

# Registered pharmacy inspection report

**Pharmacy Name:** Shadforths, 25 Stock Road, BILLERICAY, Essex,  
CM12 0AH

**Pharmacy reference:** 1030978

**Type of pharmacy:** Community

**Date of inspection:** 26/06/2019

## Pharmacy context

This is a community pharmacy located next door to a GP practice in a residential area. The pharmacy belongs to a small group of pharmacies. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs. It also provides flu vaccinations and carries out health checks.

## 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's working practices are generally safe and effective. The pharmacy asks its customers for their views. It largely keeps the records it needs to so that medicines are supplied safely and legally. Team members protect people's private information. And they know how to safeguard vulnerable people.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). Members of the team had read SOPs relevant to their roles. Team roles were defined within the SOPs.

Near misses were brought to the attention of the dispenser when they were identified and recorded on a near miss log. Near misses were observed to be consistently recorded. Records were reviewed weekly by the responsible pharmacist (RP) and discussed with the whole team. A patient safety review was also completed each month with results fed back to the team. The team had attached shelf edge warnings near drugs which looked alike and sounded alike. However, in some places due to rearrangement of stock these did not always correspond to what was stored on the shelf. Head office reviewed reported errors which occurred at all branches and introduced changes based on learning gained.

Dispensing incidents were investigated and reported. The RP said that she would also notify the person of what they could do if they were not satisfied with the way in which the matter had been dealt with. As a result of a recent error a 'select with care' label was placed near carbimazole. The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. And also completed an annual patient satisfaction survey. Due to feedback the number of chairs in the waiting area had been increased. Some people had also provided feedback about waiting times, the RP said she tried to manage these when team members were providing services. Team members had been trained to provide additional services.

Records for private prescriptions, emergency supplies, unlicensed specials and controlled drug (CD) registers were well maintained. RP records were generally well maintained but there was some overwriting. This could make it harder for the pharmacy to show when the change had been made if there was a query. CD balance checks were carried out every three months. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received.

Assembled prescriptions were stored in the dispensary. An information governance policy was in place which had recently been reviewed. Information relevant to the team was passed on to the team via an information sheet with multiple choice questions at the end to test understanding. Team members had also completed training provided by head office on the General Data Protection Regulation. The RP said that someone at head office was in charge of monitoring performance and training and chased up branches if team members had not completed training. Team members had smartcards to access NHS systems. The RP had access to Summary Care Records and gained consent from people to access these in writing.

The RP had completed level 2 safeguarding training and had information for safeguarding contacts available. Team members with the exception of those who had recently started had completed safeguarding training. The team had contacted the safeguarding board in the past for a concern that they had.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for the services provided, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively.

### Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, a relief pharmacist, two trained dispensers and two trained medicines counter assistants (MCA). The pharmacy had two pharmacists working generally on Wednesday and Friday and on some days where there was a single pharmacist the pharmacy had three dispensers. Holidays were covered by the company's relief dispenser.

All team members had been trained to provide additional services including health checks which helped reduce the pharmacist's workload. Team members had a yearly review with the RP. The RP said she would look at what the team member had done well, what they wanted to achieve in the next year and how they could improve.

The MCA counselled patients on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She would always refer to the pharmacist if unsure and was aware of the maximum quantities of some medicines which could be sold over the counter. The MCA described handing out prescriptions in line with the SOPs and also checked that the number of items in the bag corresponded to what people were expecting. She was aware that gabapentin was a controlled drug (CD) and said that a prescription for it would be valid for 28 days. The MCA also provided health checks. She had attended a training session held by the company who ran the scheme. She said that during the check she provided people with lifestyle advice. Any test results obtained outside of the normal limits were referred to the RP.

The company had a training manager who was based at the head office. They sent down information to branches about certain topics or if there was a new medicine out or for new medicines moving from prescription only to pharmacy only. The last topic which had been covered had been hay fever. In addition to this the company also held an annual company training day for all colleagues. Team members said that previously this had been twice a year. External companies attended as part of these training days and talked to team members. Team members said one of the previous sessions had been provided by the manufacturers of E45 creams and had covered emollients. Information on changes to drug schedules and new legislation such as the Falsified Medicines Directive (FMD) all came from head office.

The team did not hold formal meetings and discussed things as they came up. The RP wrote down any information which needed to be cascaded and team members were to read and tick to show that they had understood. The RP said that she had some autonomy on how to run things in the pharmacy as long as it was within the law. She would speak to the superintendent pharmacist (SI) before implementing changes.

Team members were well experienced and had ideas or suggestions which they shared with the RP. The team followed the SOPs but made some local changes which were agreed with the SI. In the past the team had changed the colours of baskets used to accommodate a colleague who was colour blind. The

RP felt that the head office team were supportive and listened to ideas and suggestions. She said that they would give a reason why some ideas could not be implemented.

The relief pharmacist covered the groups eight branches. He was sent communication via email from the superintendent pharmacist (SI) and was also sent a copy of the SOPs. The pharmacist said that the SI and pharmacy managers were open to feedback. The pharmacy was visited once a week by someone from head office. There were no numerical targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are generally suitable for the pharmacy's services and they are kept secure. But team members sometimes struggle with the workspace available and some items are stored on the floor. This could increase the chance of things going wrong or trips and falls.

### Inspector's evidence

The pharmacy was bright, clean and generally tidy. There was limited work space available; baskets with dispensed prescriptions waiting to be checked were stored on the floor in the dispensary. There was no allocated area for tasks on workbenches. One of the workbenches was being used for compliance packs during the inspection which further limited the workspace available. Team members said that the dispensary was small for the workload; this was observed during the course of the inspection. The team said that they would not usually prepare packs at the same time as putting stock away but had on this occasion as there had been a query with the pack. More working space would be available once these tasks were completed. A cleaner came in once a week and team members cleaned up in between. Medicines were arranged on shelves in a tidy and organised manner. The premises were kept secure from unauthorised access.

The consultation room was clearly advertised. There were two chairs available and a fold away table which allowed for wheelchair access. The small window in the door was able to be covered with a blind to ensure patient privacy and dignity was maintained. The laptop was password protected and kept locked when not in use. There were seven chairs in the waiting area positioned as far away from the counter as possible to maintain as much patient confidentiality as possible.

The ambient temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are largely delivered in a safe and effective manner. The pharmacy obtains its medicines from reputable sources, and manages them appropriately so that they are safe for people to use.

### Inspector's evidence

The pharmacy was easily accessible and had a step-free entrance. There was easy access to the medicines counter. A free delivery service was also offered. There was a seating area at the front for people waiting for their prescriptions. The pharmacy had the ability to produce large print dispensing labels. And a clipboard was available for people to use to complete the back of their prescriptions if they could not reach the counter. Team members said that in the past they had called '111' for an interpreter service when someone did not speak English.

Services provided by the pharmacy were advertised in the pharmacy. And the team also advertised their services on a forum 'Billericay chat'. Team members were aware of the need to signpost people to other providers. Team members used the internet to find other services if they were not familiar with the details. The team gave an example of referring people to private clinics for ear syringing after a local service had stopped providing them.

The RP said that health checks and Medicines Use Reviews had the most impact on local people. She said when health checks service had first been offered it had started off slowly but the uptake had been good. The team kept a record of the person's blood pressure reading and provided them with a print out to hand to their GP. The RP had made a few referrals as part of the health checks. She gave an example of someone whose blood pressure reading had been high, she had asked them to come back on another day. Following another high reading she had referred them back to their GP. It was found that person had an issue with their kidney.

The pharmacy had an established workflow in place. As they were situated close to two surgeries they received a number of walk-in prescriptions. Workload was planned in accordance to the number of prescriptions on the NHS spine. The team tried to clear as many prescriptions as they could. Labels were printed and these were placed alongside the prescription in a basket; the team then worked through dispensing these. Occasionally the RP self-checked. She said she only usually did this for prescriptions that had one item, when other team members were busy or providing services. She said that she would take a mental break by doing something else before checking her work.

Dispensed and checked by boxes were available on labels; these were initialled by team members when they were dispensing or checking. A quad box was also printed on the prescriptions which team members initialled when completing various steps of the dispensing process. The pharmacy team used colour coded baskets to ensure that people's prescriptions were separated, to reduce the risk of errors and to manage the workflow.

The pharmacist was aware of the change in guidance for dispensing sodium valproate and the pregnancy prevention programme. An audit had also been carried out, the pharmacy did not have anyone who fell in the at-risk group. Warning stickers were also available. The RP said that when people collected a prescription for isotretinoin they were asked to do a pregnancy test, this was also requested



when they were collecting owings. When the pharmacy received a prescription for high-risk medicines such as warfarin the RP said that she would check the person's yellow book and a record was made on the electronic patient medication record.

Prescriptions for CDs had a warning card attached. Different coloured cards were used for different CD Schedules. Separate cards were available and used to highlight things at the point of handout such as incomplete prescriptions or if something additional needed to be done such as reconstitution.

A list of people who were supplied their medicines in compliance packs was organised and divided between individual dispensers. The pharmacy ordered prescriptions from the surgery. Each person on the service had an individual record card which listed all the medicines they were taking. This was used to compare against the prescription when it was received. The team members called the surgery if there were any missing or new items after which a record was made on the person's electronic record and on the individual record card as well as in the message diary. Packs were prepared by the dispenser and checked by the pharmacist. In the event that someone was admitted into hospital the pharmacy team were called by the hospital for details of the person's medication history. The pharmacy team then communicated with the GP for an update on any changes as a discharge letter was sent to the GP.

Assembled packs observed were labelled with mandatory warnings and product descriptions. There was an audit trail to show who had prepared and checked the packs. Patient information leaflets were supplied on a monthly basis. Deliveries were carried out by a designated driver. Signatures were obtained from people when their medication was successfully delivered. In the event that someone was unavailable, medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and stored appropriately. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. CDs were kept securely. Date checking was completed every three months. Short-dated stock was logged and marked with a red dot. No date-expired medicines were observed on the shelves checked. A date-checking matrix was in place. Dispensers were allocated sections which they were required to check.

The pharmacy was compliant with the Falsified Medicines Directive (FMD). Packs were scanned at the point of dispensing. Team members said that not all packs received were FMD compliant. Out-of-date and other waste medicines were segregated at the back of the pharmacy away from stock and then collected by licensed waste collectors. Drug recalls were received via emails, these could be accessed by all team members. Alerts were printed, left for all team members to look at and stored in a folder.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

Glass calibrated measures were available. Tablet triangles were available. A separate counter for use with cytotoxic medicines was available to avoid cross-contamination. A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet.

The blood pressure monitor calibration was organised by head office and replacement monitors were available if required. Other equipment was calibrated by external agencies who provided the equipment. The computers were password protected and screens were not visible to people using the pharmacy. Confidential waste was shredded.

### 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.