

# Registered pharmacy inspection report

**Pharmacy Name:** Village Pharmacy, 38 Hullbridge Road, South Woodham Ferrers, CHELMSFORD, Essex, CM3 5NG

**Pharmacy reference:** 1031077

**Type of pharmacy:** Community

**Date of inspection:** 04/12/2023

## Pharmacy context

This community pharmacy is located inside a One Stop convenience store in South Woodham Ferrers near Chelmsford. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS) and seasonal flu vaccinations through a patient group direction (PGD). It also dispenses medicines in multi-compartment compliance packs for people who have difficulty remembering to take their medicines at the right times.

## 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 it has written procedures to help the team work safely. The pharmacy generally keeps the records it needs to by law. And it has appropriate insurance in place to protect people.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The RP working at the pharmacy was also the superintendent pharmacist (SI). The pharmacy had a range of standard operating procedures (SOPs) available electronically. The SOPs had been reviewed and updated recently and team members had signed to say they had read them. Team members knew their roles and responsibilities in the pharmacy. And they were observed working in a safe and efficient manner. Team members knew what activities they could and could not do in the absence of a pharmacist.

Near misses (dispensing mistakes that were spotted and corrected before a medicine left the pharmacy) were not routinely recorded. The SI said that if a near miss occurred, it would be discussed with the team member who made it. So, not all team members may be aware of near misses occurring in the pharmacy. The SI said that in the future, near misses would be recorded electronically.

Dispensing errors (mistakes that were not detected before a medicine was handed out) were recorded electronically. The SI said a dispensing error had not occurred for some time but, if an error occurred, an error report would be written, and it would be discussed with the team.

People could submit complaints or feedback about the pharmacy in several different ways, including by email, in person or by phone. The SI said he would usually resolve any complaints himself. The pharmacy also had a suggestions box located on the front counter where people could submit feedback about the pharmacy. Confidential waste was disposed of in designated confidential waste bags. When full these were collected by an external company for safe disposal. No confidential waste was found in the general waste bins. The SI confirmed he had completed safeguarding level two training. And he knew what to do if a vulnerable person presented in the pharmacy and where to find details of local safeguarding contacts.

The pharmacy had current indemnity insurance. Records for controlled drugs (CD's) were made in an electronic register and in accordance with the law. A random check of several CDs showed the quantity in stock matched the running balance in the register. Records about private prescriptions were not always complete with several entries seen missing the name and address of the prescriber. Records about supplies made of unlicensed medicines were also not complete with the name of the prescriber and date of dispensing missing. The SI said these missing details would be included in the future. Records about emergency supplies were complete with entries seen listing the nature of the emergency. The RP record was generally complete with most entries having a start and finish time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. And team members do the right training for their roles. Team members do some ongoing training to keep their knowledge and skills up to date. And they feel comfortable about providing feedback or raising concerns if needed.

### Inspector's evidence

On the day of the inspection, the team consisted of the SI, three dispensers and a counter assistant. The SI explained that the pharmacy had enough team members to manage the workload and the team was up to date with dispensing. The SI confirmed all team members had either completed or were in the process of completing an accredited training course. Team members did not have any formal review of their progress meaning that they may be missing out on important learning opportunities but did have informal reviews with the SI. Team members had access to some online training to help keep their knowledge and skills up to date. Team members said they had no issues raising any concerns in the pharmacy and would usually go to the SI with any issues they had. Team members confirmed they were not set any targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally 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. Some areas of the pharmacy are cluttered and untidy, which detracts from the overall look of the pharmacy. However, the pharmacy is kept secure from unauthorised access.

### Inspector's evidence

There was not much signage from the outside of the building to indicate that there was a pharmacy inside in the building. This could make it harder for people to locate the pharmacy. The pharmacy had chairs for people who wished to wait for their prescription. Pharmacy-only (P) medicines were stored securely behind the counter. The shop floor area of the pharmacy was untidy and there was a large number of boxes piled up which detracted from the overall look of the pharmacy. The dispensary area was generally clean and had just enough space for the team to work in, although there were some boxes on the floor which could present a trip hazard. The SI said that the boxes would be moved. There was a sink for preparing liquid medicines which was generally clean. The temperature and lighting in the pharmacy were adequate. The pharmacy had a staff toilet which was accessed via the convenience store area of the building with access to hot and cold running water and handwash. It also had a consultation room for people who wished to have a conversation in private. It was also very cluttered and untidy, however it allowed for a conversation at normal volume to be had without being heard from the outside. The SI said that he would tidy up the room. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its medicines and services safely. And it generally stores its medicines appropriately. The team takes the right action in response to safety alerts and recalls ensuring that people get medicines that are fit for purpose. And people with different needs can access its services.

### Inspector's evidence

The pharmacy had step-free access via an automatic door. It was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. There was enough space for 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 that were seen contained a dispensing label which had the initials of the dispenser and checker, and this provided an audit trail. The pharmacy provided a delivery service to people who had difficulty collecting their medicines. The driver was provided with a paper record used for deliveries, which was returned to the pharmacy and stored after the deliveries had been made. If there was a failed delivery, a note was put through the door to arrange redelivery and the medicines returned to the pharmacy.

The pharmacy used stickers to highlight prescriptions that contained a high-risk medicine, a CD or an item requiring refrigeration. The SI confirmed that he always handed out high-risk medicines when people were newly starting on them but not usually once people had been taking the medicine for a while. So, people could be missing out on information about their medicines. Multi-compartment compliance packs were labelled with all the required dosage and safety information as well as a description of the contents, which included 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 with the packs. They also stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. The pharmacy had some patient-returned CDs which needed destroying, the SI said this would be done soon. Medicines requiring refrigeration were stored appropriately in two fridges. The temperatures were usually monitored and recorded daily, but there were some gaps in the records where no temperatures had been recorded. The current, minimum and maximum temperatures of the fridges were checked during the inspection and were found to be in range. The SI gave an assurance that in the future, fridge temperatures would be checked and recorded daily.

Expiry date checks were carried out somewhat regularly. The pharmacy used stickers to highlight stock soon to expire. A random check of medicines on the shelves found one liquid medicine that had expired after having been open for too long despite having the opening dated recorded on the box. The SI said going forward more attention would be paid to the opening dates and expiry dates of liquid medicines. Safety alerts for medicines and medical devices were received by email. The SI explained what action was taken in response. But it was not clear if a record of the action taken was always made, which could make it harder for the pharmacy to show what it had done in response. The SI said going forward all

alerts would be archived.

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 so as not to cover any important safety information. The pharmacy had an appropriate patient group direction (PGD) for the administration of flu vaccines. They also had access to an anaphylaxis kit should anyone experience an allergic reaction.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide a safe and effective service. And it uses this equipment to protect people's privacy.

### Inspector's evidence

The pharmacy had computers with access to the internet, allowing the team to access any online resources it needed. Computers were password protected and faced away from public view to protect people's privacy. The pharmacy had cordless phones to allow conversations to be had in private. And the electrical equipment had last been safety tested earlier in the year. The pharmacy had appropriate glass measures for measuring liquids. And it had triangles for counting tablets and a separate one for cytotoxic medicines such as methotrexate to prevent cross-contamination. There was a blood pressure machine in the consultation room; the SI confirmed that it was relatively new and was not in need of replacement or recalibration.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.