

Registered pharmacy inspection report

Pharmacy Name: Tollesbury Pharmacy, 12A East Street, Tollesbury, MALDON, Essex, CM9 8QD

Pharmacy reference: 1094521

Type of pharmacy: Community

Date of inspection: 06/06/2024

Pharmacy context

This pharmacy is located in the village of Tollesbury in Essex. It provides a variety of services including dispensing of 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 need this additional support.

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

The pharmacy adequately manages the risks associated with its services. And it has appropriate insurance arrangements in place. Team members take the right steps to protect people's confidentiality. People can give feedback about the pharmacy's services. And the pharmacy keeps the records it needs to by law. Team members do not always record any dispensing mistakes that occur. So, they might be missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The RP was also the superintendent pharmacist (SI). The pharmacy had standard operating procedures (SOPs) available in the pharmacy. These had been read by all team members who had signed to confirm that they had read them. However, the SOPs had not been updated for many years and so team members may not be following the most up-to-date procedures in their day-to-day working. The SI provided assurances that the SOPs would be updated as a matter of urgency.

The pharmacy had paper log sheets in the dispensary for recording near misses (dispensing mistakes spotted before a medicine was handed to a person). However, the team was not always recording near misses when they occurred. So, the team could be missing out on potential opportunities to learn from mistakes and patterns of near misses could go unnoticed. But the SI confirmed that he discussed any near misses with the team member involved. The SI gave assurances that in future all near misses would be recorded. With regards to dispensing errors (a mistake which reached a person), these were recorded on paper log sheets regularly and in more detail than near misses. The SI said that all dispensing errors were discussed with the whole team. The SI explained that as a result of a previous dispensing error, two similar sounding medications had been separated on the dispensary shelves to reduce the chance of a similar incident occurring again.

People could submit a complaint or give feedback about the pharmacy online via email, in person or on the phone and also by post with details available on the pharmacy's website. The SI said that he would handle any complaints received. The SI confirmed he had completed level three safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The SI knew what to do if a vulnerable person presented in the pharmacy and had contact details of local safeguarding leads. Confidential waste was disposed of in separate bins. When full, the waste was taken away by a third-party company for secure disposal. No confidential information was found in the general waste bin. And no person-identifiable information could be seen from outside the dispensary. The pharmacy also had a privacy notice on display explaining how they would use people's private information.

The pharmacy had current indemnity insurance. Controlled drugs (CDs) registers seen included all details required by law. A balance check of a CD showed that the amount in stock matched the recorded stock in the register. The pharmacy kept records about unlicensed medicines supplied to people and these had all the required details including the name of the person for whom the medicines was for and the date of dispensing. The private prescription register was complete with all entries seen having the required details recorded. The pharmacy did not regularly do emergency supplies and would instead refer people to the NHS 111 service. The RP record was also largely complete with only a couple of 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 raising any concerns that they have.

Inspector's evidence

The pharmacy team consisted of the SI, another pharmacist who worked part-time, two dispensers and two counter assistants. The SI said the pharmacy had enough team members to manage the workload, and they were up to date with their dispensing. All team members had completed an appropriate training course with an accredited training provider. Team members were observed working well together during the inspection. And they knew what could and could not be done in the absence of an RP. The SI confirmed the team received some ongoing training in the pharmacy, for example when a new medicine or service was launched. And team members had an informal review with the SI to discuss their progress every six months. Team members had no concerns about raising any issues and would usually go to the SI with any concerns of issues that they had. The SI confirmed that the team was not set any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe and suitable for the provision of pharmacy services. And the pharmacy is kept clean and tidy. 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 shop floor area of the pharmacy was generally clean and tidy. And it had chairs for people who wished to wait to access the pharmacy's service. Pharmacy-only (P) medicines were stored securely behind the counter. The dispensary area was generally clean and had enough space for team members to work in. The dispensary had a sink for preparing liquid medicines which was clean. The temperature and lighting in the pharmacy were adequate. And the pharmacy had air conditioning to help control the temperature. The pharmacy had a toilet with 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 a good size, generally clean and tidy and it allowed for a conversation at normal volume to be had without being heard from the outside. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

On the whole, the pharmacy provides its services safely. It gets its medicines from reputable suppliers, and it stores them appropriately. The pharmacy takes the right action in response to safety alerts ensuring people get medicines and medical devices which are fit for purpose.

Inspector's evidence

The pharmacy had a manual door and a step up to enter the pharmacy. The SI said that there was a sign outside the pharmacy advising people to call if they needed assistance entering the pharmacy. The SI said that he could also signpost people to another pharmacy nearby that had step-free access if necessary. The pharmacy was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. And there was enough 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 pharmacy had a logbook with people's delivery details which was used when making deliveries and stored in the pharmacy when not being used. The pharmacy always got people's signatures when they accepted deliveries including for deliveries of CDs. 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.

Multi-compartment compliance packs were prepared in a separate area of the dispensary. Packs that were seen had all the required information including dosage and safety information. The packs also had a description of the shape, colour and any markings on the medicines to help people identify them. The SI confirmed that patient information leaflets (PILs) were supplied only with the first set of packs but not after this. This could make it harder for people to have up-to-date information about their medicines. The SI said that going forward PILs would be supplied regularly with the packs. Team members 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. Temperatures were recorded daily and records seen were all within the required range. However, the maximum temperature of the fridge was found to be out of range during the inspection. The thermometer was reset and subsequently showed a maximum temperature within the required range. Expiry date checks were carried regularly every three months, and a random check of medicines on the shelves found no expired medicines. Safety alerts and recalls were received by email, which were then printed and actioned as appropriate with the action taken being documented on the alert and before being archived in a folder.

Team members were aware of the risks of sodium valproate, and the SI knew what to do if a person in the at-risk category presented a prescription 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. And the SI was aware of recent changes to guidance for supplying sodium valproate in original packs. The pharmacy had the appropriate PGDs for the Pharmacy First service and COVID-19 vaccination service that it provided, however not all the PGDs had been signed by the SI. He said these would be signed as a priority. But the SI stated he had completed all the necessary training for providing COVID vaccinations and the Pharmacy First service. And there was an in-date anaphylaxis kit available in the consultation room for anyone who had an allergic reaction to a vaccine.

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. The pharmacy had cordless phones so conversations could be had in private. Computers were password protected and faced away from public view to protect people's privacy. And team members were observed using their own NHS smartcards. The RP confirmed the electrical equipment had last been safety tested in January 2024. The pharmacy had a blood pressure machine in the consultation room which was relatively old. Replacement or recalibration of the blood pressure monitor was discussed with the SI. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines which were clean. It also had triangles for counting medicines with a separate one for counting cytotoxic medicines.

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.