

Registered pharmacy inspection report

Pharmacy Name: Nacton Road Pharmacy, 350 Nacton Road,
IPSWICH, Suffolk, IP3 9NA

Pharmacy reference: 1037184

Type of pharmacy: Community

Date of inspection: 08/11/2023

Pharmacy context

This community pharmacy is located within a parade of shops in the town of Nacton, near Ipswich. 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
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 manages the risks associated with its services well. And its team members review their mistakes regularly. It has written procedures to help the team work safely, but these are overdue a review so may not always reflect current best practice. 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 was a locum pharmacist who had recently started working in the pharmacy. The pharmacy had a range of standard operating procedures (SOPs) available. These were stored in the dispensary. The SOPs were due to have been reviewed in 2020, but this had not been done yet. So, team members may not have access to the latest policies and procedures. The RP said he would inform the superintendent pharmacist (SI) that the SOPs were overdue a review. The SOPs had not been signed by team members to say that they had been read but team members, with the exception of the RP, said they had read them. The RP said he would read the SOPs and that he and the other team members would sign 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. The team recorded near misses on paper. (Near misses are dispensing mistakes that are spotted and corrected before a medicine leaves the pharmacy.) Dispensing errors, which are mistakes that are not detected before a medicine is handed out, were recorded electronically. Team members said a dispensing error had not occurred for some time but, if an error occurred, an error report would be completed, and a meeting would take place to discuss the error.

People could submit complaints or feedback about the pharmacy in several different ways, including by email, in person or by phone. The RP said he would usually try and resolve any complaints but could escalate to the SI if necessary. Confidential waste was disposed of in designated confidential waste bins. When full these were collected by an external company for safe disposal. No confidential waste was found in the general waste bins. And no person-identifiable information could be seen from outside the dispensary. The RP confirmed he had completed safeguarding level two training with the Centre for Pharmacy Postgraduate Education (CPPE) and that team members had also completed safeguarding training. The RP knew what to do if a vulnerable person presented in the pharmacy.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly of controlled drugs (CDs), and other records in the CD register were made in accordance with the law. A random check of a CD 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. The RP said these details would be included going forward. Records about supplies made of unlicensed medicines were generally complete. A couple of the records seen were missing the name of the patient and the date of supply. The RP said these would be included going forward. However, records about emergency supplies were complete with entries seen listing the nature of the emergency. The RP record was incomplete with some finish times missing. The RP said he would inform the SI of this.

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 RP, a dispenser and a counter assistant. Other team members included the SI who worked in the pharmacy a few days a week and a part-time dispenser. The RP confirmed the pharmacy had enough team members to manage the workload and the team was up to date with dispensing. The RP confirmed all team members had either completed or were in the process of completing an accredited training course. Team members said they had some ongoing training with the SI, usually when the pharmacy was to start supplying a new product or providing a new service. And team members had a yearly formal appraisal with the SI to review their performance. Team members 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 is 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 a good state of repair and was professional looking. The pharmacy had chairs for people who wished to wait for their prescription. Pharmacy-only (P) medicines were stored securely. The shop floor area of the pharmacy was clean and tidy, as was the dispensary area which had just enough space for the team to work in. There was a sink for preparing liquid medicines which was generally clean. The temperature and lighting in the pharmacy were adequate. And it had air conditioning to adjust the temperature if required. The pharmacy had a staff toilet 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 clean and tidy and allowed for a conversation at normal volume to be had without being heard from the outside. It also had leaflets on display about various health promotion topics for people to read and take away. 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. It also had a hearing loop. There was enough space for wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and multi-compartment compliance packs were prepared in a separate area. 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. 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 kept a record of the deliveries that were made each day, and this was stored in the dispensary.

The pharmacy used stickers to highlight prescriptions that contained a high-risk medicine, a CD or an item requiring refrigeration. The RP confirmed that he always handed out high-risk medicines and that people received the appropriate counselling for their medicines. Multi-compartment compliance packs seen contained 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 expired CDs which needed destroying, but these took up little space in the cabinet. Medicines requiring refrigeration were stored appropriately. The pharmacy had two fridges, one for storing stock and one for checked items ready to give to people. Fridge temperatures for both fridges were checked and recorded daily, and records seen were all in the required range. However, the thermometer for one of the fridges showed a maximum temperature of 18°C. The thermometer was reset several times and continued to show a high maximum temperature reading. The current and minimum temperature readings were within the required appropriate range. Replacement of the thermometer to ensure accurate recordings of fridge temperatures was discussed with the RP and SI, and the SI confirmed the thermometer would be replaced.

Expiry date checks were carried out every three months. The pharmacy used stickers to highlight stock soon to expire. And they also had a basket where they stored stock soon to expire, which helped to reduce the chance of expired medicines being dispensed. A random check of medicines on the shelves found no out-of-date medicines. Safety alerts of medicines and medical devices were received by email. These were actioned as appropriate, but alerts were not archived anywhere. This could make it harder

for the pharmacy to locate an alert or find out what action they took. The RP said going forward all 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. 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. Team members were observed using their own NHS smartcards, and the pharmacy had cordless phones to allow conversations to be had in private. The RP was not sure when the electrical equipment had last been safety tested. But he said he would confirm with the SI, and it could be tested when necessary. It appeared to be in good working order. 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 RP was unsure how old it was and if it needed replacement or recalibration. He said he would confirm this with the SI, and it would be replaced or recalibrated if necessary.

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.