

Registered pharmacy inspection report

Pharmacy Name: Allied Pharmacy Crossways, Jaywick Care Centre,
32 Crossways, Jaywick, CLACTON-ON-SEA, Essex, CO15 2NB

Pharmacy reference: 1031048

Type of pharmacy: Community

Date of inspection: 23/10/2024

Pharmacy context

This community pharmacy is located next to a medical centre in a residential area in Jaywick, near Clacton-on-Sea. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS), and the Pharmacy First Service and flu vaccination service through patient group directions (PGDs).

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 generally manages the risks associated with its services and it largely keeps the records its needs to by law. 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 a prominent position in the pharmacy. There was a range of standard operating procedures (SOPs) available in the pharmacy, but these were kept loose which increased the chance of them getting mixed up or misplaced. The team said that folders would be sourced to store the SOPs going forward. The SOPs had been read by all team members who had signed to confirm that had read them. The SOPs had recently been updated and were not in need of a review. 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.

The team said that near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper log sheets in the pharmacy, however the most current near miss log could not be located during the inspection. The team printed off a new one during the inspection and gave assurances that near misses would be recorded regularly. Dispensing errors (mistakes which had reached a person) were recorded electronically in more detail and sent to head office for review. And if one occurred, the RP said there would be a meeting in the pharmacy to discuss the error. The RP explained that due to a recent error two similar sounding medicines had been separated on the pharmacy shelves to reduce the chance of a similar error occurring again.

Complaints and feedback were usually submitted online with details available on the pharmacy's website. The team 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 by the team in store but could be escalated to head office if necessary. Confidential material was disposed of in dedicated bins in the dispensary. When these bins were full the waste was bagged up in bags labelled for confidential waste only and taken away by an external company for secure disposal. No confidential waste was found in the general waste bins. And no confidential information could be seen from outside the dispensary. The RP confirmed that he had completed level two safeguarding training with eLearning for healthcare (eflh). The RP knew what to do if a vulnerable person presented in the pharmacy. And there were details of local safeguarding contacts available in the pharmacy as well as a safeguarding policy.

The pharmacy had current indemnity insurance. Balance checks were carried out 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 not complete with some entries seen missing the details of the prescriber. The RP said this would be included on future records. The RP record was not complete with the RP not always recording times when he left the pharmacy for a break, however, start and finish times for the day were complete for all entries seen. The RP said that going forward he would ensure he recorded any times that he left the pharmacy. Records about emergency supplies of medicines were complete with all entries seen recording an appropriate reason for the nature of the supply.

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 do some ongoing training to keep their knowledge and skills up to date. Team members feel comfortable about raising any concerns they have. And they have a regular formal review of their progress.

Inspector's evidence

The pharmacy team consisted of the RP, seven dispensers one of which was the pharmacy manager, an accuracy checking technician (ACT) and a delivery driver. The team confirmed that the pharmacy had just enough team members to manage the workload and the pharmacy was up to date with dispensing, although team members said the day of the inspection was one of their busiest days. All team members had either completed appropriate training for their roles or were currently enrolled on a training course with an accredited training provider. The RP said that he did some ongoing training with the team in the pharmacy on an ad-hoc basis, usually when a new medicine or service was being provided by the pharmacy. And team members had a yearly formal appraisal of their progress with the pharmacy manager. Team members had no concerns about raising any issues and would usually go to the RP or pharmacy manager first but could raise a concern with head office if necessary. The RP confirmed that he and the team were set some targets in the pharmacy relating to blood pressure checks and the NMS and Pharmacy First services. The RP said that these targets were sometimes difficult to achieve but that the team did not prioritise the targets over providing a safe and effective pharmacy service.

Principle 3 - Premises ✓ Standards met

Summary findings

On the whole, the pharmacy provides a safe and appropriate environment for people to access its services. But some areas of the dispensary are cluttered. There is just enough space in the pharmacy for team members to carry out their work. 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. The retail area was quite small, but it had chairs for people who wished to wait to access the pharmacy's services. And there were some leaflets on display advertising the pharmacy's services for people to read and take. 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 largely kept clean. Pharmacy-only (P) medicines were stored behind the counter with a belt divider restricting access to the dispensary. The dispensary area had just enough floor and desktop space for team members to work in, but some areas were somewhat cluttered with medicines waiting to be checked and put away on the shelves. The team said that this was due to a recent influx of work and deliveries arriving. During the inspection, the team put away some of the medicines and were observed working hard to clear the medicines waiting to be checked. The dispensary had a sink for the preparation of liquid medicines which was generally clean. The temperature and lighting of the pharmacy were adequate, and the pharmacy had air conditioning to help control the temperature. There was a staff toilet available in the GP surgery next to the pharmacy for team members to use. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and stores its medicines appropriately. And People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources. And the team takes the right action in response to safety alerts to help ensure people get medicines and medical devices which are fit for purpose.

Inspector's evidence

The pharmacy had step-free access via a ramp up to a manual door. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter. And the team could cater for people with accessibility issues such as being able to print large-print labels for people with sight issues. 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. Labels on checked medicines seen had 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 provided by the pharmacy with people's details to keep a record of deliveries, which was returned to the store after the deliveries had been completed. The pharmacy also had a record of deliveries. Signatures were obtained for all successful deliveries including ones with CDs. 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 obtained its medicines from licensed wholesalers with invoices seen to confirm this. CDs requiring safe custody were stored securely. And the team explained that they recorded the expiry dates on CD prescriptions to reduce the chance of an expired CD being handed out. Medicines requiring refrigeration were stored appropriately in two fridges in the pharmacy. Fridge temperature records showed that temperatures were checked daily, and records seen were within the appropriate ranges. And the current temperatures were seen to be within the required ranges during the inspection. Expiry date checks were completed weekly on a rota basis with a different section being checked each time. A random check of medicines on the shelves revealed no expired medicines. And the team members recorded the opening dates of liquid medicines so that they knew when these medicines were no longer fit for use. Safety alerts and recalls were received electronically via email and actioned accordingly. But alerts were not always archived which could make it harder for the team to locate an alert or see what action the pharmacy had taken. The team said that in future alerts would be archived.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented at the pharmacy. Sodium valproate was stored in its own separate area away from other medicines to reduce the chance of any near misses or dispensing errors involving sodium valproate occurring. Team members knew where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information. And they were aware of the recent change with regards to supplying sodium valproate in the original pack. The pharmacy had the appropriate PGDs for the flu vaccination and Pharmacy First services, but these had not yet been signed by the RP. The RP gave assurances that he would sign the PGD's. The pharmacy also had access to an appropriate anaphylaxis kit in the consultation room for anyone who had a reaction to a vaccination. This was in date and fit for use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment it needs 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 the screens faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. The pharmacy had cordless phones so conversations could be had in private if necessary. The team confirmed that the electrical equipment had been safety tested earlier in the year and this was further evidenced by green stickers on the equipment. The pharmacy had a blood pressure monitor in the consultation room and the team said it was fairly new and so did not currently require replacement or recalibration. There were appropriately calibrated glass measures for measuring liquid medicines with separate ones marked for use with certain substances only. And there were tablet triangles available in the dispensary for accurately counting tablets. There was also an otoscope in the consultation room for provision of the Pharmacy First service.

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.