

# Registered pharmacy inspection report

**Pharmacy Name:** Square Pharmacy, 696 Foxhall Road, IPSWICH,  
Suffolk, IP3 8NQ

**Pharmacy reference:** 1097504

**Type of pharmacy:** Community

**Date of inspection:** 18/04/2024

## Pharmacy context

This community pharmacy is located in a residential area in Ipswich. It receives most of its prescriptions electronically and provides services such as dispensing of NHS prescriptions, the New Medicine Service (NMS) and the sale of over-the-counter (OTC) medicines. It also provides the Pharmacy First service under patient group directions (PGDs).

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy does not maintain all its records in accordance with requirements, particularly its records about controlled drugs.
<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 not all met	4.3	Standard not met	The pharmacy does not all its medicines securely and in line with legal requirements.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not keep all the records it needs to properly, particularly in relation to its controlled drugs (CD's). But it otherwise adequately manages the risks associated with its services. The pharmacy has appropriate insurance arrangements in place. And the team know how to protect vulnerable people. When a mistake happens, the team members generally respond well. But they do not always make a record about the mistakes, which could make it harder to learn from them and identify any patterns or trends.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in a prominent position in the pharmacy. The RP during the inspection was also the superintendent pharmacist (SI). The pharmacy had recently updated their standard operating procedures (SOPs), these were available electronically and each team member had an individual account to access the relevant SOPs. The pharmacy would also get an email reminder when the SOPs are due for review. Team members including the SI were in the process of reading and signing the updated SOPs and so not all SOPs had been read by all team members when the inspection occurred. The SI gave assurances that all SOPs would be read by all team members as a priority. However, team members were clear about their roles and responsibilities within the pharmacy, and they knew what they could and could not do in the absence of an RP. The SI and pharmacy technician had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). And they knew what to do and whom to refer to if they had a safeguarding concern. An SOP about safeguarding vulnerable people was also available. The pharmacy had participated in the 2023/24 NHS quality audits for antibiotic and anticoagulant supplies.

The pharmacy had appropriate insurance arrangements in place. Private prescription records were not always complete with several entries seen missing details about the prescriber's name and address. The pharmacy technician provided assurances that this information would be recorded going forward. The pharmacy technician said that the pharmacy rarely did emergency supplies and that they would refer patients to their GP surgery to obtain a prescription if required. Records about unlicensed medicines the pharmacy had supplied were complete, with all the required information being documented. And the RP record was complete with all entries seen having a start and finish time. However, the controlled drug (CD) registers were extremely untidy and unclear with some balances being difficult to read and inappropriate crossings out in some places. Only a few bound registers were being used, with a large number of records being documented on single sheets which were photocopies of a page from a register. Some discrepancies between the quantity of a CD in stock and the recorded balance were found.

The team was not always recording near misses (dispensing mistakes spotted before a medicine reached a person), with the last documented near misses being recorded in March 2023 in a near miss book in the pharmacy. So, opportunities to identify trends and increase the safety of services may have been missed. However, past near misses that had been documented were clear and had enough detail to identify trends and patterns for improvement reviews. Team members said that dispensing errors (mistakes that had reached a person) were also not being routinely recorded for some time. However, the SI said that he usually would discuss dispensing errors with individuals and the team at the time to raise awareness. There were some warning stickers and signs about medicines which looked similar or

sounded alike and different strengths of medicines such as allopurinol and gliclazide had been separated on the shelf as a result of previous errors that had occurred in the pharmacy. The SI provided assurances that going forward all near misses and dispensing errors would be documented in writing.

People could make a complaint or give feedback about the pharmacy either verbally in person or over the telephone. Complaints would usually be dealt with by the SI. Confidential material was shredded as soon as it was no longer needed. No confidential waste was found in the general waste bin and no information which could identify a person could be seen from outside the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. And all team members do the required training for their roles. Team members do some ongoing training to keep their knowledge and skills up to date. And they feel comfortable in providing feedback or raising concerns about the pharmacy.

### Inspector's evidence

The pharmacy team consisted of the SI who was the regular pharmacist, a pharmacy technician, two dispensers and a pharmacy student completing work experience. The pharmacy had no significant backlog of workload, and all team members had completed or were registered on accredited training courses. Team members had informal training around new products and shared learning verbally, they also utilised online learning material which the SI provided. The SI had a subscription to a pharmacy magazine to keep up to date with industry news and continuing professional development (CPD) topics. Team members had recently completed training about antibiotics and were aware of when to refer to the pharmacist. Team members used the correct lines of questioning and were aware of medicines liable to abuse, and they were observed working in a safe and efficient manner throughout the inspection. The SI performed regular informal reviews with the team members about their progress, and they could raise any issues with him directly. Team members felt comfortable to raise concerns and would normally go to the SI with any concerns or feedback they had. Team members confirmed they were not set any targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy, and it has adequate space for the storage of medicines and delivery of services. It has a room available for private consultations. The pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The pharmacy had single door access with a small retail area with some seating for people awaiting service by the entryway. Pharmacy only (P) medicines were stored securely behind the counter and a screen was in place to help prevent the spread of infection. The pharmacy had a consultation room which was accessible from the shop floor and dispensary. The room was a bit cluttered which did detract from the overall look of the pharmacy. But the SI commented that they were planning to remove some items from the room to utilise space and tidy up the room. The room allowed for a conversation at a normal level of volume to take place without being heard from the outside.

The premises were generally clean and tidy, and the temperature and lighting of the pharmacy were adequate. The pharmacy technician said that fans were used to maintain a suitable temperature during the summer months. There were two handwashing facilities available both with hot and cold running water, one in dispensary, and one in the rear storage room. The pharmacy also had a toilet for staff with separate handwashing facilities. Team members cleaned during quieter times and vacuumed the premises daily. Some of the sealed medicinal waste bins were stored in the toilet and blocking the fire exit, the SI gave assurances that these would be moved to a more suitable location within the pharmacy. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not store all its medicines securely and in line with legal requirements. However, it sources its medicines from reputable suppliers and otherwise stores them appropriately. The pharmacy 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 its services are accessible to people.

### Inspector's evidence

The pharmacy had step free access via a manual door. There was just enough space for wheelchairs and pushchairs to access the dispensary counter. The pharmacy could cater for people with accessibility issues for example by printing large-print labels for people with sight issues. Medicines were sourced from licensed suppliers and invoices were seen confirming this. The pharmacy generally stored its medicines appropriately, but some medicines were not secured securely and in line with legal requirements.

The pharmacy had two pharmaceutical fridges both of which were located in the consultation room. Fridge temperatures were recorded daily and all records seen were within the appropriate range of 2-8°C. However, the maximum temperature of both fridges was found to be above the recommended range during the inspection. However, both fridges were reset and subsequently showed temperature within the required range. The dispensing process appeared to be performed as per the SOP with team members signing the dispensing and checking box on medicine labels, and this provided an audit trail. The SI said that he annotated the prescription for patients that required counselling and patients taking any high-risk medicines, so that the team are aware when to refer to him when handing out the medicine. Team members did not routinely record patient's latest blood test results on the patient medical record (PMR); however, they verbally checked that people were aware when their testing was due.

The pharmacy removed any uncollected prescriptions from the shelves two months after the date of dispensing to reduce the risk of an expired item being given out. People who were prescribed medicines for one-time use and not on repeat prescription were contacted to let them know they had a medicine awaiting collection. The pharmacy had suitable contracts for waste management. There were a few full boxes of waste medicine, the team said these were due to be collected the following week. Medicinal waste had patient labels removed before being disposed of.

Safety alerts and recalls were received through the pharmacy email and the pharmacy computer system. These were actioned accordingly, and a record was made for each notice. The pharmacy technician reported that this was checked daily, and alerts were actioned immediately when seen. The team was aware of the latest sodium valproate guidance and knew the medicine should be dispensed in original packs. The pharmacy technician said that they did not have anyone in the at-risk category taking sodium valproate. But the team knew what to do if a person in the at-risk category came into the pharmacy with a prescription for sodium valproate.

The pharmacy offered a delivery service which was provided by the SI. He said that he would telephone people in advance to ensure they would be available to accept the delivery and used labels with people's details to keep a track of deliveries. After the delivery was complete, the labels were taken

back to the pharmacy and shredded. CDs were not delivered. Any medicines that could not be delivered were returned to the pharmacy and a redelivery was arranged with the person.

All Patient Group Directions (PGDs) seen were in date, Pharmacy First PGDs were printed in a folder for reference. The SI also confirmed that he had completed all relevant training for Pharmacy First. The pharmacy offered the NMS service and printed a form for this, which was put with the prescription to be completed when appropriate.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment to provide a safe service. And it uses this equipment to ensure the people's personal information is protected.

### Inspector's evidence

The pharmacy had appropriate calibrated conical measures which were clean. And tablet counters were available with a separate one for cytotoxic medicines such as methotrexate. However, the SI reported that they did not often use this as these medicines were usually supplied in original packs rather than loose. A new otoscope was available for the provision of the Pharmacy First service and there was a blood pressure monitor in the consultation room, the SI said he replaced this annually.

All computers were password protected and screens were not visible to the public. All team members held their own NHS smart cards for receiving prescriptions. A cordless phone was also available to keep conversations private where necessary. Electrical equipment in the pharmacy had not had portable appliance testing (PAT) for some time, however the SI said this would be done soon.

### 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.