

# Registered pharmacy inspection report

**Pharmacy Name:** Woodbridge Road Pharmacy, Health Measures House, 102 Lacey Street, IPSWICH, Suffolk, IP4 2PH

**Pharmacy reference:** 1037178

**Type of pharmacy:** Community

**Date of inspection:** 05/06/2019

## Pharmacy context

The pharmacy is in a residential area of Ipswich in Suffolk and opens on weekdays only. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication in multi-compartment compliance packs for around 40 people who need help taking their medicines and it delivers medicine during the week. The pharmacy administers flu vaccinations under a patient group direction during the winter season and travel vaccines (including yellow fever) throughout the year. The pharmacy has a website but does not sell medicines online. People can ask to have their blood pressure and glucose tested. It offers a range of sexual health services including contraception under the C-Card scheme and emergency hormonal contraception.

## 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 has safe and effective working practices. It manages risk well by doing regular reviews and it keeps people's private information safe. It regularly asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that medicines are supplied safely and legally.

### Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly as part of the patient safety meeting to identify any trends or patterns. The team were encouraged to make suggestions for improvements and review the operating procedures in the light of any incidents. 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 team members had noticed a recent trend with modified-release and ordinary-release medicines. They had discussed the differences between these and had used warning labels on the appropriate shelves to raise awareness. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist.

The pharmacy had current professional indemnity insurance in place.

The pharmacy had a practice leaflet which contained the complaints procedure and people were encouraged to take part in an annual survey. The pharmacist said that they actively reviewed comments on the NHS website and responded to these to improve services. He said that the pharmacy had previously received some negative feedback, but this had greatly reduced.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were correctly completed. 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 range of SOPs in place which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents, and the services 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), records for the supplies of unlicensed medicines and the RP record. The CD registers were appropriately maintained. CD balance checks were generally done each month. 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 pharmacy team had undertaken training on the General Data Protection Regulation and had signed confidentiality agreements.

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 make suggestions to improve workflows where appropriate. They are provided with feedback and get appraisals to identify any opportunities for development or learning.

### Inspector's evidence

There was one regular pharmacist (four or five days a week), with locum pharmacists used to cover days off. There was one part-time trainee technician, one full-time apprentice dispenser, one part-time trainee dispenser and two part-time medicines counter assistants. The pharmacy team had completed or were undertaking accredited training. Some members of the dispensary team had not undertaken medicines counter training and the pharmacist said they would investigate this to increase the skill mix in the pharmacy. The pharmacy was up-to-date with prescriptions and routine tasks.

Team members were encouraged to undertake ongoing learning each month. This largely involved using articles and training modules from pharmacy magazines. Recent learning included hay fever and analgesics. They had a monthly meeting to discuss learning focus and priorities in the pharmacy. The apprentice dispenser had a monthly support meeting with their external tutor.

There were annual appraisals for all team members which looked at areas where they were performing well and areas for improvement or opportunities to develop.

The pharmacy team were encouraged to make suggestions for improvements in the pharmacy and had introduced a summary sheet to support the assembly of compliance packs and for deliveries. This had improved efficiency in this process. They were consulted and involved in reviewing the SOPs in the pharmacy.

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 a designated area to check prescriptions to help reduce the risk of mistakes.

### Inspector's evidence

The pharmacy had carpeted floors throughout. These were stained and dirty in places despite attempts to clean them. It 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 which was generally kept tidy to reduce the risk of mistakes. The pharmacy was largely tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature.

There was a clean and appropriately-maintained consultation room with a reasonable level of soundproofing where people could consult pharmacy team members in private. The room was not locked and had a sharps bin containing used needles. The pharmacy immediately removed this.

The pharmacy premises were kept secure

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy gets its medicines from reputable suppliers and generally stores them properly. It takes 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. The team members generally follow safe practice to assemble devices which help people to take their medication. They identify and give advice to people taking higher-risk medicines to make sure that they are taken safely.

### Inspector's evidence

The pharmacy was accessed via a wide door with an external ramp from the car park and a lowered counter to assist wheelchair users. Some of the team members had trained as Dementia Friends and they could generate large-print labels on request for people with visual impairment. The pharmacist was fluent in Bengali and this was sometimes used to help people to access services.

The pharmacy obtained stock from a range of licenced wholesalers and it was generally stored in a neat and tidy manner in the dispensary. But, there were several containers of medication which did not display a batch number or expiry date as well as several loose blisters of medication on the shelves. The pharmacy team members said that they would dispose of these. Stock was date checked quarterly and there were records to support this. But, the lubricant sachets for the C-Card service had been overlooked in the checks and were found to be expired. The pharmacy disposed of these. The pharmacy team were aware of the Falsified Medicines Directive and were actively exploring solutions to ensure the pharmacy achieved compliance.

The pharmacy reviewed people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. Results were recorded on the PMR where appropriate. The pharmacy team members were aware of the potential risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all their people who took valproate containing medication.

The pharmacy kept medicines requiring cold storage in a pharmaceutical 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 the CDs securely. The pharmacy circled the date on 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. These were disposable, tamper evident packs which had descriptions of the medication. But, people were not always given the information leaflets which came with their medicines. So, they may not have all the information they need to help them take their medicines safely. Team members said that the leaflets would be supplied in the future. Team members described the process they followed to ensure that any mid-cycle changes to the packs were rechecked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and allow effective team communication. The GP requested when patients should receive their medication in multi-compartment compliance packs.

The driver had “missed delivery” cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered.

The pharmacist had undertaken anaphylaxis training and used a regularly updated website to check information relating to travel vaccination. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needlestick injury avoidance.

Patient returns were clearly segregated into designated bins and disposed of appropriately.

Drug alerts were received electronically and printed out in the pharmacy. The sheets were endorsed with any actions taken and maintained in a file in the pharmacy.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for its services and generally makes sure that it is looked after properly. It uses this equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and 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. The glass measures had a build-up of scale and the pharmacy team said they would clean these.

There was a blood pressure monitor which was replaced every two years and a glucose meter which was calibrated every six months.

The pharmacy had appropriate infection control and anaphylaxis equipment.

Fire extinguishers were serviced under an annual contract. Electrical equipment appeared to be in good working order and had been safety tested.

Sensitive records were stored in the dispensary 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.