

Registered pharmacy inspection report

Pharmacy Name: Hado Pharmacy, 66 Mount Street, DISS, Norfolk,
IP22 4QQ

Pharmacy reference: 1117354

Type of pharmacy: Community

Date of inspection: 22/09/2020

Pharmacy context

The pharmacy is in a three-story building a short walk from the town centre of Diss in Norfolk. The basement and ground floor form the registered premises. The pharmacy dispenses NHS prescriptions. And it provides occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication into multi-compartment compliance packs for some people who need help managing their medicines. And it delivers medication to people in their homes. A small number of people use the substance misuse service. The pharmacy was visited during the Covid-19 pandemic.

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 identifies and manages the risks associated with its services to help provide them safely. 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 its 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 help minimise risks associated with Covid-19. They keep people's personal information safe.

Inspector's evidence

The pharmacy kept records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (error logs). These records were reviewed at the time and periodically to identify any trends or patterns. 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. When near misses were spotted at the final accuracy check, the team member responsible for the mistake was sometimes given the opportunity to discern what was wrong and make the necessary changes themselves. They were comfortable about feeding back to the pharmacist. They talked about a culture in the pharmacy where mistakes were discussed to reduce future risk. The pharmacy team members had recently identified that more near misses occurred when the pharmacy was quieter and had reviewed their checking process to take this into account.

The team members were involved in deciding how to minimise the risk of Covid transmission and this included only allowing two people in the pharmacy at a time, reducing opening hours and adjusting workflows. They had put a system in place to minimise the number of documents being received into the pharmacy from people.

People were encouraged to complete an annual satisfaction survey and the pharmacy team had received positive comments about how they had adapted to maintain a pharmacy service during the pandemic. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. 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. The SOPs were updated in 2019. There was evidence that members of staff had read and signed SOPs relevant to their roles. The pharmacy had conducted Covid-19 risk assessments for all team members and had introduced infection control procedures to minimise the risk of Covid-19 transmission.

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 regularly. 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.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. The pharmacists had completed level two safeguarding training and other team members had completed level one courses. There were contact details available 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. They are provided with feedback and have appraisals to identify any opportunities for development or learning.

Inspector's evidence

The pharmacy opened for 68 hours a week at the time of the inspection and there were two full-time and one part-time pharmacists who covered the hours between them. There were three full-time and one part-time dispenser. Two of these were trainees. The pharmacy team was up to date with dispensing prescriptions and other routine tasks and there were team meetings to discuss ideas and concerns.

Team members were trained using accredited courses. All team members had trained to supply medicines on the pharmacy counter. They had regular ongoing learning using an online portal to help keep their knowledge and skills up to date. Recent training updates included training about operating during the Covid-19 pandemic and seasonal topics such as flu. All the staff had annual appraisals which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. Targets and incentives did not impact on patient safety or professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions to help reduce the risk of mistakes. Adjustments have been made to help minimise the risk of virus transmission during the Covid-19 pandemic.

Inspector's evidence

The pharmacy had laminate flooring in the shop and main dispensary and carpet throughout the other back shop areas including the stairs. The carpet was noted to be worn in places and part of the flooring in the basement was waiting to be repaired. It was noted that the paint and plasterwork showed signs of possible damp ingress (or similar damage) around the back door into the basement area but this did not affect the area where medicines were kept. Plastic screens had been fitted on the pharmacy counter to give a barrier between team members and users of the pharmacy to reduce the risk of Covid infection.

There was a very compact dispensary where all the routine prescriptions were assembled and the basement area was used for the assembly of multi-compartment compliance packs and storage. There were laminated worktops and a dedicated sink for the preparation of medicines. These were observed to be clean. There were workflows in place, with audit trails on dispensing labels and a designated checking area. There were reasonable levels of lighting throughout. Ambient temperatures in the dispensary were occasionally checked using a current thermometer.

There was a small consultation room where patients could consult pharmacy staff in private. Soundproofing was very limited, and it was possible to hear conversations on the pharmacy counter from within the consultation room. Staff were careful to speak quietly to prevent private conversations being overheard. The room was not being used for consultations at the time of the inspection. The pharmacy premises were kept secure from unauthorised access.

There was a brick wall outside the rear of the premises that appeared to be very unstable and had the potential to collapse. While this was outside of the registered premises it was in an area used by team members and the drivers delivering medicines to the pharmacy. The pharmacist said that he would urgently ask for remedial action to be taken to stabilise the wall until a more permanent solution could be arranged.

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 multi-compartment 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 a set of wooden steps at the front of the premises. And there was a doorbell to summon team members to assist wheelchair users. Team members occasionally used other languages such as French to help people access to access pharmacy services.

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 records to support this. The pharmacy staff were aware of the Falsified Medicines Directive. Higher-risk medicines were stored separately to reduce the risk of picking mistakes. The pharmacy kept medicines requiring cold storage in appropriate 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. Medicines which people had returned were clearly separated 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.

The pharmacy counselled people on higher-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. 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 team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. The packs were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the 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 requested when people should receive their medication in compliance packs. The pharmacy conducted a needs assessment before starting people on the packs. The driver had 'missed delivery' cards and stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a record with an audit trail to show the medicines had been safely delivered.

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 certain liquids), and labelled equipment for dispensing cytotoxic medication. This helped to avoid any cross-contamination. All electrical equipment appeared to be in good working order. There was a fire extinguisher near the dispensary but the seal for this was missing and the pharmacist agreed to have this serviced to make sure it was working properly. Sensitive records were stored in the dispensary and the patient medication record was password protected. Confidential waste was disposed of using a shredder

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.