

Registered pharmacy inspection report

Pharmacy Name: Belstead Hills Pharmacy, 310 Sheldrake Drive,
IPSWICH, Suffolk, IP2 9LF

Pharmacy reference: 1037197

Type of pharmacy: Community

Date of inspection: 11/10/2024

Pharmacy context

This community pharmacy is located at the back of a Co-op store in Ipswich in Suffolk. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS) and the Pharmacy First Service through Patient Group Directions (PGDs). It also dispenses medicines in multi-compartment compliance packs for people who require additional support to take their medicines.

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. And the pharmacy generally keeps the records it needs to by law. It has appropriate insurance arrangements in place to protect people. And the pharmacy disposes of people's private information securely.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The pharmacy had a range of standard operating procedures (SOPs) available. The SOPs were overdue a review from earlier in the year and the pharmacy manager said she would inform the superintendent pharmacist (SI) about this. Team members had not signed to say that they had read the SOPs, but the pharmacy manager confirmed that all team members had read them. And said that team members would sign 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 (dispensing mistakes that are spotted and corrected before a medicine leaves the pharmacy) on paper log sheets regularly and in a good level of detail. These were also be discussed with the team member who made it. Dispensing errors, (mistakes that are not detected before a medicine is handed out) were recorded electronically in more detail than near misses. The error would also be recorded on the persons medical record (PMR) and a meeting would be had with the whole team to discuss the error. The team said a dispensing error had not occurred for some time

People could submit complaints or feedback about the pharmacy in person or by phone. The pharmacy manager said she would usually try and resolve any complaints in store but could escalate to the SI if necessary. Confidential waste was shredded on site when no longer needed. No confidential waste was found in the general waste bin. And no person-identifiable information could be seen from outside the dispensary. The RP confirmed he had completed safeguarding level three training with the Centre for Pharmacy Postgraduate Education (CPPE) the team knew what to do if a vulnerable person presented in the pharmacy. There were also details of local safeguarding contacts available 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 pharmacy manager said these details would be included going forward. Records about emergency supplies were not all complete with some entries seen not listing an appropriate reason for the nature of the emergency. However, records seen about supplies made of unlicensed medicines were all complete. The RP record was largely complete with only a few exit times missing.

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, the pharmacy manager and a dispenser. Other team members included two other dispensers and a delivery driver. The pharmacy manager confirmed the pharmacy had enough team members to manage the workload and the team was up to date with dispensing. She 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 when the pharmacy was supplying a new product or providing a new service. And team members had regular informal reviews with the pharmacy manager or RP. Team members had no issues raising any concerns in the pharmacy and would usually go to the pharmacy manager or RP with any issues they had but could escalate to the SI if necessary. The pharmacy manager confirmed that the team was not set any targets in the pharmacy.

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 an adequate state of repair. The pharmacy had chairs for people who wished to wait for their prescription. Pharmacy-only (P) medicines were stored securely behind the counter. The pharmacy 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 shop floor area of the pharmacy was clean and tidy, as was the dispensary area which had enough space for the team to work in. There was a sink for preparing liquid medicines which was clean. The temperature and lighting in the pharmacy were adequate. And it had air conditioning to adjust the temperature if required. Staff toilets were available at the back of the Co-op store with access to hot and cold running water and handwash as well as a break room for team members to use. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had step-free access via an automatic door at the front of the Co-op store. 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 plenty of 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 different people's prescriptions. 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 pharmacy manager explained that the driver was given a paper sheet with people's delivery details which the driver returned to the pharmacy after completing the deliveries. If there was a failed delivery, a note was put through the door to arrange redelivery and the medicines returned to the pharmacy. Deliveries that had a CD required an extra signature. 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 CD and wrote the expiry date of the prescription on the sticker to reduce the chance of an expired prescription being given out. Multi-compartment compliance packs seen contained all the required dosage 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. However, the packs did not have the necessary warnings required for some medicines recorded on them. So, people could be missing out on important information about their medicines. The pharmacy manager gave assurances that the warning information would be added to all packs going forward. 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. Medicines requiring refrigeration were stored appropriately in two fridges in the pharmacy. Fridge temperatures for both fridges were checked and recorded daily, and records seen were all in the required range. And the current temperatures during the inspection were also in range. Expiry date checks were carried out every two to three months. A random check of medicines on the shelves found no out-of-date medicines. Opening dates of liquid medicines were also recorded so team members knew when a liquid medicine was no longer fit for use. Safety alerts and recalls of medicines and medical devices were received by email. These were actioned as appropriate and the action taken record, 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 pharmacy manager 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 knew where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. And they were aware of the guidance change about supplying sodium valproate in its original pack. The pharmacy had the appropriate PGDs for the Pharmacy First service which had been read and signed electronically by the RP. They also had access to an anaphylaxis kit should anyone experience an allergic reaction. It was in date and fit for use.

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 its 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 electrical equipment had last been safety tested a couple of months ago as evidenced by green stickers on the electrical equipment. And the fire extinguishers were serviced annually by the Co-op store. The pharmacy had the appropriate calibrated glass measures for measuring liquids including a separate one marked to be for use with certain substances only. It also 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 pharmacy manager said that it was less than a year old and did not require replacement or recalibration. There was also an otoscope for use with 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.