy, 5 Broad Street, EYE, Suffolk, IP23 7AF

Pharmacy reference: 1037142

Type of pharmacy: Community

Date of inspection: 21/11/2019

Pharmacy context

The pharmacy is in the rural village of Eye in Suffolk. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication into multi-compartment compliance packs for some people who need help managing their medicines. It delivers medication to people in their own homes on one day a week.

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 identifies and manages the risks associated with its services to help provide them safely. It records and reviews its mistakes and when a mistake happens the team responds well. 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 annually. They agreed that a more regular review may identify some trends and patterns. But the pharmacy had a low level of near misses. 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. The pharmacy team members placed labels on the shelves where they identified similarly packaged medicines. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist.

The pharmacy received positive feedback on the NHS website. It encouraged people to complete an annual survey and had a published complaints procedure. The pharmacy scored well on the most recent survey. The pharmacy had current professional indemnity insurance arrangements in place.

The pharmacy had the correct Responsible Pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the SOPs. When asked, the dispenser clearly understood what she could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of Standard Operating Procedures (SOPs) in place which covered dispensing processes, Information Governance (IG), Controlled Drugs (CDs), Responsible Pharmacist activities, Sale of medicines, High Risk medicines, Dispensing Incidents, Services etc. 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), records for the supplies of unlicensed medicines and the RP record. The controlled drug (CD) registers were appropriately maintained. CD balance checks were regularly. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone 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 dispenser was in the process of undertaking refresher training on the General Data Protection Regulation.

The pharmacy had safeguarding procedures in place and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team.

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 can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There were two regular pharmacists who covered the week between them. There were two trained dispensers (one full-time and one part-time). They were both counter trained to provide a skill mix in the pharmacy. The pharmacy team was up-to-date with current prescriptions and routine tasks.

The pharmacy team members regularly read articles in pharmacy magazines and completed online learning modules to keep their knowledge and skills up to date. Ongoing learning was largely self-directed and completed outside working hours. Recent examples included training on healthy living. There were no appraisals or performance reviews to support the team members in their learning and development. The pharmacy team members were routinely encouraged to spot their own mistakes and were equally comfortable approaching the pharmacist in the same way. They described an open culture where the focus was on learning rather than blame.

The dispenser said that she would feel comfortable about making suggestions and changes to improve safety and workflows but could not recall any recent examples where a need for change had been identified. Targets and incentives were in place but the pharmacist said that these did not impact on patient safety or his professional judgement.

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 carpeted floors throughout the shop area and vinyl in the dispensary. They had laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area. After a previous inspection, the pharmacy had recently improved workflows by increasing the amount of bench-space in the dispensary.

There was a clean, bright and appropriately-maintained consultation room with a good level of soundproofing where patients could consult pharmacy team members in private. People were escorted through the dispensary to the room and the pharmacy team were careful to make sure people could not see confidential information.

The pharmacy had good levels of lighting throughout. It had thermometers to check room temperatures and make sure that stock was kept appropriately. The air conditioning unit had been replaced and was used ensure medicines were kept at the right temperature. The pharmacy premises were kept secure

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and 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 single wide door with a small step at path level. The pharmacy team had trained as Dementia Friends and generated larger print labels for people with visual impairment.

The pharmacy obtained stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. The dispenser said that stock was date checked twice a year. There were records to support this. The pharmacy team were aware of the Falsified Medicines Directive and had signed a contract with a software provider. The system was not yet up and running and there were no significant changes since the previous inspection to achieve compliance.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood test related to these medicines. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were 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 a domestic fridge. 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 controlled drug prescription to help ensure that medicines were not issued after the prescription had expired.

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 where appropriate before starting people on the packs.

The driver had 'missed delivery' cards. There was a record book with an audit trail to show the

medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for receiving needles into the pharmacy and had received training in needle-stick injury avoidance. Patient returns were clearly segregated 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 well. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up to date reference sources and testing equipment from reputable suppliers. It had stamped glass measures (with designated labelled measures for methadone) and labelled equipment for dispensing cytotoxic medication such as methotrexate.

The pharmacy had a blood pressure monitor and this was replaced every two years. Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested.

The pharmacy stored sensitive records securely. The patient medication record was password protected and 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.