

# Registered pharmacy inspection report

**Pharmacy Name:** North Road Pharmacy, 25 North Road, CLACTON-ON-SEA, Essex, CO15 4DD

**Pharmacy reference:** 1126625

**Type of pharmacy:** Community

**Date of inspection:** 24/10/2024

## Pharmacy context

This community pharmacy is located on a busy high-street in the town of Clacton-on-Sea in Essex. It provides a variety of services including the dispensing of NHS and private prescriptions and the New Medicine Service (NMS). It also provides medicines in multi-compartment compliance packs for people who have difficulty taking their medicines in original packs.

## 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	1.2	Good practice	The pharmacy regularly reviews dispensing incidents and uses this information to implement methods to help reduce the risk of similar mistakes happening again.
		1.4	Good practice	The pharmacy proactively encourages feedback from service users. And it uses this information to help improve the safety of the service it provides.
<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 manages the risks associated with its services in an effective manner. It's team members regularly review dispensing mistakes, and they take steps to learn from them and implement actions to reduce the likelihood of similar mistakes recurring. It has written procedures to help the team work safely. The pharmacy generally keeps the records it needs to by law and It has appropriate insurance arrangements in place. Its team members know how to protect vulnerable people. People can provide feedback about the pharmacy's services which the pharmacy actively uses to improve the service it provides to people.

### 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). The pharmacy had a range of standard operating procedures (SOPs) available in a folder kept in the pharmacy. These had been read by all team members who had signed to confirm that they had read and understood them. Team members were observed working well during the inspection. And they knew what activities they could and could not do in the absence of an RP. Near misses (dispensing mistakes that had not left the pharmacy) were recorded on a paper log. Dispensing errors (mistakes which reached a person) were recorded electronically in more detail than near misses and the team explained that a note was also added to the person's patient medication record (PMR). And they held a meeting to discuss any errors that occurred. The team also completed a yearly report of near misses and dispensing errors to look for any patterns or trends and took action to reduce the chance of similar near misses or errors occurring again. The pharmacy manager stated to help reduce the chance of errors occurring, the pharmacy had implemented random checks of dispensed medicines that he completed during the busiest times of the day to help identify any near misses or dispensing errors. The pharmacy had also put up more warning notices in the dispensary to remind team members to double check and be vigilant when selecting medicines from the shelf. The pharmacy manager said this had helped to reduce near misses and dispensing errors occurring.

Complaints and feedback were submitted in a variety of different ways including via email, over the phone and face to face. Complaints were usually resolved by the pharmacy manager but were escalated to the SI if necessary. There was a tablet located at the dispensary counter where people provided feedback about their experience in the pharmacy. This included rating the overall service they received as well as checking if they had been asked the appropriate WWHAM questions when purchasing a Pharmacy only (P) medicine. A team member explained that this information was reviewed daily and was used to give feedback and further training to the team about their performance when serving people. The team received additional training about high risk medicines and medicines liable to abuse to help reduce the risk of an inappropriate medicine being supplied as a result of some of the feedback.

Confidential waste was disposed of in a dedicated confidential waste bin. When full, the waste was bagged up and taken away by an external company for safe disposal. No person identifiable information could be seen from the retail area. The pharmacy had a privacy notice on display explaining how they used people's personal information. The SI confirmed that he had completed safeguarding training level two with the Centre for Pharmacy Postgraduate Education (CPPE) and the team knew what to do if a

vulnerable person presented at the pharmacy and a team member gave an example of how they supported a person in registering with a GP. The pharmacy also had posters with details of local safeguarding contacts.

The pharmacy had current indemnity insurance. Regular balance checks were carried for controlled drugs (CDs), and records 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 for private prescriptions that had been dispensed and supplied to people were not complete, with some entries seen missing the name and address of the prescriber. This could make it harder for the team to contact the prescriber if required. The team gave assurances that in future, all private prescription records would have the correct prescriber details recorded. The teams said prescriber details would be included going forwards. Records about emergency supplies were also not complete with some entries seen not listing a reason for the supply. So this could make it difficult for the team to determine why an emergency supply had been made to a person and if the supply was appropriate or not. The team said that going forward an appropriate reason would be recorded for any emergency supplies made. However, records seen for unlicensed medicines supplied were all completed with the required details recorded. The RP record was also complete with all entries seen having a start and finish time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. And they complete 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 they may have.

### Inspector's evidence

The team consisted of the SI who was one of four pharmacists who worked regularly in the pharmacy, but during the inspection he was the only pharmacist. There were also six dispensers, one of which was the pharmacy manager, three medicines counter assistants and a delivery driver. The team confirmed the pharmacy had enough team members to manage its workload, and the team was up to date with dispensing. The pharmacy manager confirmed that all team members had completed the appropriate training for their role with an accredited training provider.

The SI explained that team members were provided with ongoing training in the pharmacy, usually when a new medicine was available or a new pharmacy service was being introduced. The SI said that he also shared any continuing professional development (CPD) that he completed with the team. Team members had a yearly formal appraisal with the pharmacy manager to monitor their progress. They had no concerns raising any issues and would usually go to the pharmacy manager or RP but could go to the SI if necessary. Team members were observed working in a safe and efficient manner during the inspection. The SI confirmed that team members were not set any targets in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for the provision of its services. It has a consultation room for people to have private conversations with a member of the team. 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 pharmacy had chairs 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 was of an appropriate size, clean and tidy. It also had leaflets on display about various health promotion topics for people to read and take.

The retail area of the pharmacy was clean and tidy, as was the dispensary area which had plenty of space for the team to work in. There was a sink for preparing liquid medicines which was clean. The temperature and lighting in the pharmacy were adequate. And there was a staff toilet with access to hot and cold running water an handwash and a break room area for team members to use. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its medicines and services safely. It gets its medicines from licensed sources, and it stores them appropriately. People with different needs can access the pharmacy's services. And it takes the right action in response to safety alerts and recalls of medicines to help make sure people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy had step-free access via a manual door with team members assisting people entering if necessary. There was enough space for people with wheelchairs and pushchairs to access the counter in the retail area to be served by a member of the team. Reasonable adjustments were made for people with different needs, for example by printing large-print labels for those with sight issues. The dispensary had separate areas for dispensing and checking medicines, and multi-compartment compliance packs were prepared in a designated area at the back of the pharmacy. 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 which provided an audit trail of who was involved in the respective processes.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery driver used a secure electronic device to keep a record of deliveries which the pharmacy used to track deliveries. If there was a failed delivery, the medicines were returned to the pharmacy and a note put through the door with information about arranging a re-delivery.

Prepared multi-compartment compliance packs seen had all the required dosage and safety information as well as a description of the tablets to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were always included with the packs. They also contacted the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately in three fridges in the pharmacy. Fridge temperatures were checked and recorded daily, and records seen were in the required range. The current temperatures of all three fridges were found to be in range during the inspection. Expiry date checks were carried out monthly on a rota basis with a different section being checked each time. The pharmacy used stickers to highlight medicines soon to expire. A random check of medicines on the shelves found no expired medicines.

Safety alerts and recalls were received by email. These were printed and actioned as appropriate 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 at the pharmacy. And he was aware of the guidance change with regards to supplying sodium valproate in its original pack. Team members knew where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment to protect people's privacy.

### Inspector's evidence

The pharmacy computers had access to the internet and team members accessed 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.

Electrical equipment looked to be in working order. The pharmacy had a blood pressure machine in the consultation room. The pharmacy manager said that this was relatively new and did not require recalibration or replacement yet. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines. It also had tablet triangles for counting medicines including 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.