

Registered pharmacy inspection report

Pharmacy Name: One Pharmacy, 28 Curtis Road, NORWICH, NR6 6RB

Pharmacy reference: 1109786

Type of pharmacy: Community

Date of inspection: 22/01/2024

Pharmacy context

This pharmacy is located on an industrial estate in Norwich. It is usually not accessible to the public and provides its services at a distance. It mainly dispenses NHS prescriptions to people in the Norfolk area and delivers medicines to people's homes. It also dispenses 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 manages the risks associated with its services well. And its team members review their mistakes regularly. It has written procedures in place to help the team work safely. The pharmacy generally keeps the records it needs to by law. It has appropriate insurance arrangements in place to protect people. And it keeps people's private information safe.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs), these had been read by all team members who had also signed to confirm that they had read them. The SOPs available in the pharmacy were the most up to date version and were not due a review yet. The responsible pharmacist (RP) was a locum who regularly worked one day a week at the pharmacy. The pharmacy recorded near misses (dispensing mistakes spotted before the medicines leave the pharmacy) on paper log sheets in the dispensary regularly and in a good level of detail. With regards to dispensing errors (mistakes that had reached a person), team members said that there had not been a dispensing error for a long time. However, they explained that if a dispensing error occurred, an error report would be completed, and the team would discuss the error.

Complaints and feedback could be submitted in several different ways. The pharmacy's website provided details about how people could make a complaint to the pharmacy. This could be done via email or over the phone. The website also provided details for Patients Advice and Liaison Service (PALS) and the NHS Norfolk complaints team where complaints could be escalated if the person was not satisfied with the pharmacy's response. The website also had details for the Independent Complaints Advocacy Service (ICAS) who could assist people with making a complaint and the parliamentary and Health Service Ombudsman who could provide an independent review of a person's complaint.

There was no RP notice displayed when first entering the pharmacy, this was rectified during the inspection by the RP. The pharmacy had current indemnity insurance in place. Balance checks were carried out regularly of controlled drugs (CDs), and the CD register contained all the details required by law. A balance check of a CD showed that the amount in stock matched the recorded stock. Private prescription records were not all complete with some entries seen missing the name and address of the prescriber. The team said that these details would be included going forward. Records about supplies of unlicensed medicines were complete with all entries seen having the required details. The RP record was also complete with all entries seen showing a start and finish time.

Confidential waste was stored securely in designated confidential waste bins. When full, the waste was collected by an external company for safe disposal. The RP confirmed he had completed level three safeguarding training with eLearning for healthcare (elfh). Team members explained that if they had a safeguarding issue, they would first speak to the RP. If the issue needed to be escalated, they said they would contact the person's GP and pass on their concerns to them. If a person was in immediate danger the team would contact the police. Delivery drivers were also trained to contact the pharmacy if they had any safeguarding issues. The team explained that they had not come across any safeguarding issues, mainly as they did not routinely have people visiting the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload effectively. Team members do the right training for their roles. And they have no concerns about providing feedback or raising concerns if needed.

Inspector's evidence

The team consisted of the RP who worked one day a week in the pharmacy and another pharmacist who worked as the RP the other four days of the week. There were also five dispensary assistants and four delivery drivers. The RP stated that all team members had either completed an accredited training course or were in the process of completing one. This included the delivery drivers. The RP said the pharmacy had enough staff to manage its workload and dispensing was up to date. Team members confirmed they did not receive any structured ongoing training in the pharmacy. So, they could be missing out on opportunities to improve their pharmacy skills and knowledge. Team members said they would look into organising some teaching sessions in the pharmacy in the near future. Team members said they had an informal review from time-to-time with head office to discuss their progress and performance. Having a regular formal appraisal with head office was discussed with the team and the RP during the inspection. Team members said they had no concerns raising any issues or providing feedback. They would usually go to the RP first who could escalate the issue if necessary. Team members knew what could and could not be done in the absence of an RP. And they confirmed that they were not set any targets in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy, and its team members have enough space to carry out their work. The pharmacy is kept secure from unauthorised access.

Inspector's evidence

The pharmacy was generally clean, bright and had enough space for team members to carry out their work. The temperature and lighting of the pharmacy was adequate. And it had air conditioning and central heating to adjust the temperature if required. The pharmacy had a sink for preparing liquid medicines which was clean. The team had access to toilets with hot and cold running water and handwash. The pharmacy was kept secure from unauthorised access. The pharmacy had a website where it sold some general sales list (GSL) and Pharmacy only (P) medicines. The online sales of medicines via the website were handled by another pharmacy and this other pharmacy supplied the medicines to people. The website contained details of the superintendent pharmacist (SI) as well as registration and contact details of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and efficiently. And it stores its medicines appropriately. The pharmacy obtains its medicines from reputable sources. And it takes the right actions in response to safety alerts and recalls for medicines and medical devices to ensure people are getting medicines that are fit for purpose.

Inspector's evidence

The pharmacy had step-free access via a manual door. However, the pharmacy provided all its current services at a distance and was closed to the public. The team explained that all medicines were delivered to people by their delivery drivers. However, if a person needed a medicine urgently or had missed a delivery, they could collect the medicine from the pharmacy. The team said this was done by prior arrangement and the person was given the medicine at the entrance to the pharmacy door and their details confirmed before medicines were handed out. For deliveries of medicines, drivers used electronic devices to manage the deliveries. The pharmacy also kept a record of deliveries for their records. For deliveries which contained a CD, the driver gave the person a sheet to sign to confirm the CD had been delivered, this was then returned to the pharmacy and stored. If there was a failed delivery, a note would be left to arrange a redelivery and the medicines returned to the pharmacy. If the pharmacy did not hear back from the person, they would attempt to deliver the medicines the next day to reduce the risk of people going without their medicines.

Multi-compartment compliance packs were prepared in a separate area of the pharmacy. Packs seen contained dosage instructions as well as a description of the medicines. This included the colour, shape and any markings on the medicines. However, the labels on the packs did not always include any required warning information. This was rectified by the team during the inspection by amending the patient medical record (PMR) system so that all packs now included the necessary warning information. The team confirmed that patient information leaflets (PILs) were supplied monthly with all packs. Team members stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment. As most people got their medicines delivered to them, there were less opportunities for people to ask questions or get information about their medicines. The RP explained that he would call people taking higher-risk medicines to discuss their medicines with them and complete a New Medicine Service check if appropriate. Contact details for the pharmacy were also available on the website for people to call and speak to the RP if necessary. The team was aware of the risks associated with sodium valproate and knew what to do if they received a prescription for someone in the at-risk category. Team members knew where to apply a dispensing label to not cover any important details.

The pharmacy obtained its medicines from licensed wholesalers, and invoices were seen to confirm this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately in two fridges in the pharmacy. Records for fridge temperatures were checked daily and records seen were all in range. And the current temperatures were found to be in range during the inspection. Expiry-date checks were carried out monthly on a rota basis with a different section being checked each time. A random check of medicines on the shelves found no expired medicines.

Safety alerts and recalls of medicines and medical devices were received by email. These were usually

actioned by the RP. Alerts were printed off and actioned, with a note on each sheet stating what action was taken. These were then archived in a folder kept in the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services effectively. And it uses this equipment to protect people's privacy.

Inspector's evidence

The pharmacy had computers with access to the internet, which allowed team members to access any online resources they needed. Computers were all password protected. Team members were observed using their own NHS smartcards. The pharmacy was usually closed to the public and had cordless telephones to allow for conversations to be had in private. Electrical equipment had previously been safety tested but was now overdue to be retested. The team said it would arrange for this to be done. The pharmacy had the appropriate calibrated glass measures which were clean. It also had triangles for counting tablets and a separate one for 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.