

Registered pharmacy inspection report

Pharmacy Name: Well, 11 Market Place, DISS, Norfolk, IP22 4AB

Pharmacy reference: 1086113

Type of pharmacy: Community

Date of inspection: 28/07/2021

Pharmacy context

The pharmacy is located in a Market town and the inspection took place during the Covid-19 pandemic. This was a targeted inspection after the GPhC received information that the pharmacy was struggling to cope with routine tasks. It was not possible to complete a full inspection in the pharmacy due to the staffing levels and disorganised conditions. And so, not all the Standards were inspected on this occasion.

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 not all met	1.1	Standard not met	The pharmacy does not adequately manage the risks associated with its services. Not all the staff are familiar with the pharmacy's written procedures. Some people have been left without essential medication. And the pharmacy doesn't ensure that routine tasks such as date checking and fridge temperature monitoring are done.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have enough suitably trained and qualified staff to provide its services safely and effectively.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not always maintain its premises appropriately.
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 not all met

Summary findings

The pharmacy does not adequately manage the risks associated with its services. It does not make sure routine tasks such as date checking and fridge temperature monitoring are done. Some people experience delays in receiving their medicines and have sometimes been left without them. Not all the team members have read the pharmacy's standard operating procedures.

Inspector's evidence

At the start of the inspection there was a queue of around eight people, and it was taking over 30 minutes for a person to be seen by a team member. Comments observed from people in the queue were not favourable and suggested an ongoing frustration about delays in the pharmacy service. There were no social distancing marks on the floor and staff said that these may have come off in a recent clean.

The dispensary was generally cluttered and disorganised. Team members struggled to locate prescriptions which had been dropped into the pharmacy. There was evidence found that people did not always receive their medicines on time, and had consequently gone without their medicines for a period.

The pharmacy had a comprehensive set of online standard operating procedures (SOPs) but the two regular members of staff had not read these. One team member was observed discussing a medication with a person in the pharmacy queue and identifying the antidepressant medicine by name.

The pharmacy's superintendent was contacted during the visit and following the inspection. He explained the steps that would be taken to ensure that the standards would be met in the pharmacy.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough suitably trained staff to provide its services safely and effectively, or keep up to date with routine tasks.

Inspector's evidence

The pharmacy operated on locum pharmacists and it often struggled to obtain pharmacist cover. The pharmacy had been closed the previous day because the booked pharmacist had been sent to a different branch. Team members said that there had been a number of days in June 2021 where there was no pharmacist. There was one full-time registered technician who had recently started working in the pharmacy, one part-time trainee pharmacy assistant and one pharmacy student. At the time of the inspection, a dispenser had been seconded from another branch for three days a week. The area manager was also spending a significant amount of time in the pharmacy and arrived during the inspection. The area manager was struggling to find staff from other branches to support the pharmacy in the interim and there were few regular staff. The pharmacy had experienced difficulty in recruiting and retaining staff. It was around three weeks behind with dispensing repeat prescriptions and all prescriptions were treated as walk-in prescriptions. Routine tasks such as date-checking and fridge temperature checking were not being carried out. The team members could not locate any date-checking record and said the activity had not been done for a while. And the fridge temperatures had not been recorded for around six weeks.

A new manager had been recruited but was not due to start for a month. A new, experienced part-time member of staff was also due to start work in a month's time. The pharmacy technician was predominantly focussed on managing the multi-compartment compliance aids.

The trainee pharmacy assistant had not progressed in her training and had not read the SOPs. The area manager said that she had been asked to stop dispensing. The pharmacy student had not read the SOPs either as these were maintained online and there had been delays in getting her access.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not always maintain its premises appropriately. It doesn't always carry out timely maintenance to make sure that its premises are suitable for the pharmacy's services.

Inspector's evidence

The pharmacy was cluttered and disorganised and had not been appropriately cleaned recently. Floors were dirty throughout the premises and cluttered benches made wiping down work surfaces difficult. There was a sewerage manhole cover at the rear of the premises which was not covering the inspection pit. There was evidence to suggest that this had recently overflowed and the inspection pit was on the way to the pharmacy's rubbish bins. There was some evidence of toilet paper and other waste on the ground next to the manhole cover. There was significant evidence of a leak in the roof above the warehouse area with numerous collapsed ceiling tiles. A plastic sheet had been suspended below the ceiling with a hose draining into a yellow bucket. The dirty water in the bucket indicated an active leak and the sheet was not large enough to gather all water leaking in. Team members said that this had been present for many months and it was found that the leak was due to missing roof tiles. The leak was in the same room that was used for the preparation of multi-compartment compliance packs although the leaks were a few metres away from the area used for preparation. The superintendent said that these issues would be looked into as a matter of priority.

Principle 4 - Services ✓ Standards met

Summary findings

Staff are struggling to undertake routine tasks such as fridge temperature monitoring and date checking, and these activities have not been done for some time (see Principle 1). The pharmacy assembles multi-compartment compliance packs appropriately.

Inspector's evidence

The pharmacy kept medicines requiring cold storage in an appropriate fridge. The maximum and minimum temperatures had not been recorded for around six weeks. The built-in thermometer showed a maximum temperature of 11 degrees Celsius but it was not clear when the ranges had last been reset. And so, it was not known when the fridge had reached this temperature or how often. However, the current temperature during the inspection was within the required range. There was another thermometer inside the fridge but this was not working.

The technician dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. The packs were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person to identify their medicines. A team member said that the previous systems had been inadequate, with important information being out of date, no trackers to identify when medicines were due to be delivered and prescriptions not being ordered in a timely manner. And that some people had been left without medication for several days. Prior to the inspection the system for managing the packs had been overhauled and these were now being assembled and prepared appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

This principle was not assessed because the inspection focused on other key areas

Inspector's evidence

This principle was not assessed because the inspection focused on other key areas

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.