

Registered pharmacy inspection report

Pharmacy Name: Woodbridge Pharmacy, Unit 1, 11 Thoroughfare,
WOODBIDGE, Suffolk, IP12 1AA

Pharmacy reference: 1107229

Type of pharmacy: Community

Date of inspection: 31/05/2019

Pharmacy context

The pharmacy is located at the top of the main thoroughfare in the historic market town of Woodbridge in Suffolk. The pharmacy dispenses NHS prescriptions. And it, provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. People can ask to have their blood pressure, cholesterol and glucose levels tested. The pharmacy assembles medication in multi-compartment compliance packs for some people who need help managing their medicines including people in nine residential care homes. There is a popular delivery service. The pharmacy administers flu vaccinations under a patient group direction during the winter season. It offers a range of sexual health services including contraception under the C-Card scheme and chlamydia testing.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 has safe and effective working practices. It keeps people's private information safe. It regularly asks people for their views and it keeps the records required by law to ensure that medicines are supplied safely and legally. But, it does not routinely record and analyse all near misses and this may lead to trends and patterns to reduce risk being missed.

Inspector's evidence

The pharmacy kept near miss and error logs but there were only four entries since October 2018. The logs were not routinely analysed for trends and patterns. The dispensary team members said that they would record all near misses in the future and introduce a regular review to minimise future risk. 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. 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 pharmacist said that people were very complimentary about the pharmacy team. The pharmacy had focussed on having regular team members and a regular pharmacist to improve continuity. People were encouraged to participate in an annual survey and the practice leaflet with details about the complaint procedure was being reprinted.

The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice 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 range of SOPs which 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. Some SOPs such as those for warfarin were missing from the folder.

The records examined were maintained in accordance with legal and professional requirements. These included: the electronic private prescription register (for private prescriptions and emergency supplies), records for the supplies of unlicensed medicines and the RP record. The CD registers were generally appropriately maintained. CD balance checks were done every three to four months and the RP said he would aim to complete these monthly. 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 generally disposed of securely. Prescriptions were stored securely in the dispensary. The pharmacy team 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 for the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate and they are provided with feedback and have appraisals to identify any opportunities for development or learning.

Inspector's evidence

There was one regular full-time pharmacist, with a second pharmacist to cover days off when necessary. There were two full-time medicines counter assistants. There was one part-time trained dispenser (two days a week) and two trainee dispensers (one part-time and one full-time). The staffing profile meant that the pharmacist was supported by two dispensers on four days a week and one dispenser on the other two days. One dispenser was about to increase her hours which meant there would be two dispensers on duty every day. The pharmacy was up to date with routine tasks and dispensing but had identified the need for increased dispensing hours to support the care home business.

All team members had completed or were undertaking counter training to provide a suitable skill mix in the pharmacy. Those working in the dispensary had completed or were undertaking training on accredited courses.

There was some evidence of on-going training about providing health-checks and the dispensary team members were keen to explore other learning opportunities to keep their knowledge and skills up to date.

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 team members said that they were able to make suggestions about changes in the pharmacy and had re-arranged several stock locations to improve efficiency.

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 pharmacy presents a clean and professional environment for people using its services.

Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature.

There was a dedicated room on the upper floor of the building where multi-compartment compliance packs were assembled. There was an intercom to link this room to the dispensary to allow the pharmacist to be contacted if they were in the room.

Pharmacy medicines were kept in closed Perspex boxes on the shop floor and people had to ask for assistance to access these.

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 premises were kept secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable suppliers and it stores them properly. It takes 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. The team members generally follow safe practice when assembling compliance packs which help people to take their medication. The pharmacy generally identifies and gives advice to people taking higher-risk medicines to make sure that they are taken safely, but the staff do not check the outcome of blood tests. So they may be missing opportunities to tailor their advice to people, where needed.

Inspector's evidence

The pharmacy was accessed via a double automatic door at path level. There were wide aisles and a clipboard to assist wheelchair users. There was a hearing loop to help people with hearing aids in the consultation room and a selection of magnifying glasses to help people with sight impairment. The pharmacy team 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 generally date checked quarterly and there were records to support this. The pharmacy staff were aware of the Falsified Medicines Directive, had the hardware in place, and were actively consulting with software providers to ensure the pharmacy achieved compliance.

The pharmacy routinely enquired if people on higher-risk medicines such as lithium, warfarin and methotrexate were having blood test related to these medicines. But, it did not check the actual levels or record these checks on the PMR. There was reference in the SOP folder to a procedure to be followed for these, but the actual process was not in the folder. This meant that people may not receive all the information required to take their medicines safely.

The pharmacy team members were aware of the risks associated with dispensing valproate containing products and the Pregnancy Prevention Programme. The pharmacy team were not aware of the published materials to issue to people about valproate. The materials were found during the inspection. The pharmacist said they would issue the leaflets in future and would conduct an audit of all the people to whom they supplied valproate containing medication.

The pharmacy kept medicines requiring cold storage in two fridges. The maximum and minimum temperatures were continually monitored. The records were incomplete and showed that there were sometimes gaps of around a week between temperature checks. But the records on the minimum and maximum thermometers showed that the temperature had not deviated outside the acceptable range of 2 and 8 degrees Celsius. The pharmacist said that they would ensure that the temperature was recorded daily. The pharmacy stored the CDs securely.

The pharmacy wrote on the bag for each CD prescription to help ensure that medicines were not issued after the prescription had expired.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people.

These were disposable, tamper-evident packs and had descriptions of the medication on the labelling. The pharmacy routinely supplied patient information leaflets with the packs to people. The packs were not sealed until they had been checked and this increased the risk of medicines being transferred between dose sections in the pack.

Team members described the process they followed to ensure that any mid-cycle changes to the packs were rechecked 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 GP requested when patients should receive their medication in multi-compartment compliance packs.

The driver had 'missed delivery' cards and writing on the bag for controlled drugs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered.

The pharmacist had undertaken anaphylaxis training and was about to undertake a refresher course.

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 right equipment for its services and generally makes sure that it is looked after properly.

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. Some of the glass measures were scaled and dirty but these were cleaned immediately.

There was a blood pressure meter, but it was not certain when this was last calibrated or replaced. There was a machine to check glucose and cholesterol and this was regularly tested using calibration solutions.

Fire extinguishers were serviced under a contract and this was in the process of being reviewed. All electrical equipment appeared to be in good working order.

There was a range of infection control materials.

There was a cupboard to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using a strip-cut shredder. The strip-cut shredder meant that shredded documents could potentially be pieced back together. The pharmacist said that they would look at getting a cross-cut shredder which would render confidential waste irretrievable.

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.