

# Registered pharmacy inspection report

**Pharmacy Name:** Universal Pharmacy, 25 Turbine Way, Swaffham, Norfolk, PE37 7XD

**Pharmacy reference:** 9011199

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 11/10/2023

## Pharmacy context

This pharmacy is located on an industrial estate in the town of Swaffham. It mainly provides multi-compartment compliance packs for people in care homes. The pharmacy is closed to the public, all services are provided remotely. And all medicines are delivered to people.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages the risks associated with its services. And its team members review their mistakes regularly. It has written procedures in place to help the team work safely. The pharmacy generally keeps the records it needs to by law. It has appropriate insurance arrangements in place to protect people. And it keeps people's private information safe.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy and the RP at the time of the inspection was the superintendent pharmacist (SI). The pharmacy had standard operating procedures (SOPs), and these had recently been updated by the SI. SOPs had been read by all staff members and they had also been signed to show this had been done. The pharmacy recorded near misses (dispensing mistakes spotted before being handed to a person) regularly. Near misses were discussed with the individual who made the mistake as well as at team meetings. Dispensing errors (mistakes that had reached a person) were recorded electronically and in more detail than near misses. These were also discussed at team meetings. The RP gave an example of an error where the wrong strength of a medicine was issued. As a result, labels were put where the medicine was kept to highlight the strength.

Complaints and feedback could be submitted in several different ways. The pharmacy's website provided details about how people could make a complaint. This could be done via email or over the phone. The website also provided a postal address for people who wished to write to the pharmacy. And it provided details for NHS England to whom complaints could be escalated.

The pharmacy had current indemnity insurance in place. Balance checks were carried out regularly of controlled drugs (CD), and the CD register contained all the details required by law. A balance check of a CD showed that the amount in stock matched the recorded stock. The pharmacy kept records about unlicensed medicines supplied to people. Some records seen were missing the details of the person the medicine was for and a date of dispensing. The RP said that these details would be included going forward. The RP record was complete with all entries seen showing a start and finish time.

Confidential waste was stored securely in designated confidential waste bins. When full, these were collected by an external company for safe disposal. The RP confirmed he had completed level 3 safeguarding training. And the pharmacy had access to local safeguarding contacts.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload effectively and its team members can work flexibly to make sure tasks are completed on time. Team members do the right training for their roles. They receive some ongoing training to help keep their skills and knowledge up to date. And they have no concerns about providing feedback or raising concerns if needed.

### Inspector's evidence

The RP explained that the team consisted of two regular pharmacists, one accuracy checking technician (ACT), twelve full-time and two part-time dispensers. There were also five regular delivery drivers and two who worked part time. The RP stated that all team members had either completed an accredited training course or were in the process of completing one. This included the delivery drivers. The RP said the pharmacy had enough staff to manage its workload and dispensing was up to date. The pharmacy consisted of four different teams each working on different tasks such as care home dispensing or dispensing for people who lived in their own homes. The RP said that each team had a team leader, and team members were trained to work in different teams so could help out if one team was behind on work. The RP said that the teams had weekly meetings, but no structured training. However, training was done when a new product or service was started at the pharmacy.

Team members said they had no concerns raising any issues or providing feedback. They would normally go to their team leader who could escalate to the SI if necessary. Team members knew what could and could not be done in the absence of an RP. They confirmed that they were not set any targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy, and its team members have plenty of space to carry out their work. The pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The pharmacy was clean, bright and had plenty of space for team members to carry out their work. The temperature and lighting of the pharmacy was adequate. The pharmacy consisted of two floors with teams working in different sections of the pharmacy. A dispensing robot used for preparing multi-compartment compliance packs was located upstairs. The dispensary shelves being used were temporary and made the clear separation of stock more difficult. The RP said that these were due to be replaced with a second dispensing robot, but this had not happened yet. The pharmacy had a sink for preparing liquid medicines which was clean. The team had access to toilets with hot and cold running water and handwash. The pharmacy was kept secure from unauthorised access.

The pharmacy's website had not been updated for about five years and contained out-of-date information about medicines use reviews (MURs) and "Stoptober" services which could be misleading. The RP was aware of this and said he would look into getting the website updated.

## Principle 4 - Services ✓ Standards met

### Summary findings

On the whole, the pharmacy provides its services safely and efficiently. And it stores its medicines appropriately. The pharmacy obtains its medicines from reputable sources. And it takes the right actions in response to safety alerts and recalls for medicines and medical devices to ensure people are getting medicines that are fit for purpose.

### Inspector's evidence

The pharmacy had step-free access via a ramp and manual door . However, the pharmacy provided all its current services at a distance and was closed to the public. Most people using the service lived in care homes or their own homes within Norfolk, and all had their medicines delivered to them. The pharmacy had the ability to cater for people with different needs, for example by printing large-print labels for people with sight issues.

The pharmacy had an appropriate system for processing all its work. Each team member had their own workstation, and baskets were used to separate prescriptions. Staff worked in one of four teams with each one focusing on a different service. One team worked on those care homes whose medicines were prepared along with a paper medicines administration record (MAR) chart before being checked by the pharmacist. A quadrant stamp was used by team members to sign when they had completed their individual tasks in the dispensing process. A few care homes required an electronic version of the MAR chart and so packs for these were made by a separate team. A third team, known as the interim team, dispensed any acute medicines that were required between regular monthly prescriptions, such as antibiotics . A fourth team, known as the community team, dispensed medicines for people living in their own homes.

The pharmacy had a robot that dispensed multi-compartment compliance packs. These packs contained all the necessary dosage and safety information as well as a description of the medicines. This included the colour, shape and any markings on the medicines. The team confirmed that patient information leaflets (PILs) were supplied monthly with all packs.

The pharmacy used stickers to highlight medicines that contained a CD or a medicine requiring refrigeration. However, the pharmacy did not carry out checks for people on high-risk medicines. The RP said that most care homes had a GP or pharmacist who would check this, but he said the pharmacy would look into implementing a system where checks could be made. As all medicines were delivered there was no opportunity for people to be counselled on their medicines. Methods to ensure people were counselled on their medicines such as information sheets with counselling information being sent with prescriptions was discussed with the RP. The team was aware of the risks associated with sodium valproate and knew what to do if they received a prescription for someone in the at-risk category. Team members knew where to apply a dispensing label so as to not cover any important details. And the pharmacy had access to the necessary warning labels and stickers.

All medicines were delivered to people by the pharmacy. Delivery drivers would use duplicate record sheets for deliveries. When a delivery was made a copy of the record would be given to the care home or the person in their own home and a copy returned to the pharmacy. If there was a failed delivery, a note would be left to arrange a redelivery and the medicines returned to the pharmacy.

The pharmacy obtained its medicines from licensed wholesalers, and invoices were seen to confirm this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Records for fridge temperatures were checked daily and records seen were all in range. And the temperatures were found to be in range during the inspection. Expiry date checks were carried out on a rota basis. A random check of medicines on the shelves found no expired medicines. Medicines seen were all stored in their original packs. The dispensary shelves were somewhat cluttered which could increase the chance of picking errors. However, the shelves contained many stickers warning team members to be vigilant when selecting medicines. Waste medicines could be returned from residential homes for the pharmacy to then dispose of. Residential homes were supplied with yellow bins for waste medicines to be returned to the pharmacy when full. The pharmacy did not accept returned medicines from nursing homes as they did not have the appropriate permits to dispose of their medicines. Returned waste medicines were stored in a separate designated room at the back of the pharmacy. And yellow boxes were collected every two weeks by a licensed waste disposal company.

Safety alerts and recalls of medicines and medical devices were received by email. These were usually actioned by the SI. Alerts were printed off and actioned, with a note on each sheet stating what action was taken. These were then archived in a folder.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services effectively. And it uses this equipment to protect people's privacy.

### Inspector's evidence

The pharmacy had computers with access to the internet, which allowed team members to access any online resources they needed. Computers were all password protected; each team member had their own individual login to the patient medication record (PMR). Team members were observed using their own NHS smartcards. The pharmacy had cordless telephones to allow for conversations to be had in private. The RP said that the electrical equipment was due to be safety tested, and he would arrange for this to be done.

The pharmacy contained the appropriate calibrated glass measurers which were clean. It also had triangles for counting tablets and a separate one for 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.