General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Longfield Pharmacy, The Annexe, Longfield Surgery, Princes Road, MALDON, Essex, CM9 5DF

Pharmacy reference: 1084910

Type of pharmacy: Community

Date of inspection: 25/08/2023

Pharmacy context

The pharmacy is located next to a medical centre in a largely residential area of the town of Maldon. It provides a variety of pharmacy of services including the New Medicines Service (NMS), dispensing NHS prescriptions and blood pressure monitoring. It also provides medicines in multi-compartment packs to some people to help them take their medicines at the right time.

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 adequately. And it protects people's confidentiality by disposing of confidential waste appropriately. The pharmacy regularly records errors that occur and has meetings to discuss these to make its services safer. And it keeps most of its records up to date and accurate.

Inspector's evidence

Upon entry to the pharmacy, the correct responsible pharmacist (RP) notice was displayed. The pharmacy had written standard operating procedures (SOPs). These had been read and signed by staff working in the pharmacy and were reviewed regularly. The pharmacy recorded near misses, which are dispensing mistakes that are spotted before a medicine leaves the pharmacy. These were recorded regularly. Dispensing errors where a dispensing mistake had reached a person were recorded on a designated form. Errors were recorded in detail and included a root cause analysis about how the errors occurred. Staff members involved also reflected on the error, how it occurred, and how a similar error could be prevented from happening again.

The pharmacy had current indemnity insurance. It had a complaints procedure in place. This involved people emailing their complaint to the pharmacy. The pharmacy manager confirmed that complaints could also be made by phone where people did not have access to the internet, and these would be dealt with in the same way. The pharmacy stored people's confidential information securely. It had designated confidential waste bins and this waste was then put into confidential waste bags and collected by an external company for safe disposal. No confidential waste was seen in the general waste bins. The pharmacy had a privacy notice on display telling people how their personal information was handled.

The pharmacy team had completed safeguarding training and there was a safeguarding procedure in place. The pharmacist had completed safeguarding training with Centre for Pharmacy Postgraduate Education. The pharmacy manager explained that the team had dealt with vulnerable people previously and knew what to do and how to support them. She stated that they had referred people to the medical centre to get support from the social prescriber and other members of the medical centre team when required.

Private prescriptions records were largely kept in order, although there were some prescriber details missing. This could make it more difficult to find details if there were any future queries. Records about unlicensed medications were kept accurately and included all relevant details. The RP log was largely complete, with only a couple of exit times missing. There were some missing headers in the controlled drug (CD) registers and balance checks were carried out infrequently. The RP said the headings would be filled in going forward and that balance checks would be carried out monthly. The quantity of a recorded CD item checked at random did not match the quantity in stock. The RP and pharmacy manager said that would investigate this. A check of a second CD found that the quantity in stock matched the records.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough people to manage its workload and the team works well together. Experienced team members have completed the required training for their roles and newer members of the team are due to be enrolled on accredited training courses. Team members feel able to raise concerns if needed and they are not set any targets.

Inspector's evidence

On the day of the inspection, there was the RP, two medicine counter assistants, the pharmacy manager and three dispensers. The pharmacy had enough staff on the day to manage the workload and the team was up to date with dispensing. They were observed working safely and efficiently during the inspection. Two of the team members had only started working in the pharmacy two weeks prior to the inspection. The RP stated that would be enrolled on accredited training soon. This should be done within three months of a person starting their employment. All other team members had completed the appropriate training for their role. Team members knew what could and could not be done in the absence of the RP.

Team members said they could raise any concerns in the pharmacy. They would usually report first to the RP who could escalate to the pharmacy manager or superintendent pharmacist (SI) if necessary. Team members had some ongoing training, but this was not on a regular basis. The pharmacy provided extra training on governance and increased supervision for new team members who did not have previous experience of working in a pharmacy. Team members were not set any targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is generally clean and tidy. And it is kept secure against unauthorised access. It has a consultation room where people can have a conversation about their healthcare or receive services in private.

Inspector's evidence

The shop area of the pharmacy was clean and tidy and had chairs for people who wished to wait for their prescription. Pharmacy-only (P) medicines were kept behind the counter so could not be self-selected. The pharmacy had screens up at the counter to protect people and its staff from the spread of infection. It had a consultation room where conversations could be had in private. However, the consultation room was somewhat cluttered and untidy which detracted somewhat from the overall impression of the pharmacy. The dispensary area had plenty of floor space for people to work in. But there were some boxes around on the floor. The temperature and lighting within the pharmacy were adequate.

The sink area where liquid medicines were prepared was clean and tidy. Staff toilet facilities were available in the surgery next door. The pharmacy was kept secure against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services safely and can offer support to people who need it. It obtains medicines and medical devices from reputable suppliers. And it actions safety alerts and recalls alerts promptly and appropriately to make sure people receive medicines which are fit for purpose. The pharmacy stores its medicines safely and appropriately.

Inspector's evidence

The pharmacy had step-free access via a ramp to the door. It had separate areas for dispensing medicines and for checking them. The pharmacy used baskets to reduce the risk of people's prescriptions getting mixed up. it prepared multi-compartment compliance packs in a separate room. This helped to reduce the risk of distraction when preparing these packs. The packs were labelled with all the necessary precautions and dose instructions information as well as a description of the colour, shape and any markings on the medicines supplied. Prepared packs checked were all accompanied by the corresponding patient information leaflets (PILs). The pharmacy manager said these were not always supplied but agreed to make sure this happened in future.

The pharmacy used stickers to identify which prepared items contained a CD or a fridge item. CD items also had the expiry date written so team members knew when they had expired. The RP was aware of the risks associated with sodium valproate. He confirmed that the pharmacy had no one taking it who was in the high-risk category. The RP was able to explain what he would do if a prescription was presented from someone in the high-risk category. People taking other high-risk medicines such as warfarin were not always counselled by a pharmacist when receiving their medicines. This could mean that some people do not receive all the required information they need to take their medicines safely. The RP and pharmacy manager said they would ensure that people taking high-risk medicines were regularly counselled on their medicines.

The pharmacy provided a delivery service to people who had difficulty collecting their medicines from the pharmacy. Labels were printed and used by the driver for deliveries and were signed when a delivery had been made. If a delivery could not be made, a note was put through the door advising the person to contact the pharmacy to arrange redelivery. A logbook with delivery details was kept in the pharmacy.

Th pharmacy obtained medicines from licensed wholesalers and invoices were seen in the dispensary to confirm this. Medicines were stored safely in the pharmacy. The pharmacy had a dispensing robot which was seen being used during the inspection. Medicines were also stored on shelves in the dispensary. A random check of medicines found none that were out of date. CDs were stored securely in a cabinet bolted to the wall. The pharmacy had some CDs that needed destroying but these did not impact on storage space in the cabinet. The pharmacy had three fridges for medicines requiring cold storage. Temperatures for all fridges were recorded daily and records showed these were all in range. A check of the current temperatures of the fridges found that one fridge had a temperature above the maximum recommended temperature. The fridge thermometer was reset and subsequently showed a temperature within the recommended range.

The pharmacy managed and reviewed safety alerts and recalls as they came in. Alerts were usually

received by email and were said to be actioned shortly after receiving.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to carry out its services efficiently and safely. And its equipment is in good working order. It uses its equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy computers had access to the internet, allowing the team members to access any online resources that they might need. Computers were password protected and faced away from public view to protect people's privacy. The pharmacy had appropriate glass measures for dispensing liquid medicines. And it also had tablet triangles to help accurately count tablets. There were cordless phones, enabling team members to have conversations in private. The pharmacy manager confirmed that electrical equipment had been safety tested in September 2022.

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.