

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: 11/11/2024

Pharmacy context

This community pharmacy is located in a residential area in Ipswich. It provides a variety of services including the dispensing of NHS and private prescriptions and the New Medicine Service (NMS). It also provides seasonal flu vaccinations and the Pharmacy First service through patient group directions (PGD's).

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 manages the risks associated with its services well. And its team members record and regularly review any dispensing mistakes so they can learn from them. The pharmacy largely keeps the records its needs to by law. Team members know how to protect vulnerable people. And the pharmacy handles people's private information safely.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in a prominent position in the pharmacy. The RP was also the superintendent pharmacist (SI). There was a range of standard operating procedures (SOPs) in the pharmacy, these were available electronically with each team member having their own account to access them. The SOPs had been recently updated. Near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper log sheets in the dispensary. The SI discussed any near misses with the team member involved. Dispensing errors (mistakes which had reached a person) were recorded on paper report sheets in more detail than a near miss. The SI provided an example of a recent error where an incorrect medicine had been given to a person. The team said that following the error, a report was completed, a meeting was held to discuss how it had happened, and warning notices were put up in the dispensary to remind team members to be vigilant when selecting medicines from the shelves.

People could give feedback or complain about the pharmacy by phone or in person. Complaints were usually resolved in store by the SI. Confidential material was shredded on site when no longer needed. And team members were observed doing this during the inspection. No confidential information could be seen from outside the dispensary. The SI confirmed that he had completed level two safeguarding training. Other team members had completed level one safeguarding training. Team members knew what to do if a vulnerable person presented in the pharmacy. And they had access to details of local safeguarding contacts if they needed to report a concern.

The pharmacy had current professional indemnity insurance. Controlled drugs (CDs) were appropriately recorded in an electronic register and balance checks were carried out regularly. A random check of two CDs found that the quantities in stock matched the running balances in the register. Some private prescription records were incomplete with several missing the name and address of the prescriber. The SI gave assurance this would be included for future records. Records about unlicensed medicines supplied were in order. The RP record was also complete.

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 providing feedback or raising concerns.

Inspector's evidence

The pharmacy team consisted of the SI who was the regular pharmacist, a pharmacy technician and three dispensers. There was also another pharmacist who worked one day a week. The team was able to comfortably manage the workload during the inspection and was up to date with dispensing. The SI confirmed that all team members had either completed or were registered on an appropriate training course with an accredited training provider. Team members were observed asking appropriate questions when selling pharmacy only (P) medicines, and the team was observed working in a safe and efficient manner throughout the inspection. Team members had a yearly formal appraisal with the SI to review their performance. The SI said he also had regular informal reviews with team members to monitor their progress. Team members felt comfortable to raise any concerns they had and would normally go to the SI with these. Team members confirmed they were not set any performance targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. It has enough space for team members to carry out their work safely. 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 an adequate state of repair. The retail area was generally clean and there were chairs available for people who wished to wait to access the pharmacy's services. P medicines were stored securely behind the counter. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal volume without being heard from the outside. The room was a good size and largely clean. The dispensary area was clean and tidy and had enough floor and desktop space for the team to work in. It had a sink for preparing liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate. Team members had access to a staff toilet at the back of the dispensary which had hot and cold running water and handwash. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. The pharmacy gets its medicines from reputable suppliers and stores them appropriately. And the team takes the right action in response to safety alerts to help ensure people get medicines and medical devices which are fit for purpose.

Inspector's evidence

The pharmacy had step-free access via a ramp and 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 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 to prevent them getting mixed up. Dispensed medicines were initialled by the dispenser and checker to provide an audit trail.

The pharmacy provided a delivery service to a small number of people who had difficulty collecting their medicines from the pharmacy. This was done by the SI who would telephone people in advance to ensure they would be available to accept the delivery. Labels with people's details were used to keep a track of deliveries. After the delivery was complete, the labels were returned to the pharmacy and disposed of. If there was a failed delivery the SI would bring the medicines back to the pharmacy and arrange a redelivery.

The pharmacy obtained its medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately in two fridges. Fridge temperature records showed that temperatures for both fridges were checked daily, and all records seen were within the appropriate ranges. The maximum temperature of one of the fridges was found to be out of range and could not be reset. The team agreed to order a new thermometer. The current and minimum temperatures of the fridge were within the required range. The temperatures for the other fridge were all found to be in range. Expiry date checks were completed regularly every two-three months on a rota basis with short dated medicines being highlighted. A random check of medicines on the shelves found no expired medicines present. Safety alerts and recalls were received electronically. Alerts received were actioned accordingly with the action taken being recorded and the alert archived electronically.

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 at the pharmacy. They were aware about the recent change with regards to supplying sodium valproate in the original pack. The pharmacy had access to the appropriate in-date PGDs for the Pharmacy First service and seasonal flu vaccinations. But these had not been signed by the SI. The SI said he would sign the PGDs as a priority.

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 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 SI confirmed that the electrical equipment had been safety tested the previous month. The pharmacy had a blood pressure monitor in the consultation room and the SI confirmed that it was about a year old, and he was aware of the need to replace or recalibrate the blood pressure monitor to ensure it remained accurate. There were appropriately calibrated glass measures for measuring liquid medicines with some marked for use with certain substances only. And there were tablet triangles available for counting tablets. There was also an otoscope available for use with the Pharmacy First service. This equipment was clean and fit for use.

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.