

Registered pharmacy inspection report

Pharmacy Name: Marks Tey Pharmacy, 89 London Road, Marks Tey, Colchester, Essex, CO6 1EB

Pharmacy reference: 9011343

Type of pharmacy: Community

Date of inspection: 21/10/2024

Pharmacy context

This community pharmacy is located in the town of Marks Tey in Essex. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS), and the NHS Pharmacy First service through patient group directions (PGDs). It also provides medicines in multi-compartment compliance packs to people who need additional support taking their medicines correctly. The pharmacy provides medicines to a number of care homes in the local area and also sells general sales list (GSL) medicines and other items through its website and on Amazon.

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 correctly protect vulnerable people. And the pharmacy handles people's private information safely.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The RP was also the superintendent pharmacist (SI). There was a range of standard operating procedures (SOPs) in the pharmacy, and team members had signed to confirm they had read them. Some of the SOPs were overdue a review and the SI confirmed that he was currently in the process of updating them. However, 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 (mistakes which were spotted before a medicine left the pharmacy) were recorded on paper log sheets in the pharmacy and contained the relevant details required for team members to learn from them. The SI 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 regularly and in more detail than near misses. The SI said that these were submitted to the National Reporting and Learning System (NRLS) and a meeting took place in the pharmacy to discuss any errors. The SI said that as a result of a recent error two similar sounding medicines have been separated on the shelves in the dispensary.

The pharmacy had a complaints procedure. Complaints and feedback could be submitted in person or via a phone call as well as online via email. Complaints were usually resolved by the SI. Confidential waste was separated appropriately and shredded on site as soon as it was no longer needed. And confidential information could not be seen by people in the retail area. The SI confirmed that he had completed level three training safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). And all team members had completed level two safeguarding training with eLearning for healthcare (elfh). When questioned, team members explained the steps they would take if a vulnerable person presented in the pharmacy. And they had easy access to details of local safeguarding contacts.

The pharmacy had current indemnity insurance. Balance checks for controlled drugs (CDs) were carried out regularly 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 for private prescriptions dispensed were not always completed correctly with some entries seen having the incorrect prescriber details recorded or missing prescriber details. This could make it harder for the team to contact the prescriber if required or show who provided the authority to supply the medicine. The team gave assurances that going forward, all private prescription records would have the correct prescriber details recorded. The RP record was largely complete but a couple of entries were missing a finish time. This could make it difficult for the team to find out who the RP was on a particular day if needed. The RP said the record would be completed in full going forwards. Emergency supplies of medicines were complete with all supplies having an appropriate reason for the nature of the supply. Records for unlicensed specials were also complete with all records seen having the name of the person for whom the medicine was for, the prescriber details and the date of dispensing.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. And team members complete 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. And team members have a regular formal review of their progress to help ensure that they are performing adequately in their roles.

Inspector's evidence

The pharmacy team consisted of the SI, who worked occasionally in the pharmacy, and two other pharmacists who worked regularly in the pharmacy. There were also five dispensers, three counter assistants and an accuracy checking technician (ACT). The SI 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 completed appropriate training for their roles with an accredited training provider. And there were certificates on display in the pharmacy to show this.

The team did some ongoing training in the pharmacy on an ad-hoc basis, usually when a new medicine was available, or a new service was being provided by the pharmacy. And team members had a yearly formal review of their progress. Team members felt comfortable about raising any issues and would usually go to the RP on duty first but could also raise a concern with the SI if necessary. Team members were observed working well together during the inspection. The SI confirmed the team was 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. And team members have plenty of space 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 a good state of repair and was modern and professional looking. The shop floor was clean, bright and professionally presented. Pharmacy-only (P) medicines were stored securely behind the counter. The dispensary area was clean and tidy and had plenty of floor and desktop space for the team to work safely. It had a sink for the preparation of liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate and there was air conditioning to help control the temperature. There was a staff toilet with access to hot and cold running water and handwashing facilities.

The pharmacy had two consultation rooms for people who wished to have a private conversation with a member of the team. The rooms were both appropriate in size and were kept clean. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and it makes reasonable adjustments to ensure its services can be accessed by people with different needs. The pharmacy obtains its medicines from reputable sources 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 entrance had a small, raised step up and a manual door. The SI said that there was a portable ramp available in the pharmacy so people with wheelchairs or pushchairs could easily enter the pharmacy. The pharmacy supported people with different needs, for example by printing large-print labels for those with sight issues. It also had a hearing loop. There was plenty of space for people with wheelchairs and pushchairs to access the retail area. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of them 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 sold general sales list (GSL) medicines and other items, such as dressings, through its website and on Amazon. No P medicines were sold online by the pharmacy. And medicines containing aspirin, ibuprofen, paracetamol or pseudoephedrine were only sold on the pharmacy's website and within the legal limits. Dressings and medical devices were sold on both the pharmacy's website and Amazon. Orders were prepared and packaged in a designated area at the back of the pharmacy before an address label was attached. Orders were sent for delivery using either a 24 or 48 hour tracked delivery service. The pharmacy did not deliver any prescription only medicines to people.

Multi-compartment compliance packs were assembled in a separate area of the dispensary. Prepared packs seen contained all the required dosage information as well as a description of the tablets to help people clearly identify them. However, warning labels were not being added to the packs, so people could be missing out on important information about their medicines. This was rectified by the team during the inspection. Team members confirmed that patient information leaflets (PILs) were always included with each supply of the packs. A team member explained that they contacted the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment. The pharmacy also supplied medicines to a number of care homes in the local area. Medicines were provided to care homes both in original packs and in multi-compartment compliance packs. The pharmacy also prepared medication administration record (MAR) charts for the care homes.

The pharmacy obtained its medicines from licensed wholesalers. CDs requiring safe custody were stored securely. And CD prescriptions had stickers added to them with the prescription expiry date to reduce the chance of an expired prescription being handed out. Medicines requiring refrigeration were stored appropriately in three fridges in the dispensary. Fridge temperature records showed that temperatures were checked regularly, and records seen were within the appropriate ranges. However, one fridge showed a maximum temperature above the required range during the inspection. Several attempts were made to reset the thermometer during the inspection, but this did not work. But the current temperature was seen to be in range. The temperature for one of the other fridges was checked using an older analogue thermometer. This showed the current temperature was in the

current range but did not give minimum and maximum readings. The SI said the thermometers would be replaced with new digital ones and evidence was subsequently provided to show that the thermometers had been replaced.

Expiry date checks were completed monthly on a rota basis with a different section being checked each time. Shorted dated medicines were highlighted on the shelves. A random check of medicines on the shelves revealed no expired medicines. Safety alerts and recalls were received electronically via email and actioned accordingly before being 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. Team members knew where to apply a dispensing label to a box of sodium valproate to avoid covering any important safety information. They were aware about the recent change with regards to supplying sodium valproate in the original pack. The pharmacy had the patient group directions (PGDs) for the NHS Pharmacy First service and flu vaccination service. The PGDs were in date and signed by the SI. The pharmacy also had access to an appropriate anaphylaxis kit in the consultation room for anyone who had a reaction to a 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 its equipment.

Inspector's evidence

The pharmacy computers had access to the internet allowing team members to use 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 monitor in the consultation room and the team confirmed that it did not currently require replacement or recalibration. There was also an otoscope available for use with the NHS Pharmacy First service. There were appropriately calibrated glass measures for measuring liquid medicines with separate one's marked for use with certain substances only to prevent cross contamination. And there were clean tablet triangles for counting tablets.

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.