

Registered pharmacy inspection report

Pharmacy Name: Well, Cobholm & Lichfield Medical Centre, Pasteur Road, GREAT YARMOUTH, Norfolk, NR31 0DW

Pharmacy reference: 1106363

Type of pharmacy: Community

Date of inspection: 17/07/2019

Pharmacy context

The pharmacy is attached to a medical practice a short walk from the town centre of Great Yarmouth in Norfolk. 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 some people who need help managing their medicines. There is a well-used delivery service on five days a week. A small number of people use the substance misuse service. The pharmacy offers free contraception under the C-Card scheme. People can ask to have their blood pressure tested. The pharmacy administers flu vaccinations during the winter season. It sends some prescriptions to an off-site dispensary.

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	1.2	Good practice	The pharmacy team regularly reviews their mistakes and can show how they learn and improve from these events.
2. Staff	Standards met	2.2	Good practice	The pharmacy actively encourages team members to undertake planned learning and development. And it gives them time set aside to do this. Pharmacy team members receive good support to keep their knowledge and skills up to date.
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 identifies and manages the risks associated with its services. It records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and 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 kept near miss and error logs and these were reviewed monthly to identify any trends or patterns as part of the 'patient safety report'. Following dispensing incidents, mistakes were discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. 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 team members had separated several similarly packaged products to reduce the risk of mistakes. One report had identified that some labels were being mistyped due to worn-out letters on the computer keyboard. This was promptly replaced and led to improved accuracy on labels.

The manager said that people were complimentary about the friendly team who built a rapport with them and helped to resolve any difficulties. The complaints procedure was published in the practice leaflet and people were encouraged to participate in an annual survey. The pharmacy had current professional indemnity insurance.

The right responsible pharmacist (RP) notice was 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 comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was an electronic record to show that members of staff had read 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), and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done each week. 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 about the General Data Protection Regulation and had signed confidentiality agreements. There was annual training on information governance with a mandatory test.

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.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough, suitably qualified staff for the safe and effective provision of pharmacy services. There is an open learning culture where staff are well motivated, encouraged and supported to learn and develop and empowered to contribute to the safe and effective running of the pharmacy.

Inspector's evidence

The regular pharmacist had recently left, and the pharmacy were relying on the relief pharmacist team while a new regular pharmacist was recruited. There was one full-time registered technician and one full-time trainee. There two part-time trained dispensers. All pharmacy team members were counter trained to provide a skill mix in the pharmacy.

Pharmacy team members undertook regular online training using the monthly 'E-Expert' programme which covered subjects including new medicines, operating processes, health and safety and information governance. Team members got time set aside in work to complete their training, to keep their knowledge and skills up to date. They were able to choose additional modules for self-directed learning. The pharmacist and technician were aware of the requirements for professional revalidation.

All the staff had annual appraisals with six monthly reviews which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. The pharmacy team members had a weekly meeting where they were encouraged to make suggestions for changes and improvements. They had developed a local MUR tracker which had helped to improve efficiency but could not think of any other recent changes. Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, suitable for the provision of pharmacy services and largely maintained to an appropriate standard.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were generally clean. The floors were cleaned by the pharmacy team members every two weeks but there was some ingrained dirt on the dispensary floor which needed additional attention. There were clear workflows and a designated checking area which was kept tidy to reduce the risk of mistakes. There was a separate, designated area for assembling multi-compartment compliance packs.

There was a clean, bright and well-maintained consultation room with handwashing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The pharmacy had good levels of lighting throughout and there was air-conditioning to keep medicines at the right temperature. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. It makes sure that 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 two automatic doors, one from the car park and the other from the medical practice. There was an open layout and lowered counter to assist wheelchair users. There were hearing induction loops in the consultation room and on the pharmacy counter to assist hearing aid users. Large print labels could be generated for people with visual impairment and the pharmacy team members had trained as Dementia Friends.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were online records to support this. The pharmacy staff were aware of the Falsified Medicines Directive and had undertaken training. The new equipment was in place but the company roll-out had not been fully implemented.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely 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 pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all the people they had dispensed valproate containing medication for and issued the published support materials.

The pharmacy kept medicines requiring cold storage in two pharmaceutical fridges. 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 pharmacy used a label on each CD prescription 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 to identify their medicines. The pharmacy 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.

Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needle-stick injury avoidance.

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a record sheet with an audit trail to show the medicines had been safely delivered. Patient-returned medicines were clearly segregated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded 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. The pharmacy 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. Some of the glass measures were slightly scaled due to the local hard water and the manager said that they would address this.

There was a recently calibrated blood pressure monitor and range of infection control materials including gloves and surface wipes. Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using secure bags for disposal offsite and locked 'Shreddit' bins.

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.