

# Registered pharmacy inspection report

**Pharmacy Name:** North Street Pharmacy, 80-81 North Street,  
Sudbury, Suffolk, CO10 1RF

**Pharmacy reference:** 9011701

**Type of pharmacy:** Community

**Date of inspection:** 01/03/2022

## Pharmacy context

The pharmacy is in a main street in Sudbury. The pharmacy dispenses NHS prescriptions. It assembles medication into multi-compartment compliance packs for people who need help managing their medicines. The pharmacy recently relocated from a premises across the road. There are plans to introduce a travel clinic and blood pressure clinic. There is a medicines collection robot. The pharmacy administers flu vaccinations in the winter season and operates a Covid vaccination clinic.

## 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 has safe and effective working practices. It manages its risks appropriately by recording, reviewing and learning from its mistakes. And it keeps people's information safe. People can provide feedback about the pharmacy's services. It keeps the records required by law to ensure that its medicines are supplied safely and legally.

### Inspector's evidence

The pharmacy kept records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (error logs). These records were logged on the computer and reviewed regularly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learning shared with the dispensary team. The pharmacy had recently completed a date check of the whole dispensary and was in the process of a stocktake. The team members routinely separated similarly packaged items medicines to reduce the risk of picking errors. The pharmacy had recently relocated from a nearby location and had used the opportunity to plan the layout for the new pharmacy to minimise risk.

To reduce the risks associated with COVID-19, the pharmacy team had implemented a one-way system in the pharmacy and had a screen fitted on the pharmacy counter. Team members wore personal protective equipment where appropriate.

There was a published complaints procedure and the pharmacy had received feedback following their recent move into the new premises. Feedback had been positive, and no changes had been implemented as a result of this. The pharmacy had taken advantage of the relocation to learn from previous feedback.

The pharmacy had the correct responsible pharmacist (RP) notice on display and the RP records were completely completed correctly. Team members roles and responsibilities were identified in the standard operating procedures (SOPs). When asked members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present. The pharmacy had current professional indemnity insurance.

The pharmacy had a comprehensive range of SOPs in place covering dispensing process, information governance (IG), controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, COVID-19 procedures, dispensing incidents, services and so on. There was evidence that team members had read and signed SOPs relevant to their role. The SOPs had been carried over from the previous premises and therefore staff were already well versed in them at the time the pharmacy opened.

The records examined were maintained in accordance with legal and professional requirements. These included the electronic private prescription register (for private and veterinary prescriptions and emergency supplies) and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done regularly.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smart cards were in use. The patient medication record (PMR) was password protected and sensitive waste was

securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality agreements. The pharmacy had safeguarding procedures and team members had completed online training and described the actions that would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team. A team member gave an example of an intervention where they became concerned about a person not collecting their multi-compartment compliance packs and they discussed the outcome of their intervention.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate.

### Inspector's evidence

The pharmacy had two part-time pharmacists, one full-time trainee pharmacist, a full-time dispenser and two part-time medicines counter assistants. There was a further dispenser who split their time between multiple premises. A new team member was due to start with the pharmacy shortly. The pharmacy was planning to incorporate another of their branches into the premises and expected an increase in workload as a result. However, the move would bring additional team members to offset this. The pharmacy team were up to date with dispensing and other routine activities such as date checking and cleaning. There were contingency plans in place for annual leave or staff absence.

Team members were trained using accredited courses and said they undertook some regular ongoing learning to keep their knowledge and skills up to date. This was through an e-learning hub which incorporated a reminder system. Recent courses included vaccination, consultation skills and diabetes. The pharmacist was aware of the requirements for revalidation.

Team members routinely made suggestions to improve workflows in the pharmacy the team had implemented a new system for ordering stock. They had been instrumental in helping to design the layout in the new premises. At the start of the vaccination service team members actively made suggestions on how efficiency could be improved. Team members described how they felt empowered to speak up and make suggestions where appropriate. There were some targets in place, but these did not impact on individual's professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions, and this is kept clear to help reduce the risk of mistakes. The pharmacy is fitted out to a high standard.

### Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops, and a dedicated sink for the preparation of medicines. The dispensary area was located across several levels. The pharmacy had been newly fitted to a high standard and was clean, bright and well maintained. The pharmacy was cleaned regularly, and plastic screens had been fitted on the healthcare counter. The pharmacy used a steam mop to clean the floors and improve infection control. There was a dedicated area for the assembly of compliance packs and an area for vaccine preparation. There were workflows in place and a designated checking area, which was kept tidy to reduce the risk of mistakes. Air conditioning was used to keep medicines at the right temperature and there were good lighting levels throughout. The pharmacy had infection control measures in place to reduce the risk of spreading Covid-19. This included the use of face masks and hand sanitising gel.

There was a clean, bright, and well-maintained consultation room with hand washing facilities and a good level of sound proofing where people could consult pharmacy team members in private. There was a second consultation room that incorporated the collection robot. While this was less useful for full consultations it did give an additional area where people could speak to pharmacy team members in private. The pharmacy premises were kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services in a safe way. It gets its medicines from reputable suppliers and it stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicine and services which are safe to use. The team members follow safe practise when assembling compliance packs which help people to take their medication. The pharmacy identifies and gives advice to people taking higher-risk medicines to make sure that they are taken safely.

### Inspector's evidence

The pharmacy was accessed via a wide door at street level and there was a spacious shop area to assist wheelchair users. The pharmacy had a hearing induction loop to assist people with hearing aids.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was regularly date checked and there were records to support this. A stocktake was being carried out at the time of the inspection.

The pharmacy counselled people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacist routinely inquired about whether they were having blood tests related to these medicines. Staff also provided additional advice to people about how to take these medicines safely. The pharmacy team members were aware of the risks associated with dispensing valproate-containing products, and the Pregnancy Prevention Programme. The pharmacy issued the published support materials to people taking valproate-containing medicines.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CD's securely and the CD cabinet was maintained in a very neat and tidy manner. The pharmacy had a system in place to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for a number of people who had difficulty managing their medicines. Medicines were dispensed into disposable, tamper-evident packs, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carers to identify the medicines. The pharmacy routinely supplied patient information leaflets with the packs. Team members described the process they followed to ensure that any mid-cycle changes to the packs were rechecked to make sure these were safely supplied. And the pharmacy sheets to record any changes to medication in the packs and help with effective team communication.

The delivery driver had missed-delivery cards and coloured stickers for CDs and refrigerated items to ensure appropriate storage if the medicines were returned to the pharmacy. The pharmacist had undertaken anaphylaxis training. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team pharmacy team members had appropriately actioned recent alerts.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for its services, and it makes sure that it's properly looked after. It uses its equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for certain liquids), and labelled equipment for dispensing cytotoxic medication. This helped to avoid any cross-contamination. Sensitive records were stored securely and the patient medication record was password protected. Confidential waste was disposed of using a shredder. All electrical equipment appeared to be in good working order and had been safety tested.

Fire extinguishers were serviced under an annual contract. The pharmacy had a supply of personal protective equipment including masks, gloves, and hand gel and these were being used where appropriate. The pharmacy had a defibrillator, blood pressure monitor, pulse oximeter, and a lifeline resuscitation kit. These were all appropriately maintained. The medicine collection robot was maintained under a service contract.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.