

Registered pharmacy inspection report

Pharmacy Name: Welch Pharmacy, 46-48 Westgate Street, IPSWICH, Suffolk, IP1 3ED

Pharmacy reference: 1105187

Type of pharmacy: Community

Date of inspection: 02/07/2019

Pharmacy context

The pharmacy is close to the town centre in Ipswich in Suffolk. It 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 also provides a delivery service. A small number of people use the substance misuse service. People can ask to have their blood pressure tested. The pharmacy administers flu vaccinations during the winter season. The current superintendent pharmacist took over in May 2019.

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 largely identifies and manages the risks associated with its services. It records and has started to review its mistakes so that team members have opportunities to learn and make the pharmacy's services safer. 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 was developing the use of near miss and error logs and had started to review these monthly to identify any trends or patterns. 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. A recent review had identified similarities between the packs of two different strengths of aspirin. The team had been briefed and the packs moved to separate locations to reduce the risk of selection errors. 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 had a comments and feedback book on the pharmacy counter and this contained several positive comments about the friendly staff. The pharmacy had current professional indemnity insurance. The complaints procedure was displayed in the pharmacy and people who used the pharmacy were encouraged to complete an annual survey.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were generally completed correctly, but there were some entries where the RP had not signed out. And this may make it harder for the pharmacy to identify who the RP was if there was a future query. 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. Some had been recently reviewed but others dated back to 2014 and the superintendent was in the process of working through these. She had recently introduced an 'SOP of the week programme' and this helped team members to actively contribute to the content of the procedures. SOPs covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of 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 largely 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. The CD registers were generally appropriately maintained. CD balance checks were done each week, but this had only recently started. There was also a book where CDs that people had returned 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. Some of the pharmacy team

members had undertaken training about the General Data Protection Regulation. 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 had undertaken safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained or are registered on accredited training within the required timeframe. They feel able to make suggestions to improve safety where appropriate. They are provided with feedback to identify any opportunities for development or learning.

Inspector's evidence

There were two full-time pharmacists with a part-time pharmacist due to start in September 2019. There was one full-time trainee technician and one trained part-time dispenser. There were two full-time and one part-time trainee dispensers. Two new full-time members of staff had recently joined the pharmacy team and were yet to be enrolled on a training course. All other team members had completed or were undertaking accredited training. The course chosen by the pharmacy also covered medicines counter training and the pharmacist said that since starting she was now supporting team members through their training.

The superintendent planned to introduce time in the pharmacy to allow people to undertake training while in the pharmacy. The pharmacy had recently signed up with an online learning portal to support the team members in their learning and to help them keep their knowledge and skills up to date. The trainee technician was developing a record sheet to track learning in the team with a priority on developing the newer members of staff. The pharmacist was aware of the requirements for professional revalidation.

The superintendent had recently completed performance reviews and was developing a new appraisal system to help team members to identify opportunities to develop and learn. Team members said that they felt able to make suggestions for improvements and had recently monthly safety review for the dispensary. 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 tiled floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. The pharmacy team had recently reviewed the workflows to improve the use of the space and were about to introduce a designated checking area. The pharmacy was tidy with good levels of lighting throughout and generally used air-conditioning to keep medicines at the right temperature. One of the air-conditioning units was not operational as it was waiting for a safety check follow a recent leak. This was being handled as a priority.

There was a designated bench for assembling multi-compartment compliance packs, but the superintendent was thinking about re-tasking the second consultation room for this activity to reduce interruptions. There was a clean, bright and well-maintained consultation room with hand washing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The room was not locked but contained a sharps bin. The superintendent said that she would find the key as a priority and remove the sharps bin in the process. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely and effectively. The superintendent has recently implemented several changes to processes to improve safety and efficiency. The pharmacy 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 wide automatic door and there was an open layout to assist wheelchair users. Team members had trained as Dementia Friends. Large print labels could be generated on request to assist people with sight impairment. Team members sometimes used other languages including Romanian, Spanish, French and Italian to help people to access pharmacy services. They were planning to develop pharmacy services in response to requests from people.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. The superintendent had identified that the previous system for date checking stock was not effective and was in the process of implementing monthly, recorded checks. The pharmacy staff were aware of the Falsified Medicines Directive. The pharmacy had the required hardware in place and were about to enter into a software agreement to achieve compliance.

The pharmacist counselled some but not all people on high-risk medicines such as lithium, warfarin and methotrexate and often 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 not routinely recorded on the patient's medication record (PMR). This could make it harder for the pharmacy to review people's past results. The superintendent was planning training to address this. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy was about to conduct an audit of all the people they had dispensed valproate containing medication for. Team members issued the published support materials to people.

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 CDs securely. The team members had a clear process 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 had recently reviewed its processes for the packs as they had previously remained unsealed until checked by the pharmacist. Trays were now sealed at the point of dispensing. The pharmacy now 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 referred people to receive their medication in compliance packs. The pharmacy team members also completed a needs assessment with each person requesting a pack to ensure suitability.

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a computerised delivery log 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 handling needles in the pharmacy and had received training in needle-stick injury avoidance. Patient-returned medicines were clearly segregated into designated bins and disposed of appropriately. Drug alerts were received and recorded electronically 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 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. There was a new blood pressure monitor and a carbon monoxide monitor which was maintained and serviced by the local smoking cessation team. Fire extinguishers had been replaced since the previous inspection but were due for servicing. All electrical equipment appeared to be in good working order.

The pharmacy had a range of appropriate infection control materials including gloves, surface wipes and alcohol hand gel. Sensitive records were stored securely 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.