

# Registered pharmacy inspection report

**Pharmacy Name:** Queen Street Pharmacy, 18 Queen Street,  
SOUTHWOLD, Suffolk, IP18 6EQ

**Pharmacy reference:** 1076613

**Type of pharmacy:** Community

**Date of inspection:** 03/06/2024

## Pharmacy context

This community pharmacy is located in the town of Southwold 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 provides medicines in multi-compartment compliance packs to people who have difficulty remembering 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
<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

Overall, the pharmacy manages the risks associated with its services well. And its team members record and regularly review any dispensing mistakes. The pharmacy largely keeps the records it needs to by law. And it has appropriate insurance arrangements in place. The pharmacy handles people's private information safely.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was on display in the pharmacy. The RP and superintendent pharmacist (SI) were present during the inspection. There was a range of standard operating procedures (SOPs) in the pharmacy, and team members had signed to confirm they had read them. The SOPs 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 an RP. Near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper log sheets in the pharmacy in a good level of detail. The RP said she discussed any near misses with the team member involved. Dispensing errors (mistakes which had reached a person) were recorded electronically in more detail and discussed with the whole team. The RP said there had not been a dispensing error in some time.

Complaints and feedback could be submitted via email with details available on the pharmacy's website. The RP 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 actioned by the RP but could be escalated to the SI if necessary.

Confidential material was shredded on site as soon as it was no longer needed. No confidential waste was found in the general waste bin. And no confidential information could be seen from outside the dispensary. The RP confirmed that she had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The RP knew what to do if a vulnerable person presented in the pharmacy. And the pharmacy had access to details of local safeguarding contacts.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly 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 generally complete, although some were missing the name or address of the prescriber. The RP said this would be included for future records. The RP record was complete with all entries seen having a start and finish time. Emergency supplies of medicines were complete with all supplies having an appropriate reason for the nature of the supply. Records about unlicensed specials were also 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 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.

### Inspector's evidence

The pharmacy team consisted of the RP, the SI, three dispensers, two counter assistants and a delivery driver. The RP confirmed that the pharmacy had enough team members to manage the workload and the pharmacy was up to date with dispensing. Team members were observed asking the appropriate questions when selling Pharmacy only (P) medicines. All team members had either completed or were in the process of completing appropriate training for their roles with an accredited training provider. The team did some ongoing training 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 regular formal review of their progress every six months. Team members had no concerns about raising any issues and would usually go to the RP first but could raise a concern with the SI if necessary. The RP confirmed the team was 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. The shop floor was clean and very professionally presented. And it had chairs for people who wished to wait to access the pharmacy's services. P medicines were stored securely behind the counter. The dispensary area was generally clean and tidy and had 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. There was a staff toilet with access to hot and cold running water and handwash and there was a break area team members to use. 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, was clean and was kept locked when not in use. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

On the whole, the pharmacy provides its services safely and 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 people get medicines which are fit for purpose.

### Inspector's evidence

The pharmacy had step-free access via a manual 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 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 provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery driver used a paper sheet with people's details to keep a record of deliveries, which was returned to the pharmacy after the deliveries had been completed and stored. 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. For delivery of CDs a separate sheet was required for the person to sign to confirm receipt.

Multi-compartment compliance packs were assembled in a separate area of the dispensary. Prepared packs seen contained all the required dosage information as well as a description of the tablets. This included a description of the colour, shape and any markings on the medicines to help people identify their medicines. However, one pack did not contain the necessary warning information. The RP said this would be included on all packs going forward. Team members confirmed that patient information leaflets (PILs) were always included 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. CDs requiring safe custody were stored securely. The RP said the expiry date was written on CD prescriptions to reduce the chance of an expired prescription being given out. Medicines requiring refrigeration were stored appropriately. Fridge temperature records showed that temperatures were checked daily, and records seen were within the appropriate ranges. And the current temperatures were found to be in range during the inspection. Expiry date checks were completed monthly on a rota basis with a different section being checked each time. A random check of medicines on the shelves revealed no expired medicines. Safety alerts and recalls were received electronically via email and actioned accordingly. Alerts were printed off and had the action taken recorded on them before being archived in a folder.

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 as to not cover any important safety information. They were also aware about the recent change with regards to supplying sodium valproate in the original pack.

The pharmacy had patient group directions (PGDs) for the administration of COVID-19 vaccinations and the Pharmacy First service. The PGDs were signed and in date. And the RP and SI had completed the required training for the services provided. The pharmacy also had access to an appropriate anaphylaxis kit in the consultation room for anyone who had a reaction to the vaccination. This was in date and fit for use.

## 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 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. The team confirmed that the electrical equipment had been safety tested recently. The pharmacy had a blood pressure monitor in the consultation room, but the RP and SI were unsure how old it was. Replacement or recalibration of the blood pressure monitor was discussed with the RP and SI. There was an otoscope in the consultation room for use with the Pharmacy First service. The pharmacy had appropriately calibrated glass measures for measuring liquid medicines with a separate one marked for certain substances only. And it had a tablet triangle for counting tablets.

### 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.