

# Registered pharmacy inspection report

**Pharmacy Name:** Allcures Pharmacy, 1 Marshview Court, London Road, Vange, BASILDON, Essex, SS16 4QW

**Pharmacy reference:** 1031022

**Type of pharmacy:** Community

**Date of inspection:** 29/10/2019

## Pharmacy context

The pharmacy is located next to a convenience store in a residential area. A surgery is also located nearby. People who use the pharmacy are mainly from the local area. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides Medicines Use Reviews, the New Medicine Service and provides flu vaccinations.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	3.2	Standard not met	The consultation room is not suitable for the services provided. It does not allow a private conversation to be held with a team member in person without being overheard.
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy cannot show that it always stores medicines which require refrigeration appropriately.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy adequately identifies and manages the risks associated with its services. 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 know how to safeguard vulnerable people. They work to written procedures to help provide the pharmacy's services safely. But some standard operating procedures have not been reviewed for some time, which may mean that the information contained in them is not current.

### Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles. These were reviewed by head office; some SOPs required a review to have been completed at the end of 2018. There was no evidence of this having been done. The pharmacy had received some new SOPs from head office about the new Quality Payment Scheme and update to the Medicines Use Review (MUR) service. Team roles were defined within the SOPs.

When a near miss was identified by the responsible pharmacist (RP) it was brought to the attention of the dispenser and recorded on a near miss log. There were no entries made on the log sheet since August 2019. The RP said that there had not been any near misses since then. Dispensers were asked to record their own near misses. The RP reviewed the near misses if they were occurring too frequently but said that there had not been an occasion where a similar mistake had reoccurred. Patient safety reviews were said to be completed most months, evidence of this was not seen. As a result of past reviews similar packages had been marked and the team tried to keep 'look-alike' 'sound-alike' (LASA) medicines separated. Amitriptyline and atenolol had been separated as a result of this.

Dispensing incidents were investigated. The RP would see who was involved in the dispensing and checking process, inform head office, inform the patient of the complaints procedure and make a record of the incident. An incident had occurred where the incorrect quantity of a controlled drug (CD) had been supplied; this had been picked up by the RP during the balance check. The RP had reported this to the superintendent pharmacist (SI) and to the local CD accountable officer. The RP had requested a reprint of the prescription, obtained the box which was supplied and made the locum pharmacist aware of the error. As a result of the incident, the RP made sure that where possible a second check was obtained and made sure people physically counted the quantity when checking.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure in place with a notice displayed, this explained to people how they could make a complaint. Annual patient satisfaction surveys were also carried out. As a result of past feedback about the lack of chairs in the waiting area, more chairs had been added.

The correct RP notice was displayed. Team members were aware of the tasks that could and could not be carried out in the absence of the RP.

Records for private prescription, unlicensed medicines supplied, RP and CD registers were well maintained. CD balances were checked regularly. 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. Emergency supplies were not frequently supplied as the pharmacy was open the same hours

as the surgery and the RP was able to obtain prescriptions in most cases.

Assembled prescriptions were stored in the dispensary and were not visible to people using the pharmacy. Computers were password protected and screens also faced away from people. The pharmacy had an information governance policy in place; this was reviewed by head office. Relevant team members who accessed NHS systems had smartcards. The regular pharmacist had access to Summary Care Records (SCR); consent to access these was gained verbally. The RP had verbally briefed the team on confidentiality particularly about discussing people with others.

The RP had completed level 2 safeguarding training and had verbally briefed the team. Team members had also completed safeguarding training and would refer any concerns to the RP. Details for the local safeguarding boards were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has an adequate number of team members for its services, 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. Team members are given 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 who was the regular pharmacist, a trained dispenser and a trained MCA. Team members said that when the team was fully staffed they could manage the workload. However, when there was anyone on holiday or absent it was a struggle. The company policy was to cover leave within branch where possible otherwise the team could contact head office who then tried to make other arrangements.

Team members had a performance review with the RP every 12 to 18 months. In between the reviews the RP would flag up anything that she had picked up and provide feedback. The RP also carried out role-plays with team members. The dispenser said that role-plays were usually done after she came back from leave. One of the dispensers who was not present at the time of the inspection was training to become a technician.

The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She checked with the RP before selling medicines or when someone wanted to purchase multiple items.

Training sessions were held by head office when there were new products being launched. Team members had recently attended a training for Tena products. Team members also completed online training where they watched videos and answered questions. The last module had covered children's oral health. If the RP felt it was needed she would print information and pass this to the team to read.

As the team was small meetings were not held. Things were discussed as they came up and the RP arranged for the team to go out for dinner when she felt that something needed to be discussed. Head office communicated with teams via email which the RP cascaded to team members. Head office also held training for pharmacists for accreditation to provide services such as for flu vaccinations.

Team members felt able to feedback and raise concerns both to the RP and head office team. They gave an example of giving feedback on the vacuum cleaner which had been replaced.

Targets were in place for services provided such as MURs. Head office checked to make sure the team were providing services; however, team members said there was no major pressure to provide the services. If needed stores were able to request for additional resources. Occasionally team members were given incentives to meet targets. The RP said that targets did not affect her professional judgement.

## Principle 3 - Premises Standards not all met

### Summary findings

The consultation room is not soundproof and conversations held between team members and people in the room whilst services are provided can be overheard. However, the premises are largely suitable for the pharmacy's services and are mostly clean and tidy.

### Inspector's evidence

The pharmacy was generally clean and tidy throughout. There was ample workbench space available in the dispensary which was allocated for certain tasks. Workbench space was clear and organised. A separate area of the dispensary was dedicated for the management of the multi-compartment compliance packs service. Medicines were stored on shelves in an organised and tidy manner.

The consultation room was in part of the dispensary and was in a shared room with the area where the compliance packs were assembled. This area was segregated with partition boards and shelves but conversations could clearly be overheard in the dispensary. The pharmacy used this area to provide flu vaccinations and 'weigh-ins'. The RP said that she would ask team members to keep away but conversations could still be overheard in the main dispensary. This was observed during the inspection.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

## Principle 4 - Services Standards not all met

### Summary findings

The team members do not regularly record the fridge temperature. This means that they are less able to show that the medicines inside have been kept at the right temperatures and are still safe to use. The pharmacy fridge also has a large amount of ice. However, the pharmacy otherwise manages its services adequately. It gets its stock from reputable sources and mostly stores it properly. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

### Inspector's evidence

There was step-free access to the premises with a ramp available; an alarm alerted team members when someone entered the pharmacy. Team members spoke a variety of languages including Gujarati and Hindi, some people came in with a translator or the team used online translation applications. There was a variety of patient information leaflets available on a stand in the shop. Services were clearly advertised in the shop window. The RP had spoken to the team about communication and taking peoples' needs into account. The pharmacy had the facilities to produce large print labels. Team members knew what services were available and described signposting people to other providers if a service was not offered at the pharmacy. Team members used the Essex website to find services including smoking services. The team had a good working relationship with the surgery next door.

The RP felt that the flu vaccination service had the most impact on the local population due to the convenience of being able to walk in and the ease of access. The pharmacy had longer opening times compared to the surgery and the surgery had fixed clinics. The pharmacy had provided over 150 vaccinations since the service had started in September. The needle exchange and supervised consumption services also had an impact as there were not many of these services offered locally.

The pharmacy was running a new weight management service which had been launched in Essex through ACE lifestyle. The programme consisted of a 12-week programme and people came in regularly for a weigh-in and received healthy living advice. The service had been launched in August and the pharmacy had 12 to 15 people who were registered on the service and some people had obtained successful results.

The pharmacy had an established workflow in place. Prescriptions were predominantly received electronically. Prescriptions were dispensed by the dispensers and left aside in baskets for the RP to check. On some occasions the RP labelled prescriptions. Prescriptions for which items were owed were stored on a dedicated shelf. Dispensed and checked by boxes were available on labels; these were routinely used by the team.

The RP was aware of the change in dispensing sodium valproate and the associated Pregnancy Prevention Programme. The pharmacy did not have anyone who collected sodium valproate regularly who fell in the at-risk group. Most people had been changed over to other medicines when the guidance had changed. The RP had not been aware of the need to use the warning labels. The inspector reminded the RP of the requirements.

The pharmacy received most prescriptions from the surgery next door, the surgery checked monitoring for everyone on warfarin before a new prescription was issued. If the pharmacist noticed that someone

had not had their INR checked she flagged it with the surgery. The RP also asked people for their INR results, but this was not recorded.

The pharmacy had individual medicine charts for each person who was supplied with their medicines in a multi-compartment compliance pack. A copy of the person's repeat medications was kept with this. Prescriptions were ordered by the pharmacy team every three weeks. The list of people who had their medicines supplied in multi-compartment compliance packs was divided into four separate weeks to help manage the workflow. The pharmacy had a whiteboard with details of when people's medicines were due. The local hospital notified the team of any changes. Prescriptions were checked against the medicines chart and any changes were confirmed with surgery with a record made. Packs were prepared by the dispenser and checked by the RP. Packs were not left unsealed or prepared in advance of prescriptions being received.

The pharmacy had switched a few people who had received their medicines in compliance packs to original patient packs. The pharmacist gave an example of one person whose medicines had been reduced and was only taking two. The pharmacy was not starting any new people on the compliance pack service unless there was an urgent need.

Assembled multi-compartment compliance packs seen were labelled with product details, mandatory warnings and there was an audit trail in place to show who had dispensed and checked the packs. Information leaflets were supplied monthly.

The pharmacy served as a collection point for a few people whose medicines were dispensed into multi-compartment compliance packs by head office. The bags with dispensed medicines received from head office were not opened.

Deliveries of medicines to people's home were carried out by a designated driver. Signatures were obtained when medicines were delivered. In the event that someone was not home medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures records had not been updated since 24 October 2019 and the team had not been recording the fridge temperatures since then. At the time of the inspection the maximum and minimum temperatures were out of the required range for the storage of medicines. There was a considerable amount of ice in the freezer which had come down into the fridge and was touching the stock below it, which included vaccinations. CDs were not all held securely initially, but this was rectified during the inspection and the pharmacist said that she would ensure they were kept securely in the future.

Expiry date checks were generally carried out every four to six weeks and as stock was received. A date checking matrix was in place, but this had not been updated since June 2019; short dated stock was marked with dots. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

The pharmacy had the software that it needed to comply with the Falsified Medicines Directive (FMD). Scanners had still not been received. The RP was unsure of when this was to be rolled out.

Drug recalls were received via email from head office who also sent out a separate notification. The RP also received MHRA emails. The notification was sent with the daily delivery and needed to be updated and sent back. Dispensers also had access to the pharmacy's email account. The team had received the more recent recall for ranitidine.



## 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

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready to use. A separate tablet counting triangle was used for cytotoxic medicines and separate measures were used for liquid controlled drugs to avoid cross-contamination. A fridge of adequate size was also available.

A blood pressure monitor was available which was occasionally used as part of the MUR service. The RP said that it was a couple of years old and said it would be replaced.

Up-to-date reference sources were available including access to the internet. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was segregated and sent to head office for destruction.

### 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.