

# Registered pharmacy inspection report

**Pharmacy Name:** Newport Pharmacy, The Brown House, High Street, Newport, SAFFRON WALDEN, Essex, CB11 3QY

**Pharmacy reference:** 1093367

**Type of pharmacy:** Community

**Date of inspection:** 23/08/2023

## Pharmacy context

This NHS community pharmacy is on a row of shops in a small village. It opens six days a week and has a Post Office on the premises. It sells medicines over the counter and dispenses people's prescriptions. It delivers medicines to people who have difficulty in leaving their homes. The pharmacy supplies medicines in multi-compartment compliance packs (compliance packs) to people who need help managing their medicines. It delivers the Community Pharmacist Consultation Service (CPCS) to help people who have a minor illness or need an urgent supply of a medicine. And people can get their flu vaccination (jab) at the pharmacy too.

## 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 identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. SOPs were regularly reviewed and updated by the team. They were being reviewed at the time of the inspection, and some missing ones were highlighted during the inspection.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were logged electronically. But the electronic system did not have the ability to analyse the data from the near misses and show trends and patterns and so discussion about trends was difficult. Ways of making this simpler was discussed with the team. Warning labels were used on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and reported.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. It had a complaints procedure and it displayed a notice informing people about the procedure. Complaints were dealt with by the superintendent pharmacist (SI) who worked in the pharmacy regularly as the RP.

Records about private prescriptions, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained. CDs that people had returned were recorded in a register as they were received. CD registers were kept electronically. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was kept in a designated box and later shredded by members of the team. All team members had also completed online training about confidentiality. Team members had completed safeguarding training. Details were available for the local safeguarding boards. The team described the sort of conditions which might make someone vulnerable and what they would do if they thought someone needed help.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for the services it provides. They mostly do the right accredited training for their roles. And they work effectively together and are supportive of one another. But team members don't currently make full use of the resources available to help them keep their skills and knowledge current.

### Inspector's evidence

At the time of the inspection, the pharmacy team comprised of the SI who was the acting RP, three qualified dispensers and two who had started a little over one month before. There were also a trainee technician and another trainee dispenser not present. One of the dispensers was undertaking an accuracy checking course, and another was the Post Office manager. There was also a delivery driver, and it was suggested that more formal training should be given to them. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. Team members were seen to counsel people about the use of over-the-counter medicines and ask appropriate questions before recommending treatment.

The team members said that they were able to make suggestions about how the pharmacy was run. Recently they had suggested changing how medicines were stored and this had reduced picking errors. Team members were given on-the-spot feedback by the SI and they had personal access to a training site which should have helped them keep up to date. But the team members were unaware of the online eLearning available to them. Team members said they would look at this training, now they knew where it was.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy premises were in an old building but the fittings were modern and the space bright, clean, and organised. The dispensary was spacious; there was ample workspace which was clutter free and clean. Workbenches were also allocated for certain tasks. A sink was available for preparing medicines. A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

### Inspector's evidence

There was level access to the pharmacy from the road. Team members used the internet to find details about other local services to help people.

The pharmacy had an established workflow. Colour-coded baskets were used as part of the dispensing process to separate prescriptions. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy had a delivery driver; delivery records were kept. In the event that a person was not home, a note was left by the driver and the medicines were returned to the pharmacy.

Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were used if there was a fridge line or schedule 2 or 3 CDs dispensed. Their use was consistent, and it was discussed how this could be extended to high-risk medicines, which required more counselling from the pharmacist. The RP and team members were aware of the guidance for dispensing sodium valproate. Posters were displayed in the dispensary and the team had discussed dispensing sodium valproate at the previous team meeting. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team. However, as these prescriptions were not marked in any way, counselling only happened occasionally. Prescriptions for schedule 4 CDs were not marked. This increased the chances of these medicines being handed out when the prescription was no longer valid. The pharmacist and dispenser said that they would review the processes to ensure prescriptions were marked in the future, to ensure people were counselled when needed and to check valid dates more easily.

Some people's medicines were supplied in multi-compartment compliance packs. But the pharmacy had done a risk assessment and had decided that it could not safely continue the service. People still wanting these compliance packs were being directed to another near-by pharmacy for this service. All the people had been informed of this move and had consented to the change of supplier. The compliance packs seen were labelled appropriately, patient information leaflets (PILs) were supplied, and there were visual identifiers for each medicine shown on the packs.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry-date checks were carried out by one of the dispensers. Short-dated stock was highlighted with a sticker. A date-checking matrix was in place. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors. Drug recalls were received and the team printed these and checked against stock. If the affected batches were found these were

quarantined and action was taken following instructions received.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. Two fridges of adequate size were available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

### 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.