

# Registered pharmacy inspection report

**Pharmacy Name:** M & M Pharmacy, 152 Connaught Avenue, Frinton-on-Sea, Essex, CO13 9NE

**Pharmacy reference:** 9011482

**Type of pharmacy:** Community

**Date of inspection:** 02/12/2024

## Pharmacy context

This community pharmacy is located in the town of Frinton-on-sea in Essex. It provides a variety of services including dispensing NHS and private 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 is open seven days a week for extended hours.

## 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	N/A	N/A	N/A
<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 well. And its team members record and regularly review any dispensing mistakes. The pharmacy largely keeps the records its 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. There was a range of standard operating procedures (SOPs) in the pharmacy. These has been read by all team members who had signed to confirm that they had read them. The SOPs were overdue a review from mid-2022, the team said it would inform the superintendent pharmacist (SI) of this. 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 pharmacy manager said she discussed any near misses with the team member involved. Dispensing errors (mistakes which had reached a person) were recorded in more detail than near misses. And a meeting took place in the pharmacy to discuss any errors that occurred. The team said that as a result of a recent error where the incorrect strength of a medicine was given out, warning notices had been put up to remind staff to be more vigilant and to check the strength when selecting the medicine. A note was made on the persons medication record (PMR).

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 pharmacy manager or RP but could be escalated to the SI if necessary. 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 RP confirmed that she had completed level two training safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). And all team members had also completed safeguarding training. When questioned, team members explained the steps they would take 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 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. 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 complete with all entries seen having a start and finish time recorded. 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 ongoing training to keep their knowledge and skills up to date. Team members feel comfortable about raising any concerns they have. And they have a regular review of their progress to help ensure that they are performing adequately in their roles.

### Inspector's evidence

The pharmacy team consisted of the RP who worked regularly at the pharmacy. The SI also worked regularly at the pharmacy but was not present during the inspection. Other team members included five dispensers, four counter assistants, an accuracy checking technician (ACT) who was also the pharmacy manager and two delivery drivers. The pharmacy manager confirmed that the pharmacy had enough team members to manage the workload and the pharmacy was up to date with the workload during the inspection. All team members had either completed appropriate training for their roles or were enrolled on an appropriate course for their role with an accredited training provider. The team did some ongoing training in the pharmacy on an ad-hoc basis, usually when a new medicine was launched, or a new service was being provided by the pharmacy. And team members had a formal review of their progress every six months with the SI. Team members felt comfortable about raising any issues and would usually go to the RP on duty or the pharmacy manager first but could also raise a concern with the SI if necessary. The RP 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. And there were chairs available for people who wished to wait to access the pharmacy's services. There were also leaflets on display about various health promotion topics for people to read and take. The pharmacy had a consultation room for people who wished to have a private conversation with a member of the team. The room was appropriate in size, kept clean and was locked when not in use. 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 preparing 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 and there was a small kitchenette for team members to use. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, 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 step free access via a ramp and an automatic door. The pharmacy supported people with different needs, for example by printing large-print labels for those with sight issues. And there was plenty of space for people with wheelchairs and pushchairs to access the retail area and pharmacy counter. 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.

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 clearly identify them. Team members confirmed that patient information leaflets (PILs) were always included with each supply of the packs. The pharmacy manager 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 in original 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 pharmacy. Fridge temperature records showed that temperatures were checked daily, and records seen were within the appropriate ranges. And the current, minimum and maximum temperatures were found to be in range during the inspection. Expiry date checks were completed every six months. Short-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 before being printed, the action taken recorded on the alert and then archived in a folder.

Team members were aware of the risks of sodium valproate and 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 Pharmacy First service. The PGDs were in date and signed. The pharmacy also had access to an appropriate anaphylaxis injection in the consultation room for anyone who had a reaction to a vaccination. This was in date and fit for use. However, only one was in the consultation room which could cause a delay if a person required a second injection. The pharmacy manager said a second pen would be taken from stock and put in the room.

## 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 and fire extinguishers looked to be in working order and had been safety tested earlier in the year and a certificate was seen to show this. The pharmacy had a blood pressure monitor in the consultation room and the pharmacy manager confirmed that it was less than a year old and did not currently require replacement or recalibration. There were appropriately calibrated glass measures for measuring liquid medicines with a separate one marked for use with certain substances only, to prevent cross contamination. But these were stained with limescale. The team said these would be cleaned. There were tablet triangles available for counting medicines including a separate one marked for use with cytotoxic medicines such as methotrexate only. There was also an otoscope available for use with the Pharmacy First service.

### 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.