

Registered pharmacy inspection report

Pharmacy Name: Hurn Chemist Limited, Cringleford Surgery, Cantley Lane, Cringleford, NORWICH, NR4 6TA

Pharmacy reference: 1115952

Type of pharmacy: Community

Date of inspection: 10/11/2022

Pharmacy context

This is a community pharmacy located next door to a GP surgery and serves a mainly elderly population. As well as dispensing NHS prescriptions, the pharmacy provides flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines and it provides the Community Pharmacy Consultation Service (CPCS).

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 proactively reviews dispensing incidents and continuously learns from them.
2. Staff	Standards met	2.2	Good practice	The pharmacy actively encourages its team members to do relevant and useful planned learning and development which it arranges for them. It provides protected time for staff to learn while they are at work.
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 to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and it regularly seeks feedback from people who use the pharmacy. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. The responsible pharmacist (RP) had changed and implemented these when she had first started working at the pharmacy. The RP had highlighted sections of the SOPs and added extra notes to additional checks she had introduced such as for the SOPs for the management of controlled drugs (CDs). Team members had read the SOPs which were relevant to their roles. A completed roles and responsibilities matrix was available. The team had been routinely ensuring infection control measures were in place.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). A near miss log was kept in the dispensary. The pharmacy technician was completing the accuracy checking technician course and used this to record near misses she had identified. The RP would speak to the person who had made the mistake, and all recorded near misses were reviewed by the RP periodically. Details about the review were discussed with the team particularly if there were any changes to be implemented. Following two near misses the pharmacy had separated all anticoagulants; these were stored on a designated shelf. After the second near miss the RP had also completed a learning about anticoagulants with the team. Medicines with looked-alike or sounded-alike were also highlighted. The RP described that she generally did a learning around the consequence of the near miss with the team. She would discuss with them the effects of the person taking the incorrect medication as well as the effects of not taking the right medicine. One day a week a pre-registration pharmacy technician also worked at the pharmacy. They and the trainee pharmacist were asked to complete a reflective form on their near misses and were asked to find out what the medicines were for and what would happen if they had been taken. The pharmacy had a number of UEA students completing their placements and the pharmacist had discussed anticoagulants with them. On some occasions the team members were asked to brief the students which helped to reinforce their learning. The RP would follow the process listed in the SOPs if there was a reported dispensing incident. She would find out what happen, check if the person had taken any of the incorrect medication and make referrals depending on this. Following this an investigation would be completed which looked at what happened, why it happened and what needed to be changed. And if this was a one-off or if there was a pattern. Information was also shared with the superintendent pharmacist (SI). Following a previous error all team members had completed learning on pregabalin and gabapentin.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and a notice informing people about the procedure was displayed. People could also provide feedback online. The RP shared positive feedback with the team. Team members knew to pass on any complaints to the RP.

Records about private prescriptions, emergency supplies and unlicensed medicines dispensed, were well maintained. RP records and controlled drug (CD) registers were also largely kept in line with legal requirements but the RP had signed out ahead of time on the day of the inspection and there were a few missed headers in some of the CD registers seen. The RP provided an assurance that she would ensure this did not happen in the future. CDs that people had returned were recorded in a designated register. A random check of stock of a CD complied with the balance recorded in the register. CD balance checks were carried out regularly.

Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Team members completed annual training and had all signed confidentiality agreements. All completed training was signed-off by the RP. Relevant team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records (SCR) and consent to access these was gained verbally. A shredder was available for the destruction of confidential waste.

Team members had completed safeguarding training. The RP had completed level two training. Details were available for the local safeguarding boards and the RP had the NHS safeguarding application downloaded on her phone.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. They do the right training for their roles. And they are provided with ongoing training to support their learning needs and maintain their knowledge and skills. They can raise any concerns or make suggestions and have regular informal meetings.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a pharmacy technician, and a trained dispenser. The RP explained that a team member was on leave and another was ill and had not come in to work. The trainee pharmacist was also not in on the day of the inspection. Despite the team being short staffed on the day, they were organised and prioritised the workload to ensure tasks were completed. Team members worked well together and communicated effectively. The RP felt there was enough staff when everyone was working and more staff had been employed as item numbers had increased.

Individual performance and development were monitored by the RP. The RP had held appraisal meetings with all team members over the past year. A training plan had been made up and the team members had discussed what was going well and what support they needed. Team members were also provided with on-the-spot feedback.

The pharmacy had a training rota available and were provided with training resources from an external company. As there were various team members completing training, they were all provided with specific training times. The trainee pharmacist had been enrolled on a structured pre-reg training course with a third-party provider and attended study days both face-to-face and online. He was also given four hours protected study time each week. One of the trained dispensers had been enrolled on to the medicine counter assistant (MCA) training course as a refresher.

Team members occasionally held meetings. Team members all worked set days so were not always in all together. Meetings were generally held at lunchtime when the pharmacy was closed. The RP caught up later with team members who were not in. The pharmacy team had recently held a meeting where the RP had reminded them of things that needed to be done. They had talked about another local pharmacy that was closing in the afternoons and so the team had to plan for the additional workload and change delivery times. The RP caught up with the superintendent pharmacist (SI) and owners regularly. Team members described that the owners were open to feedback and suggestions. There were no numerical targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises were bright, clean, and organised. The dispensary was spacious, there was ample workspace which was clutter-free and clear. Workbenches were also allocated for certain tasks. A bench was dedicated for the preparation of multi-compartment compliance packs. A sink was available for the preparation of medicines. Cleaning was carried out by team members.

A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The door leading into the room from the shop floor was lockable. Folders were stored in cupboards and were not visible to people using the room. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. Overall, the pharmacy provides its services safely and manages them appropriately. The pharmacy gets its medicines from reputable suppliers and stores them properly. And it responds appropriately to drug alerts and product recalls.

Inspector's evidence

There was step-free access to the pharmacy through a wide automatic door. There was a car park available. The shop floor was clear with easy access to the medicines counter. Services and opening times were clearly advertised and a variety of health information leaflets was available. The pharmacy could produce large-print labels if needed. Team members were aware of the need to signpost people to other services. They used leaflets and also had local knowledge as most of them lived locally.

The team felt that the delivery service was particularly useful for people who were housebound during the pandemic. They described that the local area was affluent with a large elderly population. However, the RP said this was changing due to the new housing being built which included social housing. Flu vaccinations were also popular and they were generally offered on an appointment basis. Up until the inspection the pharmacy had vaccinated 750 people. At the beginning the pharmacy had two pharmacists working on days when clinics were booked. People had been signposted to the QR code and were asked to complete the forms before going into the consultation room. The pharmacy also provided NHS health checks and had started the blood pressure service. There had been some cases where people had been referred back to their GP. Team members also provided a medicine support check and visited people to see how they could be better helped to take their medicines.

The pharmacy had an established workflow. The electronic recording system was used to organise the dispensing workflow. Prescriptions were downloaded and arranged in treatment types with acute prescriptions at the top, then deliveries then repeat prescriptions. Colour-coded baskets were used for different types to help manage the workflow and to separate prescriptions, preventing transfer of items between people. Dispensing was done by one of the dispensers. It was very rare that the RP had to self-check.

The pharmacy also dispensed medicines for people residing in care homes. Medicines were all supplied in original packs. Administration charts were provided. Care homes ordered prescriptions from the surgery and sent the pharmacy the records of what had been ordered. The system had been set to identify prescriptions received for people staying in the care homes so that they could be separated. The pharmacy team used a quad stamp on all prescriptions to have an audit trail to show who was involved in each step of the supply process. Dispensed and checked-by boxes on labels were consistently initialled by members of the team to create an audit trail for the dispensing and checking processes. Prescriptions for all schedule 2 and 3 CDs were highlighted. And the team highlighted in a different colour if there were any notes or information that needed to be passed on. If an unusual item had been prescribed such as ramipril tablets instead of capsules this was also highlighted. The team were up to date with their dispensing and the RP said it was very rare that they ran behind. An owings box was used for partly dispensed prescriptions. The part supplies were stored separately, sealed with labels attached at the front and with the missing items clearly annotated. They also had the the date of when the missing item was ordered and where it was ordered from. For medicines that were out of

stock for long periods, the team would raise this with the surgery.

The team members were aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The team generally dispensed sodium valproate in its original pack and made sure important patient information was not covered. The pharmacy did not have anyone who fell into the at-risk group at the time of the inspection. Any new prescriptions would be flagged to the RP. Additional checks were carried out when people collected medicines which required ongoing monitoring. Stickers were used on bags for warfarin, CDs, Schedule 3 and 4 CDs and fridge lines. For people presenting with prescriptions for warfarin, the INR was checked as well as dates of their previous and next test and the dosage they had been recommended.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. Individual record sheets were available for each person. There was a fixed rota to manage the system. Prescriptions were ordered on Mondays and were usually received the following day. A log was used to record the progress of prescriptions through each stage of the process. Missing items or changes were noted and chased. Packs were only prepared once the prescriptions were received. The team had a folder with all the master sheets. This was organised according to the weeks the packs were due to go out. The master sheet had a record of the type of pack the person had, all the medicines that were to be placed in the pack, if they had their medicines delivered, if they required an administration chart and any bulk medicines that were not placed in the pack. Changes were noted on the master sheet. Team members made a record of who had changed it and the date it was changed. All team members helped to prepare packs. The local hospital generally called when someone was admitted into hospital and either notified the pharmacy of changes or sent a summary to the surgery. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied.

Deliveries were carried out by team members. An audit sheet was used and signatures were obtained when medicines were delivered. In the event that a person was not home a note was left by the driver and the medicines bag was returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded, and the records were observed to be within the required range for the storage of medicines. CDs were held securely.

Expiry-date checks were carried out by team members. A section was checked weekly which ensured the dispensary was completed on a 12-week cycle. Short-dated stock was marked and recorded. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors. Drug recalls were received via email. These were printed, checked, and processed by the team once actioned they were filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines to avoid contamination. A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Monitors used as part of the services provided were replaced on a regular basis.

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.