

Registered pharmacy inspection report

Pharmacy Name: Walton Pharmacy, 275-277 High Street, Walton, Felixstowe, Suffolk, IP11 9DU

Pharmacy reference: 9011069

Type of pharmacy: Community

Date of inspection: 22/08/2019

Pharmacy context

The pharmacy is in the Walton area of Felixstowe. It does not yet have an NHS dispensing contract following the closure of an NHS pharmacy on the same site. It dispenses private prescriptions and sells over-the-counter medicines. It also acts as a remote collection point for NHS prescriptions which have been dispensed by another pharmacy. People can ask to have their blood pressure tested. The pharmacy administers private flu vaccinations during the winter season. The pharmacy assembles medication into multi-compartment compliance packs for some people who need help managing their medicines. Following the inspection, the pharmacy confirmed that an NHS contract had been granted.

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 identifies and manages the risks associated with its services. It keeps the records it needs to by law and its team members have clear roles and responsibilities. Team members know how to protect vulnerable people. And they keep people's personal information safe.

Inspector's evidence

The pharmacy had a system in place to record errors and near-misses, but as there were very few dispensed private prescriptions, there were no recorded mistakes. The pharmacist said that they planned to review these logs weekly, when NHS dispensing started to identify any trends and patterns. Team members talked about an open culture and said that people had been very positive about the pharmacy re-opening. They said that people were frustrated that the pharmacy did not yet have an NHS contract but the application for this was in progress. 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. There was evidence that members of staff had read and signed SOPs relevant to their roles. Most of these were not yet relevant due to the limited scope of the pharmacy activities but were being implemented in preparation for NHS dispensing.

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 in place but had not yet been used.

The pharmacy had a cordless phone to facilitate private conversations. The team members had NHS smartcards, but these were not yet in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. The pharmacy was planning to deliver training on the General Data Protection Regulation. 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. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There was one regular full-time pharmacist, one part-time trainee technician, a part-time dispenser and a part-time trained medicines counter assistant. All team members had completed medicines counter training and were undertaking or had completed accredited courses. The pharmacy was dispensing very few private prescriptions and no NHS prescriptions but was assembling medicines into compliance packs for some people.

Team members undertook regular ongoing learning to keep their knowledge and skills up to date. They used an online learning platform with assessments. Recent learning included smoking cessation. The pharmacist was aware of the requirements for professional revalidation. All the staff had annual appraisals which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. There were daily team meetings to discuss important information.

The pharmacy team members said that they were planning to introduce a travel health service and pregnancy testing. One member was a trained phlebotomist. They said that they worked closely as a team. Targets and incentives were not used in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy has been refitted to a high standard and it is 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 recently been refitted and refurbished to a good standard. It had laminated worktops and a dedicated sink for the preparation of medicines. These were clean. 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. The room temperature was monitored, and the pharmacy was planning to install air conditioning.

There was a clean, bright and appropriately-maintained consultation room with a good level of soundproofing where people could consult pharmacy team members in private. This was accessed by people going behind the pharmacy counter. The pharmacist discussed several possible options to improve access to ensure that pharmacy only medicines and confidential information were safeguarded. The pharmacy premises were kept secure from unauthorised access.

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 assembled 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 single door with a step. Team members said that they assisted wheelchair users where possible but that it was not possible to use a portable ramp as this would emerge on the road. There was a magnifying prism to assist people with visual impairment and team members had trained as Dementia Friends.

The pharmacy obtained dispensing stock for private prescriptions from a range of licensed wholesalers and it was stored in a neat and tidy manner in the dispensary. Team members said that stock was date checked monthly but there were no records to support this. The small pharmacy stock meant that this did not present a significant risk. They said that they would start keeping records of these checks. NHS prescriptions were dispensed by another pharmacy, who supplied the stock for this. The pharmacy was planning to implement a system to ensure compliance with the Falsified Medicines Directive when an NHS contract was granted.

The pharmacy counselled people on high-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. This information was passed back to the NHS dispensing pharmacy. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had ordered the published support materials.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. 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 team assembled medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These 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 pharmacy conducted a needs assessment before starting people on the packs.

The pharmacist had undertaken anaphylaxis training. The pharmacy had received medicines which people no longer required but did not have the facility to dispose of these until an NHS contract was in

place. These were stored securely in the pharmacy. Team members said that they signposted to another pharmacy where possible. 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 equipment it needs for its services and it 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. There was a new blood pressure monitor which was replaced every two years and fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order.

Sensitive records were stored securely 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.