

Registered pharmacy inspection report

Pharmacy Name: Greyfriars Pharmacy, 5 Greyfriars Way, GREAT YARMOUTH, Norfolk, NR30 2QE

Pharmacy reference: 1113787

Type of pharmacy: Community

Date of inspection: 22/06/2023

Pharmacy context

This community pharmacy is in the centre of the seaside town of Great Yarmouth in Norfolk. It is open extended hours, seven days a week. The pharmacy's main services include dispensing NHS prescriptions and selling over-the-counter medicines. It supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it delivers some medicines to people's homes.

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 acts effectively to identify and manage risks associated with providing its services. It advertises how people can provide feedback, and it keeps people's confidential information secure. The pharmacy mostly keeps the records it needs to by law. Its team members work well within their own roles, and they act openly and honestly by recording and discussing their mistakes. They understand how to recognise, and report concerns to help keep vulnerable people safe.

Inspector's evidence

Pharmacy team members discussed the range of standard operating procedures (SOPs) they followed when providing the pharmacy's services. But these were not fully available during the inspection despite extensive efforts from team members to locate them. Team members reported the pharmacy had recently benefited from reorganisation and thought this might be the cause of the SOPs being misplaced. They demonstrated access to electronic SOPs from a pharmacy professional support service, but these were not personalised for use in the pharmacy. Following the inspection, the superintendent pharmacist (SI) provided assurances that a new SOP folder had been made available within the pharmacy and staff training records associated with the SOPs were provided. Pharmacy team members had a good understanding of their roles and responsibilities. They were aware of what tasks couldn't be completed should the responsible pharmacist (RP) take absence from the pharmacy.

A member of the pharmacy team explained how they would be provided with feedback from a pharmacist following a mistake made and identified during the dispensing process, known as a near miss. Team members recorded these mistakes routinely and they could demonstrate actions they had taken to reduce risk. For example, physically separating some medicines on the dispensary shelves by using baskets. They discussed mistakes regularly as a team. But they were not aware of any formal reviews taking place to help identify trends in near misses and to help measure the effectiveness of the actions they took. Pharmacy team members were aware of the need to report a mistake that was identified following the supply of a medicine to a person, known as a dispensing error, to the RP. Evidence of incident reporting was available and included investigation notes to support the team in identifying the root cause of the event. Risk reduction actions identified within an incident report were seen to be conducted.

The pharmacy advertised how people could provide feedback and raise a concern. Pharmacy team members understood how to manage feedback and how to escalate a concern when required. They completed mandatory learning related to confidentiality when commencing their roles and signed confidentiality agreements. The pharmacy had procedures relating to information governance available for team members to refer to. It held all personal identifiable information in the staff area of the premises and confidential waste was separated and securely disposed of. Team members discussed how they would recognise and report concerns relating to safeguarding vulnerable people. The team provided examples of sharing medicine compliance concerns with people's own GPs. And examples of how it had supported people asking for acute assistance when they had been feeling unwell. A discussion during the inspection about code words promoted by safety initiatives designed to offer a safe space for people experiencing domestic violence identified a learning opportunity for the pharmacy team.

The pharmacy had current indemnity insurance. The RP notice on display contained the correct details of the RP on duty. And the RP record was generally completed in full; occasional records did not have the sign-out time of the RP. A sample of other pharmacy records examined mostly complied with legal requirements. There was some confusion about recording private prescriptions. A wired notebook was used to record some private prescriptions. The book was not bound meaning pages could be removed and it was not a complete record of all private prescriptions dispensed. An electronic record was also available; entries within this record were not always accurate as prescribers' details were incomplete, or inaccurate within some of the entries. A discussion took place about the need to keep one complete record. The pharmacy maintained running balances in its electronic controlled drug (CD) register and completed full balance checks of physical stock against the register regularly. Random physical balance checks of CDs conducted during the inspection complied with the running balance in the register. The team recorded patient-returned CDs in a separate register at the point of receipt.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a dedicated team of people who work together well. Pharmacy team members engage in regular conversations to help manage workload and minimise risk. They demonstrate enthusiasm for their roles. And they understand how to raise concerns at work.

Inspector's evidence

The pharmacy had experienced a recent change in its staffing structure. Two regular locum pharmacists worked at the pharmacy, one of whom had taken on some responsibilities to support the pharmacy's day-to-day running. The SI worked at the pharmacy regularly, and a number of other locums provided cover over the extended opening hours. A pharmacy student, three qualified dispensers, three trainee dispensers and a delivery driver also worked at the pharmacy. And the team explained there was support from a pharmacy manager who worked across the three pharmacies within the ownership group. Team members were up to date with workload and were observed working together well. They worked flexible hours when needed to help cover absences.

Team members in training roles were at various stages of their learning. One team member had completed the learning associated with a GPhC accredited level two course and was waiting to sit the final assessment. Other trainees were currently engaged in induction training and had been employed for less than three months. Team members discussed regular learning which had recently included e-learning associated with the NHS Pharmacy Quality Scheme. They recalled having some reviews at work to support their learning, particularly within the first six months of commencing their role. But a team member couldn't recall engaging in a formal appraisal process within the last year. Pharmacy team members understood how to raise concerns at work and knew how to escalate concerns if needed. They felt able to provide feedback and engaged in daily discussions about workload and patient safety. The team communicated well with daily handover notes left at the end of shifts and a dedicated communication diary to support the safe management of the multi-compartment compliance pack service. The RP did not feel under undue pressure to meet targets and discussed how they applied their professional judgment when providing the pharmacy's services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and maintained to an appropriate standard. It offers a bright, clean, and professional environment for delivering its services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy was secure and well maintained. Team members knew how to report maintenance concerns and confirmed there were no current maintenance issues. The pharmacy was clean and relatively tidy throughout. Lighting was bright and air conditioning helped to provide an ambient environment for the storage of medicines and the delivery of pharmacy services. Pharmacy team members had access to sinks equipped with appropriate hand washing materials. The premises had a large plastic screen across the medicine counter, team members were able to engage with people using the pharmacy appropriately through the screen. A decent size private consultation room was also available to support private conversations with people. This room was accessible off the public area. It was appropriately secured from unauthorised access between use and contained a range of equipment to support the delivery of the pharmacy's services.

The public area was open plan with seating provided for people. The staff area of the pharmacy was clearly separated by a gate at the medicine counter. Space in the dispensary was managed well with an established workflow for acute and repeat prescriptions. And the team used separate spaces to manage higher-risk tasks associated with dispensing multi-compartment compliance packs, reconstituting liquid medicines and measuring liquid formulation CDs. Clear workbench space was available for assembling and checking tasks. The pharmacy had a designated stock room used to hold overflow stock. And staff toilet facilities were also available on site. Floor spaces were free from trip and fall hazards.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It obtains its medicines from licensed sources. And it stores its medicines safely and securely. Overall, the pharmacy team members work effectively to manage the pharmacy's services. And they recognise the benefits of engaging people in conversations about their health and the medicines they are taking.

Inspector's evidence

People accessed the pharmacy through an automatic door via steps or a ramp from the onsite carpark. The pharmacy advertised its opening times and details of its services for people to see. Team members had appropriate knowledge of other local pharmacies and healthcare services. They knew how to signpost people to these services in the event the pharmacy was unable to provide a service or supply a medicine. Pharmacy team members acknowledged people entering the pharmacy in a timely manner. And they referred queries to the attention of the RP who made themselves available to speak with people.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. Team members were observed asking appropriate questions when responding to a request for a P medicine. And the RP had good supervision over the medicine counter and public area. The pharmacy identified some higher-risk medicines requiring ongoing monitoring by separating these on the dispensary shelves. Pharmacists were responsible for providing counselling about these medicines. But interventions carried out in this way were not generally recorded on people's medication records (PMRs) to support continual care. Pharmacists did record formal consultations associated with providing the NHS New Medicine Service and blood pressure checks. And team members had the knowledge and confidence to discuss these services with people. Pharmacy team members had some awareness of the requirements of the valproate Pregnancy Prevention Programme (PPP), including the need to issue the patient card when dispensing the medicine. A discussion with the RP highlighted the specific counselling requirements of the PPP when supplying valproate to people within the at-risk group. The team communicated queries associated with prescriptions and stock concerns to GP surgeries via NHS email and as such there was an audit trail of this type of activity to support the team in answering queries.

The pharmacy had effective systems for managing owed medicines and medicines it delivered to people's homes. The pharmacy team retained a copy of the daily delivery list once the driver had left the premises. This meant they could provide confirmation to people that their medicine was out for delivery. A range of audit trails supported the team members in answering queries they may receive about the pharmacy's dispensing services. This included team members taking ownership of their work by signing their initials within the 'dispensed by' and 'checked by' boxes on medicine labels. The pharmacy dispensed some medicines in multi-compartment compliance packs. Records for this service included a schedule to support the timely management of workload and individual patient records provided details of people's medication regimens. Pharmacy team members used a communication book to document changes to people's medicine regimens clearly. And they updated individual patient records to reflect the changes made. The team had stopped applying medicine labels to the backing sheets provided with the compliance packs as part of the dispensing process at some point and instead had created its own backing sheets. A sample of assembled compliance packs found these backing

sheets did not include adverse warnings associated with the medicines inside the compliance pack. And the pharmacy didn't always supply a patient information leaflet (PIL) when supplying medicines in this way. It supplied PILs for new medicines and when people commenced on the service. This meant people may not have up-to-date information to help them to take their medicines safely. A discussion took place about the requirement to supply PILs routinely when supplying a medicine. And the matter of the required adverse warning labels was brought to the attention of the RP during the inspection. The SI provided assurances following the inspection that this had been rectified appropriately.

The pharmacy obtained its medicines from licensed wholesalers, and it stored them tidily and within their original packaging. The team recorded date checking activities. It highlighted short-dated medicines and had an established process to remove these from stock for safe disposal prior to their expiry date. A random check of dispensary stock found no out-of-date medicines. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy kept CDs securely with date-expired and patient-returned CDs appropriately labelled and separated. The pharmacy's medicine fridges were an appropriate size for the medicines they held. Fridge temperature records showed that the temperatures had stayed within two and eight degrees Celsius but there were some minor gaps within these records. The pharmacy had appropriate medical waste receptacles to support the safe disposal of medicine waste. It received medicine alerts electronically and it kept an audit trail of the action it took in response to these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members have access to the equipment they require to provide the pharmacy's services safely. And they manage and use this equipment appropriately.

Inspector's evidence

The pharmacy had current editions of reference resources available to its team members. And team members could also access the internet to help them look up information. They accessed password protected computers and most team members had their own NHS smartcard which they used when accessing people's medication records. The pharmacy suitably protected information on computer monitors from unauthorised view. It stored bags of assembled medicines on designated shelving within the dispensary out of direct view of the public area.

Pharmacy team members used appropriate counting and measuring equipment when dispensing medicines. This included separate equipment for counting and measuring higher-risk medicines which mitigated any risk of cross contamination when dispensing these medicines. Equipment used to support the delivery of pharmacy services was from reputable manufacturers. For example, the pharmacy's blood pressure monitor was on the list of monitors validated for use by the British and Irish Hypertension Society. Team members reported regular health and safety checks of equipment and facilities taking place. For example, the air conditioning units had recently been serviced.

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. |