

# Registered pharmacy inspection report

**Pharmacy Name:** Easter Pharmacy, 54 Station Way, BUCKHURST HILL, Essex, IG9 6LL

**Pharmacy reference:** 1030954

**Type of pharmacy:** Community

**Date of inspection:** 19/11/2019

## Pharmacy context

The pharmacy is situated near a London Underground station, in a small parade of shops. There is restricted parking in the area of the pharmacy between 1pm and 2pm. The pharmacy provides NHS and private prescription dispensing mainly to local residents. The team also dispenses medicines in multi-compartment compliance packs for some people and supplies a small number of care homes with medicines. The pharmacy provides vaccinations for flu and it has a pharmacist prescriber present on some occasions. The pharmacy has a website for information only [www.easterpharmacy.com](http://www.easterpharmacy.com) .

## 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

Members of the pharmacy team work to professional standards and generally identify and manage risks effectively. They are clear about their roles and responsibilities. The pharmacy generally keeps its records up to date. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. They sometimes log mistakes they make during the pharmacy processes. But they always discuss them in the team and try to learn from these to avoid problems being repeated. The records about mistakes have not been reviewed in recent months. So, the pharmacy may be missing opportunities to find any patterns or trends and learn from these to improve their processes.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and was found to have been reviewed within the last two years. The SOPs were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the process in order to learn from them. They occasionally logged these errors, but the team said that they always discussed them to try to identify what had contributed to the issue. They separated similar looking or sounding medicines to try to prevent picking errors.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice, when needed.

The pharmacy team members said that they took part in the NHS patient survey every year, but the latest results were not posted on the NHS web-site. The results from the year before had been very positive. There was a notice about how to complain displayed on the wall of the pharmacy. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber and the date of the prescription were not always recorded accurately. If a medicine had been supplied under patient group directions (PGDs) this was not always accurately recorded. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. The three fridge's temperatures were recorded daily but did not always accurately reflect the temperatures displayed on the thermometers. The member of the team who usually recorded the temperatures was shown how to read the thermometers properly and the pharmacist said that they would ensure that it was done correctly.

Confidential waste was separated from normal waste and was shredded. There was confidential information kept in the dispensary and consultation room. This was usually inaccessible by people unless they were left in the consultation room alone. A cordless telephone allowed private conversations to be taken in the room to the rear where they could not be overheard.

The staff had all had some safeguarding training and the two pharmacists had done the required level of training to provide the flu vaccination service. There were local telephone contact details available

for the safeguarding boards of the local authority.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have effective staff communication. The team work well together and are provided with some training to keep them up to date.

### Inspector's evidence

There were two pharmacists, a dispenser and a counter assistant present during the inspection. One of the pharmacists, who was also the superintendent pharmacist, was a pharmacist independent prescriber and was able to provide prescriptions for antibiotics, hypertension and asthma treatments. When the prescriber wrote a prescription, it was dispensed by the other pharmacist. Both pharmacists provided treatments under PGDs for vaccination services and travel medicines.

The dispenser and counter assistant had both undertaken formal training and demonstrated their knowledge of when they should ask a pharmacist for advice when advising a person using the pharmacy. The team were given some time to study the e-learning provided in working hours but were expected to complete it in their own time, if needed. They were encouraged to go, as a pharmacy team, to evening training when it was available. A recent topic had been on gastro problems.

There was a good rapport seen within the team, with suggestions for changes to the way the pharmacy dealt with situations coming from all the team. Such as changing the way the fridge temperatures were recorded. The superintendent pharmacist did not set targets for the pharmacist.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. The store to the rear of the premises may not be suitable for the storage of medicines.

### Inspector's evidence

The premises presented a professional image to the public, it had been re-fitted in a modern style and provided a large consultation room. But this was quite cluttered, with the sink difficult to access due to the clutter put in it and near it. The dispensary was tidier and there was enough space for the dispensing tasks undertaken. There was one room to the rear which was used for dispensing multi-compartment compliance packs as well as a rest room and kitchen for the staff. This was also quite cluttered. All of these areas were air conditioned and had adequate lighting.

There was a store to the rear of the kitchen which was used to store medicines and dressings. This had a corrugated roof without any insulation and was very cold on the day of the inspection. Staff reported that it was also hot in the summer. It may not be suitable for medicines storage. Staff said that they would monitor the temperatures to ensure that medicines were not affected by extreme temperatures.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely although there were times when this did not happen consistently.

### Inspector's evidence

Access to the pharmacy was level from the pavement and was accessed by an automatic door. There were two heights of counter to allow assist people using wheelchairs. There would be enough room in the consultation room for a wheelchair if it was tidied. Services were advertised in the window of the shop.

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item .

Some people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This would have helped them to ensure that they were not given out more than 28 days after the date on the prescription.

People taking warfarin, lithium or methotrexate, were not always asked about any recent blood tests or their current dose. So, the pharmacy could not show that it was always monitoring these people in accordance with good practice. People would be asked about blood tests or current doses if staff noticed these items on prescriptions, but this was said to be often missed. Those receiving multi-compartment compliance packs and in the care homes were also not consistently monitored by the pharmacy.

The pharmacist independent prescriber used his skills to provide people with prescriptions if they could not easily access their GP. He recorded consultations on the patient's medication record held in the pharmacy, but did not consistently have a system for telling the person's usual GP about the medicine he had prescribed. This could mean that people's own GPs are not provided with relevant information about the person's care.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. Medicines stored in the fridges may have been kept within the guideline temperatures, but the records about maximum and minimum temperature ranges were not reliable.

Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use although documentation about the replacement dates for some equipment could be improved.

### Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific uses, reducing the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross-contaminate other tablets. Electrical equipment was regularly tested. The blood pressure monitor, oxygen saturation monitor and peak flow meters were said to be changed regularly, every two years (the guarantee period), but there was no date of change recorded, so this could not be shown to be done.

### 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.