

Registered pharmacy inspection report

Pharmacy Name: Well, 1 Kibcaps, Lee Chapel South, BASILDON,
Essex, SS16 5SA

Pharmacy reference: 1031019

Type of pharmacy: Community

Date of inspection: 07/05/2024

Pharmacy context

The pharmacy is in a row of shops in a residential area in Basildon, Essex. It receives most of its prescriptions electronically and provides NHS services such as dispensing prescriptions, the New Medicine Service (NMS), COVID and flu vaccinations and the Pharmacy First service under patient group directions (PGDs). The pharmacy supplies medicines in multi-compartment compliance packs to people who need this support to manage their medicines at home, and it offers a delivery service.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy uses written procedures to help deliver safe and effective services. It ensures that team members understand their responsibilities and how to carry out activities. Team members protect people's information, and have the relevant training to safeguard the welfare of people using their services. People using the pharmacy's services can easily provide feedback, and team members learn from any mistakes to help make the pharmacy's services safer. The pharmacy generally keeps the records it needs to by law.

Inspector's evidence

The responsible pharmacist (RP) sign was correct and visible to the public at the time of inspection. The RP record was held electronically, and it was completed correctly. The employer's liability insurance was displayed, and the indemnity insurance certificate was held on the pharmacy's email account. Both were in date.

The pharmacy's standard operating procedures (SOPs) were stored online in a central learning system which staff had access to through individual login details. The RP could see team members' progress on the system and regularly reminded staff to check for updates. This ensured that team members' progress was tracked, and they stayed up to date. There was a quiz and declaration for each SOP, which had to be successfully completed before the individual team member would be signed off to carry out the task(s) associated with each procedure. The SOPs were regularly reviewed and updated by the pharmacy's head office. The SOP relating to the absence of a responsible pharmacist was displayed in the dispensary. And team members were able to describe what action they would take if they did not have an RP present. They could explain what activities they could and could not do.

The pharmacy had processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes which had reached the person (errors). Errors and near misses were recorded on the Datix platform. The RP said that team members were encouraged to record their own mistakes on the system to promote learning, and they had an informal discussion surrounding the mistake. Some examples of actions taken in response to mistakes were separated formulations, such as immediate release and modified release tablets of the same medication. The platform was linked to the NHS 'learn from patient safety events' (LFPSE) service, any errors were also forwarded to the SI and area manager via this system. The RP was able to describe a recent error which had left the pharmacy and the actions taken to rectify and help minimise reoccurrence. The pharmacist said a root cause analysis would be completed for further learning, and to support discussions with the team.

Feedback or complaints from people using the pharmacy's services could be received verbally in person, by telephone or through a generic company email. If a complaint was received, team members had an SOP to refer to and the RP could escalate issues to the area manager if needed.

The RP had been trained to level three in safeguarding, and all other staff members had been trained to level two on e-learning for health (e-LFH). Team members were able to describe some of the signs to look for and were aware they could use the consultation room for private discussions if necessary and when to refer to the pharmacist. The delivery driver also knew to raise any concerns with the

pharmacist for escalation.

Team members had also completed e-LFH information governance training and knew how to protect people's information. All computers were password protected and a locked confidential waste bin was in use, this was collected monthly by an external company for correct disposal.

Private prescription records were held electronically on the patient medication record (PMR) system, and largely contained the correct information, however some were missing the prescriber's address. The RP gave assurances this would be recorded going forward. Certificates for unlicensed medications were completed correctly. The pharmacy did not usually issue emergency supplies, and utilised the Pharmacy First urgent medicines supplies service. The controlled drug (CD) register was held electronically and seen to be correctly maintained. The physical quantity of a random CD was checked and found to match the recorded balance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate levels of staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice. Team members can raise concerns if needed, in an open and honest environment. Team members do some ongoing training. But they often have to do this in their own time which may make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively, and there was no significant backlog of work. The team was managed by the RP and another relief pharmacist was present to help with providing clinical services. Team members took turns in covering the front counter as there was not a designated member of staff for this task. They commented that this could cause interruptions to dispensing, which could increase the chance of near misses occurring. But they were aware of this risk. Team members that were questioned were able to demonstrate an awareness of medicines with the potential for abuse and could identify people making repeat purchases. Some team members were observed serving people and seen asking appropriate questions when responding to requests or selling medicines.

All team members had completed accredited courses or were undergoing training enrolled with an accredited provider. They used the company's online learning system as well as e-LFH to complete mandatory training such as General Data Protection Regulation (GDPR) and infection prevention, however there was not designated training time for this, and they often completed learning outside of work hours.

Staff felt that service targets put extra pressure on the team, but they would not let the targets affect their professional judgement. The RP had weekly conference calls, where targets were discussed and support had been provided, through the relief pharmacist. The RP said that they felt comfortable about raising concerns with the area manager and the relief pharmacist said she had felt able to contact the company's head office to give feedback on some ongoing issues. Team members did not have a formal appraisal but said they felt able to raise concerns with the RP. The team described an open and honest workplace and had informal discussions around concerns and feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, with adequate space for providing its services safely. The premises helps protect people's confidential information and a room is available for private conversations. The pharmacy premises are safe and appropriately maintained, and are secure from unauthorised access.

Inspector's evidence

The pharmacy had single door access large enough for wheelchair users, with a small retail area and some seating for people awaiting service by the entryway. Pharmacy-only medicines were kept behind the counter and in clear boxes on the shop shelves which directed people to ask for assistance. Medications awaiting collection were kept behind frosted glass doors to ensure that patient identifiable information could not be seen by people in the shop area. There was a small consultation room, which allowed for conversations at a normal level of volume to be private. The room was accessible from the shop floor and had a coded lock for when not in use. Some documents with patient identifiable information were found in the consultation room, however these were moved into the dispensary during the inspection. The RP gave assurances these would be kept secured in future.

Team members could clearly see the public from the dispensary, but confidentiality was maintained. There was a storage room at the rear of the premises where the team had space to dispense multi-compartment compliance packs without distractions.

The premises were clean and generally tidy with bright lighting and kept secure from unauthorised access. Air conditioning was available to maintain suitable medicines storage temperature. There were handwashing facilities available in the dispensary. The pharmacy had a toilet for staff with separate handwashing facilities. Team members cleaned high-touch areas during quieter times, and medicinal storage areas were cleaned when completing date checking duties.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy suitably manages its services, and a range of people can access them. It sources its medicines from reputable suppliers and stores them appropriately. It supplies its medicines safely, and the pharmacy team knows the right actions to take if medicines or devices are not safe to use. This protects people's health and wellbeing.

Inspector's evidence

The pharmacy had signs in the window to tell people what services it provided, and health information leaflets were available outside the consultation room. Step free access and automatic doors made it accessible to a wide range of people. Large-print labels were available to people on request.

Medicines were sourced from licensed suppliers. A random spot check of stock revealed no expired medicines and a date-checking matrix was used to ensure stock was regularly checked for out-of-date medicines. Stickers were used to highlight short-dated items on the shelves. Some tablets which were not stored in their original container or labelled with an expiry date and batch number, were found on the shelf. However, these were removed from dispensing stock and placed with the pharmaceutical waste. The CD cabinets were secure in accordance with regulations. Dispensed CDs were stored separately from stock and expired medicines were segregated in clearly marked bags while awaiting destruction. Returned medicines were collected by an approved waste contractor. Records for the pharmaceutical fridge were largely completed daily and showed no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius. The RP and dispenser said this would be completed daily in the future.

Team members were observed following the SOP for dispensing prescriptions and baskets were used to keep items for different people separate. Dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks. 'Owings' stickers produced by the PMR system were attached to prescriptions that could not be supplied in full, and then filed for processing when stock arrived. The code on these stickers was scanned daily and the system was able to identify if stock had arrived for dispensing. The dispenser described how they contacted the prescriber to seek a suitable alternative if they couldn't obtain the necessary medicines.

Team members were aware of the risks involved when supplying valproate products to people who could become pregnant. Valproate products were separated on shelves with warning stickers attached to remind staff to take care when dispensing. The team explained that they would check whether people were on the Pregnancy Prevention Programme (PPP) and recorded interventions on the PMR system. They also knew about requirements to only supply these products in complete original manufacturer's packs, and to ensure they didn't cover any of the warnings with dispensing labels. Stickers were used to highlight prescriptions for other high-risk medicines, this prompted the pharmacist to consult these people and check they were having the regular blood tests they needed. Clear fridge bags allowed insulin products to be checked with people at the point of handout.

The pharmacy dispensed some medicines in multi-compartment compliance packs for people who needed help to manage their medicines independently. The pharmacy held information sheets for each person requiring a compliance pack which helped them to order prescriptions on people's behalf on a

four-week cycle. Upon receipt they checked against the PMR and any discrepancies were followed up with the GP practice, with documentation made accordingly. Patient information leaflets were provided and there was a brief description of each tablet or capsule inside the compliance pack, alongside any medicine warnings.

The pharmacy had a delivery driver who delivered some medicines to people. All items to be delivered were clearly labelled and the driver used a hand-held terminal to record deliveries made. The driver was not required to obtain a signature for receipt of items, and this was reflected in the SOP. For CDs the driver signed the prescription at the pharmacy prior to delivery, to create an audit trail for these medicines. The driver ticked off each successful delivery and returned any failed deliveries back to the pharmacy. Fridge lines were dispensed in clear bags and highlighted so that the drivers could ensure they were kept in a cool box for transport.

The team members sent a text message to people who had medication on the shelf awaiting collection which was dispensed three weeks prior, on a weekly basis. If the person had not collected by the fourth week, the prescription was removed from the shelf and medication was returned to stock. Prescriptions were returned to the prescriber and a note was made on the PMR. The dispenser said if a person had multiple uncollected prescriptions, then they would contact the person's GP to make them aware.

The pharmacy administered COVID and flu vaccinations and there were valid PGDs for providing these services. The PGDs had been signed and dated by the pharmacists. The pharmacy provided the Pharmacy First service and the RP said that there was a single master authorisation sheet for signing the PGDs for this, but this was not seen during inspection. The RP gave assurances that it had been completed and would be re-done if not found.

The pharmacy received safety alerts and drug recalls, or other problems with medicines or medical devices, through the pharmacy's general email and pharmacy computer system. The RP signed each alert with any action taken and then retained these in a designated file. The pharmacy system sent a message to alert the team if a recall had not yet been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to deliver the services it provides safely. Facilities are used to ensure the privacy and dignity of the public is protected. It maintains its equipment so that it is safe to use and has adequate resources to provide information.

Inspector's evidence

The team had access to and used current and relevant reference sources for clinical checks and providing advice to people. Team members had their own NHS smartcards, this enabled individuals to access electronic prescriptions. All computers were password protected to safeguard information. The pharmacy used suitable, clean standardised conical measures for measuring liquids and had a tablet counting triangle available for dispensing loose medication. A separate triangle available for counting cytotoxic medication. Sharps bins were available in consultation room for correct disposal of vaccinations.

The consultation room was clean and tidy, with a small desk and two chairs. There were locked filing cabinets in the room which were used for securely storing the pharmacy's confidential paperwork. There was a blood pressure monitor which was calibrated yearly, and an otoscope which had been recently acquired for the Pharmacy First service. The pharmacy offered the Ambulatory Blood Pressure Monitoring (ABPM) service but did not hold the devices on site. These were shared between a few stores, and it could contact its head office if a device was required for a person needing the 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.