

Registered pharmacy inspection report

Pharmacy Name: Wickham Market Pharmacy, 68 High Street,
Wickham Market, Woodbridge, IP13 0QU

Pharmacy reference: 9010889

Type of pharmacy: Community

Date of inspection: 04/06/2021

Pharmacy context

The pharmacy is in a listed building in a market town. In addition to dispensing and sales of over-the-counter medicines, it provides a range of services including flu vaccination, smoking cessation and supply of lateral flow tests for Covid. The pharmacy assembles medication in multi-compartment compliance packs for some people who need help managing their medicines and participates in a medicines discharge service. The pharmacy is recognised as a Healthy Living Pharmacy. The inspection was undertaken during the Covid-19 pandemic.

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 generally has safe and effective working practices. It actively manages its risks appropriately by recording, reviewing and learning from its mistakes. And it keeps people's private information safe. It keeps the records required by law to ensure that medicines are supplied safely and legally.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed on a regular basis 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. Recent examples of learning included identifying potential selection errors between rivaroxaban and rosuvastatin, and amitriptyline and amlodipine. The pharmacy team had identified these on the stock shelves and were making a comparison sheet to help embed learning. 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 pharmacy was involved with several local networks and had introduced a delivery service in partnership with the local community. 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 comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, infection control, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles.

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. 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. Team members undertake regular, ongoing learning to keep their knowledge and skills up to date. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

The pharmacy had two full-time, regular pharmacists who worked between the two pharmacies in the company. Another regular, part-time pharmacist worked on some Saturdays. There were three part-time dispensers and two part-time medicines counter assistants. The team members were up to date with dispensing prescriptions and other routine tasks in the pharmacy.

All team members had completed or were undertaking accredited training appropriate to their role. Team members undertook regular, ongoing learning to keep their knowledge and skills up to date. Recent courses included eye care and erectile dysfunction. There was a culture where team members proactively looked for ongoing learning opportunities. The pharmacist was aware of the requirements for revalidation and maintained a growing portfolio of continuing professional development. All the staff had annual appraisals which looked at areas where the staff were performing well and areas for improvement or opportunities to develop.

Team members actively contributed to the safe and effective running of the pharmacy and make suggestions to improve workflows and efficiency. They had worked as a team to identify strategies to reduce the risk of Covid transmission in the pharmacy. One team member was in the process of rearranging the stock shelves in the dispensary to improve stock availability. 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 pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had laminated floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were observed to be clean. The pharmacy had been fitted out to a high standard. The work surfaces were cleaned regularly during the day and the floors were steam cleaned. There were clear workflows in place 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 were two clean, bright and well-maintained consultation rooms with hand washing facilities and a good level of soundproofing where people could consult pharmacy team members in private. One room was primarily used for smoking cessation and the other was used for other consultations. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It 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 pharmacy identifies and gives advice to people taking high-risk medicines to help make sure they are taken safely. The team members generally follow safe practice when assembling compliance packs which help people to take their medication. But the pharmacy does not always label the packs with all the required information they need to help them take their medicines safely.

Inspector's evidence

The pharmacy had a large door at path level. The pharmacy was split over several levels and there were ramps to facilitate wheelchair access. 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 kept medicines requiring cold storage in 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.

The pharmacy reviewed people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. They also provided additional advice about how to take these medicines safely. Results were recorded on the patient's medication record (PMR) where appropriate. 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 pharmacists had undertaken anaphylaxis training and had put this into practice.

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 but the required warnings were not contained on many of the labels. One person received daily medication in a container which did not have any of the required labels. The implications and possible solutions were discussed. The packs were not sealed until the point of check and the risks associated with this were discussed. The pharmacy sometimes supplied patient information leaflets with packs to people but not on each occasion and this meant that some people may now have the information required to help them take their medication. 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.

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 makes sure that it is looked after properly. It uses its equipment to keep people's private information safe.

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 and had been safety tested. Fire extinguishers were serviced under an annual contract. There was a new blood pressure meter in use.

There was a locked cabinet to store sensitive records 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.