

Registered pharmacy inspection report

Pharmacy Name: Osbon Pharmacy, Unit 1, 1 Potter Court, Flemming Way, Essex, CM8 2ZJ

Pharmacy reference: 9011166

Type of pharmacy: Community

Date of inspection: 10/07/2024

Pharmacy context

This community pharmacy is located in a residential area in the town of Witham in Essex. It provides a range of services including dispensing NHS prescriptions, the New Medicine Service (NMS) and onsite testing of blood pressure. It also provides medicines in multi-compartment compliance packs to people who need extra support taking their medicines and the Pharmacy First service under patient group directions (PGDs).

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 generally manages the risks associated with its services. And people can provide feedback about its services in a variety of ways. The team knows how to protect vulnerable people. And it protects people's confidentiality. The pharmacy has written procedures to help its team members work safely. But these have not been reviewed for an extended period of time and so may not always reflect current best practice. And some of the pharmacy's records are not always completed in full so may be less reliable in the event of a future query.

Inspector's evidence

The correct responsible pharmacist (RP) notice was on display in the pharmacy. The pharmacy had standard operating procedures (SOPs) available in the pharmacy. The RP confirmed that all team members had read the SOPs apart from one team member who started working at the pharmacy last week who was in the process of reading them. Team members had also signed each SOP to confirm that they had read them. The SOPs were overdue a review with some not being reviewed for several years. The RP said the SOPs would be reviewed as a priority. However, team members were observed working in a safe and efficient manner during the inspection and they knew what they could and could not do in the absence of a pharmacist.

The pharmacy recorded near misses (dispensing mistakes spotted before a medicine had left the pharmacy). These were recorded regularly in the dispensary on paper and in a good level of detail. The RP said that the near misses were recorded by the team member who made the near miss, and each near miss was discussed with the team member involved. Dispensing errors (mistakes which reached a person) were recorded in more detail electronically. The RP said there had not been any dispensing errors for some time, but if an error occurred, a full investigation would be done, an error report written, and a meeting would take place with the team to discuss the error.

The pharmacy had a complaints procedure. People could submit a complaint or feedback about the pharmacy via email, in person or on the phone. And complaints would usually be investigated by the RP but could be escalated to head office if necessary. The RP confirmed she had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). She knew what to do if a vulnerable person presented in the pharmacy and contact details of local safeguarding leads were available in the pharmacy. Confidential material was shredded on site as soon as it was no longer needed. No confidential waste was found in the general waste bin. And no person identifiable information could be seen from outside the dispensary.

Balance checks were carried out regularly for controlled drugs (CDs), and the CD register 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 private prescription register was not complete with about half of the entries not having the prescriber's name or address. The RP said that going forward all entries would have prescriber details added. Records about emergency supplies did not always list a reason for the nature of the supply. The RP said that in future an appropriate reason would be recorded for all emergency supplies. Records about unlicensed specials were complete and contained all necessary information. The RP record was also complete with all entries seen having a start and finish time. During the inspection, the team could not provide proof of current indemnity insurance, but this was

sent to the inspector shortly after the inspection.

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 ongoing training to keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

Inspector's evidence

The team consisted of the RP who worked full-time and another pharmacist who worked at the pharmacy part-time. There were also four dispensers, an MPharm student and a delivery driver. The RP confirmed the pharmacy had enough team members to manage its workload, and the team was up to date with dispensing. All team members had completed the appropriate training for their role, with an accredited training provider, or were enrolled on an appropriate training course. Team members were encouraged to do regular continuing professional development (CPD) and the RP confirmed training would be done at the pharmacy when a new product or service was introduced. Team members had a regular formal appraisal with the RP quarterly with the RPs appraisal being completed by the director. Team members had no concerns raising any issues and would usually go to the RP first but could go to head office if necessary. The RP confirmed that the team was not set any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is very clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. 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 modern and professional looking. The pharmacy had chairs for people who wished to wait to access the pharmacy's services. Pharmacy-only (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 clean and tidy and allowed for a conversation at normal volume to be had without being heard from the outside. It also had leaflets on display about various health promotion topics for people to read and take. The shop floor area of the pharmacy was very clean and tidy, as was the dispensary area which had plenty of floor and desktop 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 air conditioning available to help control the temperature. There was a staff toilet with access to hot and cold running water and handwash as well as a kitchenette and breakroom area for team members to use. 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 it stores its medicines appropriately. The pharmacy takes the right action in response to safety alerts ensuring people get medicines which are fit for purpose. And it gets its medicines from reputable suppliers. People with different needs can access the pharmacy's services.

Inspector's evidence

The pharmacy had step-free access via a manual door. The main entrance and to the pharmacy and building was shared with a convenience store with both stores then having separate entrances within the building. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter. The pharmacy could cater to people with different accessibility needs such as being able to print large-print labels for people with sight issues. 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 provided the driver with a paper log sheet with people's details. The driver would tick the sheet to indicate which people he had successfully delivered to with a signature being required for deliveries containing a CD. The sheet was then returned to the pharmacy and stored. 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.

Prepared multi-compartment compliance packs seen did not carry the required safety information about the medicines in the packs. The RP said she would make sure this was included on all packs going forward. However, the packs contained the required dosage information and a description of the medicines including the shape, colour and any markings to help people identify their medicines. The RP also confirmed that patient information leaflets (PILs) were supplied monthly with all 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. CD items were always checked by a pharmacist before being handed out to reduce the risk of any medicines being handed out when the prescription was no longer valid. The pharmacy had two fridges for storing medicines. One of the fridges was in the dispensary and records seen about this fridge showed temperatures were within the required range. The pharmacy had another fridge in the consultation room which stored vaccines. The RP said that the team did not regularly record the temperature of that fridge, so the team could not always be sure that the items in the fridge were being stored at the correct temperature. However, the current, minimum and maximum temperatures of the fridge were within the required range. And the RP said that going forward temperatures for the fridge would be recorded daily ; this process was started during the inspection. Expiry date checks were carried every two to three months on a rota basis. A random check of medicines on the shelves found no expired medicines. Safety alerts and recalls were received by email, actioned as appropriate, and a record kept in a folder.

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 a prescription at the pharmacy. Team members knew where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. And the pharmacy was aware of the recent guidance change about supplying sodium valproate in an original pack unless a risk assessment had been completed deeming it safer for it to be supplied outside its original pack. The pharmacy had an anaphylaxis kit for anyone who had an allergic reaction to a vaccine. The kit was in date and readily available in the consultation room. The pharmacy had access to the appropriate in-date PGDs for the services that the pharmacy was providing. These were in date and had been signed electronically. The RP confirmed that she had completed all the required training to provide the Pharmacy First service and confirmed that the pharmacy had received some inappropriate referrals from the local surgeries but were trying to work with them to reduce these occurring.

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. Team members were observed using their own NHS smartcards. The RP confirmed that electrical equipment had all been replaced recently and this equipment did not require PAT testing yet. The pharmacy had a blood pressure machine in the consultation room which was relatively new and did not require recalibration or replacement. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines with separate ones marked for use with certain medicines only. It also had tablet triangles for counting medicines and an otoscope for use with the Pharmacy First service. All this equipment was kept clean and was 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.