

Registered pharmacy inspection report

Pharmacy Name: Theatre Royal Pharmacy, 27 Theatre Street,
DEREHAM, Norfolk, NR19 2EN

Pharmacy reference: 1105926

Type of pharmacy: Community

Date of inspection: 05/01/2024

Pharmacy context

This community pharmacy is located inside a medical centre in the town of Dereham in Norfolk. It provides a variety of NHS services including dispensing NHS prescriptions, the New Medicine Service (NMS) and supervised consumption of medicines. It also provides medicines in multi-compartment compliance aids 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 its team members record and regularly review any dispensing mistakes. The pharmacy largely keeps the records it needs to by law. And it has appropriate insurance arrangements in place. The pharmacy team knows how to protect vulnerable people.

Inspector's evidence

The correct responsible pharmacist (RP) notice was on display. As well as the RP, the owner of the pharmacy and area manager were also present for the inspection. The pharmacy had a range of standard operating procedures (SOPs) that were available in a folder in the pharmacy. These were due for a review from early 2023, but the area manager stated that these would be updated soon. The SOPs had been signed by all team members to confirm that they had been read. Team members were able to explain their roles and responsibilities within the pharmacy. And they also knew what activities they could and could not do in the absence of an RP. Near misses (dispensing mistakes which were spotted before a medicine leaves the pharmacy) were recorded on paper log sheets in the dispensary. Dispensing errors (mistakes which had reached a person) were recorded electronically and in more detail. The team also made a note of the error on the patient's record and had regular meetings to discuss errors. The area manager explained that to reduce the chance of dispensing errors occurring, the pharmacy had added a third check that was carried out just before medication was given out.

Complaints and feedback could be submitted in a variety of ways including email, in person or by phone. Complaints were usually resolved by the RP but could be escalated to the area manager if necessary.

Confidential waste was disposed of in a dedicated confidential waste bin. When full, the waste was bagged up and taken away by an external company for safe disposal. No confidential waste was found in the general waste bin. And no person identifiable information could be seen from outside the dispensary. There was also a privacy notice on display explaining how the pharmacy would use people's personal information. The RP confirmed that she had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). Team members had completed level one safeguarding, also with CPPE. The team members knew what to do if a vulnerable person presented in the pharmacy. And they had details of local safeguarding contacts available in the pharmacy.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly for controlled drugs (CDs), and records seen in the CD register were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions dispensed were not all complete with some entries missing the name of the prescriber and the address. The RP said this would be included on all entries going forward. The pharmacy did not generally do emergency supplies of medicines and usually referred people to the medical centre. Records about unlicensed medicines were complete and contained all the required details including the name of the person for whom the medicine was for and the date the medicine was dispensed. The RP record was not all complete with some expiry times missing; the RP gave assurances that this would be completed in future.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. 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 they have.

Inspector's evidence

On the day of the inspection, there was the RP, three dispensers and a counter assistant. Other team members who worked at the pharmacy included two part-time counter assistants. The RP confirmed the pharmacy had enough team members to manage the workload, and the team was up to date with dispensing. Team members were observed working efficiently together during the inspection. The RP confirmed that all team members had either completed or were in the process of completing an accredited training course. Team members were provided with some learning materials from head office, and a team member confirmed that they had a formal appraisal yearly. Team members had no concerns about raising any issues and would usually go to the RP first but could raise a concern with head office if necessary. The RP confirmed the team was not set any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy has just enough space for its team members to carry out their work. But the small space sometimes makes it difficult to navigate around the pharmacy. However, the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The pharmacy was located inside a medical centre. It had chairs for people who wished to wait for their prescription next to the pharmacy. Pharmacy-only (P) medicines were stored securely behind the counter. The dispensary area was quite small and had minimal space for team members to work in. There were also some boxes on the floor which could present a tripping hazard. However, the manager stated that a team member was responsible for removing these as soon as they were no longer required. And during the inspection, extra space was made in one of the other rooms in the pharmacy so fewer items had to be stored on the floor. The pharmacy had a sink for preparing liquid medicines; this had some limescale staining. The temperature and lighting of the pharmacy were adequate. The pharmacy did not have a consultation room for people to use, however there were rooms available in the medical centre where a person could have a conversation in private. The pharmacy was kept secure from unauthorised access. The team had access to a toilet and handwashing facilities in the medical centre.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. The team can cater for people with different needs. And it responds to safety alerts and recalls of medicines and medical devices appropriately. This helps people be sure that they are getting medicines that are fit for purpose.

Inspector's evidence

The pharmacy had step-free access via an automatic door and allowed for wheelchairs and pushchairs to access the dispensary counter. It was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. 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 delivery driver used a delivery sheet provided by the pharmacy to keep a record of deliveries and this record was returned after the delivery. 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.

Prepared multi-compartment compliance packs seen contained all the necessary dosage information and warnings labels. They also had a description of each of the medicines including the shape, colour and any markings on the medicines. New prescriptions were checked against previous records for any changes or discrepancies. A team member said that they would always contact the surgery regarding any queries they had with prescriptions, such as unexpected changes.

The pharmacy obtained medicines from licensed wholesalers. CDs requiring safe custody were stored securely and medicines requiring refrigeration were stored appropriately. The pharmacy had two fridges where it stored medicines. Fridge temperature ranges were checked and recorded daily, and records seen were all in the required range. And the current temperatures were found to be in range during the inspection. Expiry date checks were done weekly on a rota basis with a different section being checked each time. A random check of medicines on the shelves revealed one medicine that had expired in 2022, but no other expired medicines were found. Short-dated medicines were highlighted on the shelf.

Safety alerts of medicines and medical devices were received by email to the pharmacy. These were actioned as appropriate before being archived electronically in a folder. 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 at the pharmacy. Team members were shown where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information.

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. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. The pharmacy had cordless phones so conversations could be had in private. Electrical equipment had been safety tested the previous year and the area manager was aware that it was due to be tested again soon. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines. It also had tablet triangles for counting medicines and 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.