

Registered pharmacy inspection report

Pharmacy Name: Thurston Pharmacy, Unit 2, Thurston Granary,
Station Hill, Thurston, Bury St. Edmunds, Suffolk, IP31 3QU

Pharmacy reference: 9011070

Type of pharmacy: Community

Date of inspection: 16/07/2019

Pharmacy context

The pharmacy is in a newly built development in the village of Thurston in Suffolk. It dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication in multi-compartment compliance packs for some people who need help managing their medicines. People can ask for help to stop smoking. The pharmacy is planning to introduce travel and flu vaccinations. People can ask to have their blood pressure tested.

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	2.2	Good practice	The pharmacy actively encourages team members to undertake planned learning and development. And it gives them time set aside to do this. Pharmacy team members receive good support to keep their knowledge and skills up to date.
		2.5	Good practice	The pharmacy team members proactively make suggestions and share ideas to help improve how the pharmacy runs.
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 identifies and manages its risks well. It records and reviews any dispensing mistakes to help improve the safety of its services. It largely keeps the records it needs to by law to show that medicines are supplied safely and legally. Team members protect people's personal information. They are clear about their own role and responsibilities. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly 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. 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 scored well on their most recent annual survey and the pharmacist said that people were particularly complimentary about the friendly and helpful staff who went the extra mile to resolve any problems and concerns or queries. The complaints procedure was published in the practice leaflet. The move to the new premises had resulted in a high volume of positive feedback relating to the improvement over the previous location.

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, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles. The SOPs were about to be reviewed and updated.

The records examined were generally maintained in accordance with legal and professional requirements. These included: the private prescription register (for private prescriptions and emergency supplies), records for the supplies of unlicensed medicines and the RP record. The pharmacy did not always record the nature of the emergency for emergency supplies and the pharmacist said that they would do this in future. The CD registers were generally appropriately maintained but the binding on some of the inserts was failing. 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

There are enough, suitably qualified staff for the safe and effective provision of pharmacy services. There is an open learning culture where staff are well motivated, encouraged and supported to learn and develop and empowered to contribute to the safe and effective running of the pharmacy.

Inspector's evidence

There were four regular pharmacists to cover the 40 hours a week. There were two full-time apprentice dispensers who were undertaking NVQ level 2 courses. The pharmacy also employed a delivery driver. The pharmacy was generally up to date with prescriptions and routine tasks although some of the tasks, such as date checks, were not always recorded. Dispensary staff were also counter trained to provide a skill mix in the pharmacy.

The apprentices were visited by their tutor each month and had a day a month at the local college. Each pharmacy team member had protected training time in the pharmacy to allow opportunities to learn and develop. They undertook regular ongoing learning to keep their knowledge and skills up to date. There were opportunities for self-directed learning as well as the mandatory training. One team member had attended external training to become a health champion. The pharmacist was aware of the requirements for professional revalidation.

The pharmacy team members were actively encouraged to identify areas which could be improved and had been instrumental in introducing a new travel clinic. As well as helping identify the local need they also undertook personal training and helped to implement the service. The team had identified that the system used to retrieve prescriptions in the pharmacy was cumbersome and could lead to delays. The team devised an alternative system, and this improved the workflows in the pharmacy. They had also relocated frequently used items to lower shelves in the dispensary to reduce the need to use a step to reach high shelves.

Targets and incentives were not used in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, suitable for the provision of pharmacy services and maintained appropriately. It has been fitted to a high standard and provides a professional environment.

Inspector's evidence

The pharmacy had vinyl floors throughout, 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 fitted out to a high standard and had a clean and professional appearance. It was tidy with good levels of lighting throughout. The superintendent was carefully monitoring the room temperature to decide whether air conditioning was needed to keep medicines at the right temperature.

There were two clean, bright and well-maintained consultation rooms with handwashing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The rooms could be locked when not in use. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally 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 they 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 wide door at path level and the pharmacy team members said that they assisted wheelchair users where necessary. One dispenser was conversant in Makaton sign language. Large print labels could be generated to assist people with visual impairment. The whole pharmacy team had trained as Dementia Friends.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. The pharmacist said that stock was date checked quarterly, but this was not always recorded. No expired medicines were found during the inspection. The pharmacy team members said that they would keep these records up to date in future. The pharmacy team members were aware of the Falsified Medicines Directive and the owner was actively consulting with software and hardware providers to ensure the pharmacy achieved compliance.

The pharmacy counselled 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 was about to conduct an audit of all the people they had dispensed valproate containing medication for. It did not have the published support materials for people taking valproate-containing medication but these were ordered during the inspection.

The pharmacy kept medicines requiring cold storage in two domestic 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 wrote on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed 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 to identify their 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 sometimes requested when people should receive their medication in

compliance packs. The pharmacy conducted a needs assessment before starting people on the packs.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needle-stick injury avoidance. 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 equipment it needs for its services. It largely maintains its equipment well. It uses its equipment to 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 and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. The glass measures were slightly scaled due to the local hard water and the pharmacy team said that they would clean these.

There was a new blood pressure monitor which was replaced every two years. There was also a range of infection control materials. The pharmacy was planning to review the provision of its fire extinguishers. 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.