

# Registered pharmacy inspection report

**Pharmacy Name:** Gt. Berry Pharmacy, Unit 4 Gt Berry Centre,  
Nightingales, Langdon Hills, BASILDON, Essex, SS16 6SA

**Pharmacy reference:** 1031017

**Type of pharmacy:** Community

**Date of inspection:** 21/09/2020

## Pharmacy context

This pharmacy is situated next to a surgery in a residential area. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to help people take their medicines safely. It also provides a smoking cessation service and flu vaccinations. The inspection was undertaken during the Covid-19 pandemic.

## 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 adequately identifies and manages the risks associated with its services. The pharmacy largely keeps the records it needs to by law to show that medicines are supplied safely and legally. Team members know how to protect vulnerable people. They discuss dispensing mistakes when they happen but they don't always get chance to record these, mainly due to the increased workload posed by the Covid-19 pandemic. Restarting this process should help them make sure they don't miss opportunities to learn and make the pharmacy's services safer.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs); team members had read and signed the ones that were relevant to their roles. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE). The responsible pharmacist (RP) who was also the superintendent pharmacist explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

Following the last inspection, the pharmacy had started recording dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). In the event that a near miss was identified the RP said that he would look to see who was involved and what could be changed or if there was an alternative way of working which would help to avoid reoccurrence. The RP said that he would also speak to everyone involved and notify the team of what had happened. More recently, due to the Covid-19 pandemic, the team had not been recording near misses. The RP said that he would ensure this was restarted as the workload had become more manageable. The RP had set up a group chat on a messaging application and at the end of each month updated all team members with any trends or patterns. As a result of a past review pregabalin and gabapentin had been moved on the shelves.

Dispensing errors were recorded on the patient medication record (PMR electronic system). The RP said that that he would inform the team of what had happened and complete a root cause analysis.

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 RP said that he would speak to people if they had a complaint to see if there was anything which could be changed. The pharmacy completed annual patient satisfaction surveys. The RP said that the team had received positive feedback during the height of the pandemic and people had been very helpful.

Records about private prescriptions, emergency supplies, unlicensed medicines, controlled drug (CD) registers and RP records were generally well maintained. However, one of the CD registers had not been updated for a few weeks despite their being evidence of supplies having been made. Following the inspection, the RP provided evidence that all registers had been brought up to date. 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 under the medicines counter and were not visible to people using the pharmacy. Computers were password protected. The RP, dispenser and medicines counter assistant had NHS smartcards. The RP had access to Summary Care Records and consent was gained verbally from people to access these. The RP said an information governance policy was in place which was reviewed annually. The RP had spoken to the team about this. The RP had attended lectures about the General Data Protection Regulation before it had come into place.

The RP had completed a level two safeguarding course and had verbally briefed the team. Details for local safeguarding contacts were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. Team members are given some ongoing training to keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a medicines counter assistant (MCA) and another member of staff. The other member of staff had worked at the pharmacy since the start of the Covid-19 pandemic but had not been enrolled on or completed any accredited training programmes. The team member had been on the dispenser training course at her previous place of employment but had not been able to complete the course. Following the inspection, the SI provided evidence that the team member had been enrolled on the dispenser training course. A dispenser trainee usually worked full-time but had been away for a few weeks due to an emergency. The RP was observed to complete most dispensing and checking on his own. The RP said that when all team members were present the workload was well managed.

Staff performance was managed informally by the RP unless he received a complaint about a team member. The RP said that once a year he had a sit down with each team member and see if there was any particular area that they wanted to learn more about, after which he would try and find them the relevant information. The RP said that he also passed information sheets from pharmacy magazines to the team. The RP had verbally briefed the team with updates during the Covid-19 pandemic.

The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She would always refer to the pharmacist if unsure or for any requests for multiple sales. The MCA said that the RP provided information on new products.

The RP discussed things as they came up with the team and verbally briefed them if there was a change in legislation or any other changes. Information was also shared via the group chat to all team members. There were no numerical targets set for the services offered.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the pharmacy's services and are clean and tidy. People can have a conversation with a team member in a private area.

### Inspector's evidence

The dispensary was in the main clean. Space was limited but there was sufficient clear space available for dispensing and checking. Multi-compartment compliance packs were prepared in the consultation room. Cleaning was done by team members through the course of the day. Handles and counter tops were wiped down up to three times a day. Team members were able to maintain distance. Team members were observed to use face shields and only three people were being allowed into the pharmacy at any given time. The retail area of the pharmacy was large and people waiting were able to maintain distance from other people.

A large consultation room was available. This was accessible from the shop floor and allowed low-level conversations to take place inside which could not be overheard. Following the last inspection, a lock had been fitted. Prior to the start of the inspection the door to the room had been open. The RP agreed to ensure it was kept closed and locked when the room was not in use. The premises were kept secure from unauthorised access. 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

The pharmacy generally provides its services safely and effectively. It gets its medicines from reputable suppliers and largely stores them properly. And team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use.

### Inspector's evidence

There was step-free access to the pharmacy. A variety of patient information leaflets were available in the shop area. Services and opening times were clearly advertised.

Prescriptions were taken in at the counter and placed so that they could be dispensed in order. These were then dispensed by the RP who checked his own work after this. He described then leaving the dispensed prescription for one of the other team members to double check and handout. The RP said that no matter how busy it was he tried to get a second check. He also tried to keep abreast of commonly occurring near misses and shared this information with the team.

Dispensed and checked-by boxes were available on the labels; these were initialled by the team to help maintain an audit trail. The pharmacy team used baskets for prescriptions to ensure that people's prescriptions were separated and to reduce the risk of errors.

The RP was aware of the change in guidance around pregnancy prevention for dispensing sodium valproate and was also aware of the need to use the warning stickers. The RP said that he had spoken to two people who fell in the at-risk group; however, no records had been made of this. This was discussed with the RP.

When supplying high-risk medicines, the RP tried to hand the dispensed medicines out himself. He added that he would ask to see the yellow book for people on warfarin. Prior to the Covid-19 pandemic a note had also been made on the person's electronic patient medication record (PMR). However, records had not been made since the start of the pandemic.

Multi-compartment compliance packs were prepared by a dispenser who worked part time. Once these had been prepared, they were checked by the RP. Prescriptions were ordered for people by the dispenser.

Assembled packs observed were labelled with product descriptions and mandatory warnings. Patient information leaflets were handed out monthly. There was no audit trail in place to show who had checked the packs. So, this could make it harder for the pharmacy to show who had done this tasks if there was a query. Electronic prescription tokens were attached to the bags so that team members could check the prescriptions at the point of handing out the medication.

Deliveries had previously been carried out by a designated driver. However, the driver had since stopped working for the pharmacy. During the height of the pandemic the pharmacy had used local volunteers to help with the deliveries. In the event that someone was not home medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored and

recorded daily. Recorded temperatures were within the required range for the storage of medicines. The dispenser explained that the temperature probe had stopped working properly a few days before the inspection and she had ordered a new one. CDs were stored in accordance with the relevant legislation. Some medicines were found on the shelves which had been removed from their original packaging. The team member explained that she thought it had been done over the weekend and that she would speak to her colleagues.

Date checking was done by the team. Short-dated stock was marked and recorded. A date-checking matrix was available. No date-expired medicines were found on the shelves checked. The pharmacy did not have the equipment or software to comply with the Falsified Medicines Directive (FMD). This had been previously discussed with the RP. Out-of-date and other waste medicines were segregated at the back of the pharmacy and then collected by licensed waste collectors.

Drug recalls were received via email. The RP said that he had set up a folder to store printed recalls. The latest recall had not been relevant to the pharmacy.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

### Inspector's evidence

Calibrated glass measures and tablet counting triangles were available. These were clean and ready for use. A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet. Since the last inspection the pharmacy had obtained a new blood pressure monitor; however, due to the Covid-19 pandemic this had not been used. The carbon monoxide monitor was calibrated by the local smoking cessation team, but people using the stop smoking service were no longer required to have their carbon monoxide levels monitored due to the pandemic.

Confidentiality was maintained through the appropriate use of equipment and facilities. The computer in the dispensary was password protected and out of view of patients and the public. The computer in the consultation room was set up to log out after a period of inactivity. A shredder was available and used to destroy confidential waste. Some confidential waste was seen in the general waste bin but the RP gave an assurance that team members went through this each evening and removed anything that required shredding.

### 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.