

Registered pharmacy inspection report

Pharmacy Name: North Walsham Pharmacy, Birchwood Medical Practice, Park Lane, NORTH WALSHAM, Norfolk, NR28 0BQ

Pharmacy reference: 1105567

Type of pharmacy: Community

Date of inspection: 15/01/2024

Pharmacy context

This community pharmacy is located next to a medical centre in the town of North Walsham in Norfolk. It provides a variety of services including dispensing of NHS prescriptions, the New Medicine Service (NMS) and supervised consumption of medicines. It also provides medicines in multi-compartment compliance packs to people who have difficulty remembering to take their medicines.

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 generally manages the risks associated with its services and it has appropriate insurance arrangements in place. Team members know how to protect the welfare of vulnerable people. And they generally take the right steps to protect people's confidentiality. People can give feedback about the pharmacy's services. And the pharmacy generally keeps the records it needs to by law.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in a prominent position in the pharmacy. The pharmacy had standard operating procedures (SOPs) available in a folder in the pharmacy. These had been read by all team members. But a few team members who had started working in the pharmacy recently had not signed to say they had read them. The RP said she would get the team members to sign to indicate they had read and understood the SOPs. The SOPs were up to date and not in need of review.

The pharmacy had paper log sheets in the dispensary for recording near misses (dispensing mistakes spotted before a medicine had left the pharmacy). However, the team was not always recording near misses when they occurred. So, the team could be missing out on potential opportunities to learn from mistakes and patterns of near misses could go unnoticed. However, the RP explained that as a result of a near miss, two similarly sounding medications had been separated on the dispensary shelves to reduce the chance of a similar near miss occurring again. The RP also gave assurances that in future all near misses would be recorded. With regards to dispensing errors (a mistake which reached a person), the RP stated that there had not been a dispensing error for some time. However, she stated that if a dispensing error did occur, the error would be corrected, recorded in detail on the person's record and discussed with the team.

The pharmacy had a complaints procedure. People could submit a complaint or feedback about the pharmacy via email, in person or on the phone. The RP said the pharmacy would initially handle the complaints, but they could be escalated to head office if necessary. The RP confirmed she had completed level three safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE) and other team members had completed level 1 safeguarding training. The team knew what to do if a vulnerable person presented in the pharmacy and had contact details of local safeguarding leads. Confidential waste was shredded onsite as soon as it was no longer needed. No confidential information was found in the general waste bin. And no person-identifiable information could be seen from outside the dispensary.

The pharmacy had current indemnity insurance. Balance checks were carried out for controlled drugs (CDs), and the CD registers seen included all details required by law. A balance check of a CD showed that the amount in stock matched the recorded stock in the register. The pharmacy kept records about unlicensed medicines supplied to people and these has all the required details including the name of the person for whom the medicines was for and the date of dispensing. The private prescription register was not complete with most entries seen not having the prescriber's name or address. The RP said that all entries would have prescriber details added in the future. Records about emergency supplies were complete with entries seen listing the nature of the emergency. The RP record was generally complete with a couple of exit times missing.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members to manage its workload safely. And team members do the right training for their roles. Team members do some ongoing training to keep their knowledge and skills up to date. And they have a regular formal review of their progress. Team members feel comfortable about raising any concerns that they have.

Inspector's evidence

The pharmacy team consisted of the RP, two full-time and four part-time dispensers and three full-time and five part-time counter assistants. The RP felt the pharmacy had just enough team members to manage the workload, as the team were generally up to date with their dispensing, but the RP said that on some days the pharmacy did get quite busy. However, the pharmacy had recently recruited four new team members the previous month. These four new team members had not yet been enrolled on an accredited course, but the RP said that this would be done for each new team member within three months of them commencing their employment at the pharmacy. All other team members had either completed or were in the process of completing an accredited training course and evidence was seen to show this. Team members were observed working well together during the inspection and asking the appropriate questions when supplying Pharmacy-only (P) medicines. And they knew what could and could not be done in the absence of an RP.

The RP confirmed the team received some ongoing training in the pharmacy, for example when a new medicine or service was launched. And team members had a formal appraisal every six months to discuss and review their progress. Team members had no concerns about raising any issues and would usually go to the RP first who could escalate to head office if necessary. The RP confirmed that the team was not set any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe and suitable for the provision of pharmacy services. And the pharmacy is generally kept clean and tidy. 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 front fascia of the pharmacy was modern and professional looking. The shop floor area of the pharmacy was generally clean and tidy. And it had chairs for people who wished to wait for their prescriptions. P medicines were stored securely behind the counter. The dispensary area was clean and bright and had enough space for team members to work in. Some floor space was taken up by boxes, but these were kept in the corners of the dispensary which reduced the risk of people tripping on them. The dispensary had a sink for preparing liquid medicines which was kept clean. The temperature and lighting in the pharmacy were adequate. And there was a toilet in the medical centre with access to hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a conversation in private. It was a bit cluttered which could detract from the overall look of the pharmacy, however it allowed for a conversation at normal volume to be had without being heard from the outside. There were some boxes which prevented access to the consultation room which were removed by the RP when prompted. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

On the whole, the pharmacy provides its services safely. And it stores its medicines appropriately. The pharmacy generally takes the right action in response to safety alerts ensuring people get medicines which are fit for purpose. And people with different needs can access its services.

Inspector's evidence

The pharmacy had step-free access via an automatic door. It was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The pharmacy provided the driver with a paper log sheet with people's delivery details. This sheet was then returned to the pharmacy and stored. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

Multi-compartment compliance packs were prepared in a separate area of the dispensary. Packs that were seen had the required dosage information. However, they were not labelled with the required safety information about the medicines in the packs. The RP said she would make sure this was included on all packs going forward. The packs also only had a description of the shape, colour and markings of some of the medicines which was printed on the backing sheet in the packs. The RP said the team would usually handwrite the descriptions of the medicines where a description was not printed on the backing sheet, so that people using the packs had a description of their medicines to help them identify them. The RP confirmed that patient information leaflets (PILs) were supplied monthly with all packs. Team members also stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Temperatures were recorded daily and were all within the required range. And the current temperatures were found to be in range during the inspection. Expiry date checks were carried regularly, and a random check of medicines on the shelves found no expired medicines. Safety alerts and recalls were received by email, which were actioned as appropriate but were not stored or archived anywhere. This could make it harder for the team to locate an alert or demonstrate what they did to action an alert. Archiving of actioned safety alerts was discussed with the RP who stated the pharmacy would archive the alerts electronically after actioning them.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented a prescription at the pharmacy. Team members knew where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. And they were aware of recent changes to guidance for supplying sodium valproate.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment to provide its services safely. And it protects people's privacy when using its equipment.

Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. The pharmacy had cordless phones so conversations could be had in private. Computers were password protected and faced away from public view to protect people's privacy. However, team members were observed not always using their own NHS smartcards, and one of the smartcards had the password written on it. This could make it easier for people to gain unauthorised access. The password was removed during the inspection and the RP confirmed that head office was in the process of issuing smartcards for all team members. The RP could not confirm when the electrical equipment had last been safety tested but said she would confirm with head office.

The pharmacy had a blood pressure machine in the consultation room which was relatively new and did not require recalibration or replacement yet. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines. It also had tablet triangles for counting medicines including a separate one for counting cytotoxic medicines such as methotrexate.

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.