

Registered pharmacy inspection report

Pharmacy Name: Gt. Berry Pharmacy, Unit 4 Gt Berry Centre,
Nightingales, Langdon Hills, BASILDON, Essex, SS16 6SA

Pharmacy reference: 1031017

Type of pharmacy: Community

Date of inspection: 19/02/2024

Pharmacy context

This community pharmacy is located next to a medical centre near the town of Basildon. 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).

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 appropriately manages the risks associated with its services. And its team members record and regularly review any dispensing mistakes. The pharmacy largely keeps the records its needs to by law. And it has appropriate insurance arrangements in place. People can provide feedback or make complaints about the pharmacy's services. And team members protect people's personal information.

Inspector's evidence

The responsible pharmacist (RP) on the day of the inspection 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 a review and were currently being updated by the SI. 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 a pharmacist. Near misses (dispensing mistakes which were spotted before a medicine was handed to a person) were recorded electronically in a good level of detail. The SI said he regularly reviewed near misses for trends and also had regular meetings to discuss near misses with the team. The SI said that as a result of pattern of near misses, two similar sounding medicines were separated on the dispensary shelf. Dispensing errors (mistakes which had reached a person) were recorded electronically in more detail and also discussed with team members.

The SI confirmed that any complaints or feedback about the pharmacy could 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 shredded as soon as it was no longer required. No confidential waste was found in the general waste bin. And no confidential information could be seen from outside the dispensary area. And there was a privacy notice on display explaining how people's personal information was used. The SI confirmed that he had completed level two safeguarding training, and he had also provided team members with some safeguarding training. The team knew what to do if a vulnerable person presented in the pharmacy. And they were details of local safeguarding contacts available in the pharmacy.

The pharmacy had current indemnity insurance. The incorrect RP notice was displayed in pharmacy but was changed by the SI when prompted. Balance checks were carried out regularly for controlled drugs (CDs), and records seen in the CD registers were made in accordance with the law. A random check of some CDs showed that the quantities in stock matched the running balances in the register. Records seen about private prescriptions dispensed were generally complete. The RP record was complete with all entries seen having a start and finish time. Records about emergency supplies of medicines contained all relevant details including an appropriate reason for the supply. 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 just 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, five dispensary assistants and one counter assistant. The SI confirmed that the pharmacy had just enough team members to manage the workload although the team was short one dispenser, but the SI was actively trying to recruit one. Team members confirmed that they were up to date with dispensing. All team members were currently completing appropriate training for their roles with an accredited training provider. The SI said the team had weekly teaching sessions on various healthcare topics and details of these teaching sessions were recorded electronically. Team members also had a yearly appraisal to monitor their progress. They had no concerns about raising any issues and would usually go to the SI with any concerns they had. The SI confirmed the team was not set any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally 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 an adequate state of repair and was professional looking. The shop floor was generally clean. 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 just enough floor and desktop space for the team to work in. It had a sink for the preparation of liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate. And the pharmacy had air conditioning to adjust the temperature if necessary. 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 generally kept clean. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

On the whole, the pharmacy provides its services safely. It gets its medicines from reputable sources and generally 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. There was plenty of space for people with wheelchairs and pushchairs to access the dispensary counter. 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 assembled a small number of multi-compartment compliance packs. Labels for these packs included all the required dosage and safety information. The SI also said that each pack contained a description of the medicines inside. 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 monthly 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 and invoices were seen confirming this. CDs requiring safe custody were stored securely. The pharmacy had some CDs that required destruction, but the SI confirmed he was in the process of contacting an accountable officer to witness the destruction of these. The SI stated that a note was put on all prescriptions containing a CD to remind team members to check the dates of these prescriptions to avoid any expired prescriptions being given out.

Medicines requiring refrigeration were stored appropriately. Fridge temperature records showed that temperatures were checked daily, and records seen were largely within the appropriate ranges. A couple of readings slightly exceeded the maximum suitable range, but in these cases the notes indicated that the thermometer had been reset and then showed a temperature within the correct range. The current temperatures were found to be in range during the inspection. Expiry-date checks were carried out monthly on a rota basis with a different area of the dispensary being checked each time. A random check of medicines on the shelves revealed a couple of expired medicines, mainly in the shop floor area of the pharmacy. The SI said that this area would be checked more thoroughly for expired or short-dated medicines. The pharmacy also used red stickers to highlight medicines that were due to expire soon. Safety alerts and recalls were received electronically via email and actioned accordingly. These were then archived electronically in a folder with details of the action taken.

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 were shown 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 did not have an anaphylaxis kit in the consultation room. The SI showed that he had stock of appropriate adrenaline injections in the dispensary and said he would make these readily available for use before administering any further flu vaccinations.

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 its 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; the SI said that the machine was quite old. So, it may be harder to rely on the machine producing accurate readings. The SI confirmed that he would get the machine replaced. 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.