

Registered pharmacy inspection report

Pharmacy Name: Cromer Pharmacy, Mill Road, Cromer, Norfolk,
NR27 0BG

Pharmacy reference: 9010930

Type of pharmacy: Community

Date of inspection: 15/01/2024

Pharmacy context

This community pharmacy is located next to a medical centre in the town of Cromer in Norfolk. It provides a variety of services including dispensing of NHS prescriptions, the New Medicine Service (NMS) and seasonal flu vaccinations through a patient group direction (PGD). It also provides 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

Overall, the pharmacy manages the risks associated with its services well. And its team members record and regularly review any dispensing mistakes. The pharmacy largely keeps the records it needs to by law. And it has appropriate insurance arrangements in place. Team members know how to protect vulnerable people. And the pharmacy handles people's private information safely.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The RP was also the superintendent pharmacist (SI). The pharmacy had a range of standard operating procedures (SOPs), these had been read by all team members who had signed to confirm that they had read them. The SOPs were due to be reviewed in next few months and the SI explained that he would begin the process of updating them soon. Team members were able to explain their roles and responsibilities within the pharmacy. And they also knew what activities they could and could not do in the absence of an RP. Near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper log sheets in the pharmacy in a good level of detail. The SI said he discussed any near misses with the team member involved and the team also had regular meetings to discuss near misses. Dispensing errors (mistakes which had reached a person) were recorded electronically in more detail and also discussed with team members.

Complaints and feedback were usually submitted via email. The SI confirmed that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually dealt with in the pharmacy by the SI.

Confidential waste was disposed of in a separate confidential waste bin. When this was full, the waste was taken away by an external company for secure disposal. No confidential waste was found in the general waste bin. And no confidential information could be seen from outside the dispensary. The SI confirmed that he had completed level three safeguarding training with elearning for healthcare (eLfH). Team members had also completed level one safeguarding training with eLfH. The team knew what to do if a vulnerable person presented in the pharmacy. They had access to details of local safeguarding contacts and a chaperone policy was displayed outside the consultation room.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly for controlled drugs (CDs), and records seen in the CD register were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions dispensed were generally complete. The RP record was generally complete with a few exit times missing. The pharmacy did not do emergency supplies of medicines and would usually refer people to the surgery next door. Records about unlicensed specials were complete with all entries seen having the name of the person for whom the medicine was for and the date of dispensing.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. And team members do the right training for their roles. They have regular ongoing training to keep their knowledge and skills up to date. And they have a regular formal review of their progress. Team members feel comfortable about raising any concerns they have.

Inspector's evidence

The pharmacy team consisted of the SI, a second pharmacist, four accuracy checking technicians (ACTs), six dispensers, four counter assistants, and two delivery drivers. The SI confirmed that the pharmacy had enough team members to manage the workload and the pharmacy was up to date with dispensing. All team members had either completed or were completing appropriate training for their roles with an accredited training provider. The SI said the team had teaching sessions on various healthcare topics during lunchtime when the pharmacy was closed as well as teaching when a new medicine or service was being provided by the pharmacy. The SI said that the team also attended some teaching sessions that were done by the surgery next door. Team members also had a yearly appraisal to monitor their progress. And team members had no concerns about raising any issues they had and would usually go to the SI with any concerns. The SI confirmed the team was not set any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. People can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair and was professional looking. The shop floor was clean and professionally presented. And it had chairs for people who wished to wait for their prescriptions. Pharmacy-only (P) medicines were stored securely behind the counter. The dispensary area was clean and tidy and had plenty of floor and desktop space for the team to work in. The SI explained that the team had a regular cleaning rota in place to help keep the pharmacy clean and tidy. It had a sink for the preparation of liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate. And there was a staff toilet with access to hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had without being heard from the outside. The room was a good size, and it was kept clean and was locked when not in use. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

On the whole, the pharmacy provides its services safely and stores its medicines appropriately. The pharmacy can cater to people with different needs. And the team takes the right action in response to safety alerts to help ensure that people get medicines which are fit for purpose.

Inspector's evidence

The pharmacy had step-free access via an automatic door. It was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. It also had a hearing loop. There was plenty of space for people with wheelchairs and pushchairs to access the dispensary counter. And there were leaflets by the consultation room about various health-related topics for patients to read and keep. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery driver used a paper sheet with people's details to keep a record of deliveries, which was returned to the pharmacy after the deliveries had been completed. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

The pharmacy used stickers to highlight prescriptions that contained a CD or an item requiring refrigeration. However, prescriptions for higher-risk medicines were not routinely highlighted. So, people could be missing important information about their medicines and the opportunity to discuss their medicines with a pharmacist. The SI explained that people usually received counselling on their medicines from the surgery next door but stated that in future he would also try and counsel people on their medicines when possible.

Multi-compartment compliance packs were assembled in a separate area of the dispensary. Prepared packs seen contained all the required dosage and safety information as well as a description of the tablets. This included a description of the colour, shape and any markings on the medicines to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were always included with each supply of the packs. A team member said that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained its medicines from licensed wholesalers. CDs requiring safe custody were stored securely. The SI confirmed that prepared medicines awaiting collection were checked every three weeks reduce the chance of any expired prescriptions being accidentally given out. Medicines requiring refrigeration were stored appropriately. Fridge temperature records showed that temperatures were checked regularly, and records seen were within the appropriate ranges. And the current temperatures were found to be in range during the inspection. Expiry-date checks were carried out weekly on a rota basis with a different area of the dispensary being checked each time. A random check of medicines on the shelves revealed no expired medicines. Safety alerts and recalls were received electronically via email and actioned accordingly. These were then archived electronically in a

folder.

Team members were aware of the risks of sodium valproate, and the SI knew what to do if a person in the at-risk category presented at the pharmacy. Team members knew where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information and were aware of the recent guidance changes regarding supply of sodium valproate.

The pharmacy had a patient group direction (PGD) for the administration of seasonal flu vaccinations. The PGD was signed and in date. The pharmacy also had access to an appropriate anaphylaxis kit in the consultation room for anyone who had a reaction to the vaccination. This was in date and fit for use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment to provide its services safely. And it protects people's privacy when using this equipment.

Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards, and the pharmacy had cordless phones so conversations could be had in private. The team confirmed that the electrical equipment had been safety tested last year and this was evidenced by stickers on the equipment. The pharmacy had a blood pressure monitor in the consultation room and the SI confirmed that it did not currently require replacement or recalibration. There were appropriately calibrated glass measures for measuring liquid medicines. And tablet triangles for counting tablets, with a separate one for counting 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.