

Registered pharmacy inspection report

Pharmacy Name: Claydon Pharmacy, 1 Station Road, Claydon,
IPSWICH, Suffolk, IP6 0HS

Pharmacy reference: 1098783

Type of pharmacy: Community

Date of inspection: 13/12/2023

Pharmacy context

This community pharmacy is located in the town of Claydon near Ipswich. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS), and seasonal flu vaccinations through a patient group direction (PGD). It also provides medicines in multi-compartment compliance packs to people who have difficulty remembering to take their medicines.

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 well. And its team members record and regularly review any dispensing mistakes. The pharmacy largely keeps the records it needs to by law. And it has appropriate insurance arrangements in place. Team members know how to protect vulnerable people. And the pharmacy handles people's private information safely.

Inspector's evidence

There was a range of standard operating procedures (SOPs) in the pharmacy, and team members had signed to confirm they had read them. A review of some SOPs had been due in 2022 and was now overdue. The responsible pharmacist (RP) said he would inform the pharmacy's head office. Team members were able to explain their roles and responsibilities within the pharmacy. And they also knew what activities they could and could not do in the absence of an RP. Near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper log sheets in the pharmacy in a good level of detail. The RP gave examples where different formulations of a medicine had been separated on the shelves due to previous near misses. The RP said he discussed any near misses with the team member involved and the team also had regular meetings to discuss near misses. Dispensing errors (mistakes which had reached a person) were recorded electronically in more detail. The RP said there had not been a dispensing error in some time.

Complaints and feedback were usually submitted via email to head office. The team confirmed that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way.

Confidential waste was shredded on site as soon as it was no longer needed. No confidential waste was found in the general waste bin. And no confidential information could be seen from outside the dispensary. The RP confirmed that he had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). Team members had also completed appropriate safeguarding training. The team knew what to do if a vulnerable person presented in the pharmacy. And they had access to details of local safeguarding contacts.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly for controlled drugs (CDs), and records seen in the CD register were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions dispensed were generally complete, although some were missing the name or address of the prescriber. The RP said this would be included for future records. The pharmacy did not have the appropriate RP notice displayed. This was changed when highlighted. However, the RP record was complete with all entries seen having a start and finish time. Emergency supplies of medicines were complete with all supplies having an appropriate reason for the nature of the supply. Records about unlicensed specials were complete with all entries seen having the name of the person for whom the medicine was for and the date of dispensing.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. And team members do the right training for their roles. They do some ongoing training to keep their knowledge and skills up to date. Team members feel comfortable about raising any concerns they have.

Inspector's evidence

On the day of the inspection, there was the RP, two dispensers and a counter assistant. The RP confirmed that the pharmacy had enough team members to manage the workload and the pharmacy was up to date with dispensing. All team members had either completed or were completing appropriate training for their roles with an accredited training provider. The team did some ongoing training in the pharmacy on an ad-hoc basis, usually when a new medicine or service was being provided by the pharmacy. Team members did not receive any formal review of their progress, but the RP said team members did have informal reviews from time to time to review their performance. Team members had no concerns about raising any issues and would usually go to the RP first but could raise a concern with head office if necessary. The RP confirmed the team were not set any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. 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. The shop floor was clean and professionally presented. Pharmacy-only (P) medicines were stored securely behind the counter. The dispensary area was clean and tidy and had just enough floor and desktop space for the team to work in. It had a sink for the preparation of liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate. There was a staff toilet with access to hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had without being heard from the outside. The room was a good size, and it was kept clean. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

On the whole, the pharmacy provides its services safely and stores its medicines appropriately. The pharmacy can cater to people with different needs. And the team takes the right action in response to safety alerts to help ensure people get medicines which are fit for purpose. The pharmacy highlights prescriptions for higher-risk medicines so that there is an opportunity to speak with people when they collect these medicines.

Inspector's evidence

The pharmacy had step-free access via an automatic 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 plenty of 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 delivery driver used a paper sheet with people's details to keep a record of deliveries, which was returned to the store after the deliveries had been completed. 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.

The pharmacy used stickers to highlight prescriptions that contained a high-risk medicine, a CD or an item requiring refrigeration. The RP confirmed that he always handed out high-risk medicines and that people received the appropriate counselling for their medicines.

Multi-compartment compliance packs were assembled in a separate area of the dispensary. Prepared packs seen contained all the required dosage and safety information as well as a description of the tablets. This included a description of the colour, shape and any markings on the medicines to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were always included with each supply of the packs. A team member said that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained its medicines from licensed wholesalers. CDs requiring safe custody were stored securely. Team members confirmed that prepared medicines awaiting collection were checked monthly to reduce the chance of any expired prescriptions being accidentally given out. Medicines requiring refrigeration were stored appropriately. Fridge temperature records showed that temperatures were checked regularly, and records seen were within the appropriate ranges. The current maximum temperature of the fridge was found to be out of range; however, the thermometer was reset and then showed a temperature within the required range. Expiry date checks were completed regularly on a rota basis. A random check of medicines on the shelves revealed no expired medicines. Safety alerts and recalls were received electronically via email and actioned accordingly. But records of actions taken were not always recorded and alerts were not always archived which could make it harder for the team to locate an alert or see what action the pharmacy had taken. The RP said

that in future all alerts would be archived.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented at the pharmacy. Team members were shown where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information. They were aware about the recent change with regards to supplying sodium valproate in the original pack. For people who were taking this medicine and required their medicines in a multi-compartment compliance pack, the pharmacy instead supplied these people with the tablets in separate daily bags labelled with directions for them and their carers about how to take them. The tablets were kept in the original foil pouch which could be torn open, which helped protect the stability of the medicine. Following the inspection, the RP confirmed that the pharmacy had completed a risk assessment before supplying the valproate in this way. And confirmed that the medicine was always administered by a person's carer.

The pharmacy had a patient group direction (PGD) for the administration of seasonal flu vaccinations. The PGD was signed and in date. The pharmacy also had access to an appropriate anaphylaxis kit in the consultation room for anyone who had a reaction to the vaccination. This was in date and fit for use.

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 this 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 team confirmed that the electrical equipment had been safety tested earlier in the year and the fire extinguishers had also been checked recently. The pharmacy had a blood pressure monitor in the consultation room and the team confirmed that it did not currently require replacement or recalibration. There were appropriately calibrated glass measures for measuring liquid medicines. And tablet triangles for counting tablets, with a separate one for counting cytotoxic medicines such as methotrexate.

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. |