

# 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:** 10/09/2020

## 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 provides Medicines Use Reviews, the New Medicine Service and provides 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 asks its customers for their views. It 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.

### Inspector's evidence

Standard operating procedures (SOPs) had recently been updated by the pharmacy's head office. The responsible pharmacist (RP) had signed these off and was due to print them so that they could be read and signed by other team members. The RP anticipated this to be completed in the next two to three weeks. Team roles were defined within the SOPs. 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 RP explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff. These had been carried out by the RP for team members and an area manager had completed one for the RP. Team members were observed to maintain distance from each other whilst working.

The RP said that no team members had contracted work-related Covid. The inspector discussed with her the requirements for reporting any relevant cases to the appropriate authorities if any occurred.

The pharmacy had processes in place to record 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). When a near miss was identified by the responsible pharmacist (RP) it was brought to the attention of the dispenser and recorded electronically. There had been no entries made recently as the RP said that there had not been any near misses. Patient safety reviews had been completed mostly monthly prior to the Covid-19 pandemic, this had stopped since the start of the pandemic. As a result of past near misses medicines had been separated on the shelves and if some medicines had similar packaging another box was placed upright in between to distinguish the two separate medicines.

Dispensing errors were investigated with steps put into place to ensure a similar error did not reoccur. 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 error. The RP said that there had not been any reported errors recently.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure with a notice displayed which 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. To ensure social distancing could be maintained only three to four people were allowed into the pharmacy at any given time. The chairs in the waiting area had been separated to ensure there was sufficient space in between them.

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 controlled drug (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 made 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 and 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 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, who was the regular pharmacist, and two trained dispensers, one of who was completing NVQ 3 training. Team members said that when the team was fully staffed, they could manage the workload. 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. Contingency plans were also in place to cover branches in the event that team members or teams needed to isolate.

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. However, this had not been done for some time due to the Covid-19 pandemic. The NVQ 3 trainee was given dedicated study time on days where there was an overlap between the two dispensers. The dispenser asked the RP for help if she was stuck on any area of her training.

Team members counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. Due to the Covid-19 pandemic, once team members had confirmed people's name and address the bag of medication was placed on the counter for them to collect. This was done to help with infection control. Hand gel was available for team members to use.

Prior to the pandemic, training sessions had been held by head office when there were new products being launched. This had stopped since the start of the pandemic. Team members also completed online training where they watched videos and answered questions. If the RP felt it was needed, she would print information and pass this to the team to read. Pharmacists had recently completed the flu refresher training online.

As the team was small meetings were not held. Things were discussed as they came up. Head office communicated with teams via email which the RP cascaded to team members. Team members felt able to feedback and raise concerns both to the RP and head office team. Head office had sent the team regular updates and guidance during the pandemic as new information was released.

Targets were in place for services provided such as Medicines Use Reviews. Head office checked to make sure the team were providing services; however, team members said there was no undue 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 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 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. Cleaning was carried out by team members with all surfaces wiped down. A clear plastic screen had been fitted at the medicines counter. The pharmacy had devised a one-way system in the retail area and markings had been stuck to the floor to prompt people.

The consultation room was in part of the dispensary and was in a shared room with the area where the compliance packs had been assembled. But the pharmacy no longer provided medicines in these packs. A sliding door was available to close off the room from the main dispensary. The door into the room from the shop floor was locked when not in use. The room had not been used frequently during the pandemic as most face-to-face services had stopped. Team members were able to speak to people in quiet areas of the shop if needed.

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 met

### Summary findings

Overall, the pharmacy provides its services safely and manages them well. It gets its medicines from reputable suppliers and stores them properly. And it responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people 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 positive impact on the local population due to the convenience of being able to walk in and the ease of access. She felt that this service would be more impactful during the Covid-19 pandemic. The RP was waiting to receive stock of the vaccines but said that she had already been inundated with calls from people wanting to book appointments. The RP had booked people in with half an hour slots to allow time to clean the room between appointments. People were given a pre-consultation form electronically which could also be accessed by scanning a QR code. Once this had been completed and submitted by the person the form could be accessed by the RP on the PharmOutcomes system. The pharmacy had longer opening times compared to the surgery and the surgery had fixed clinics. The needle exchange and supervised consumption services also had an impact as there were not many of these services offered locally. The supervised consumption service had stopped during the peak of the pandemic but was being restarted.

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 was aware of the need to use the warning labels.

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 no longer supplied medicines in multi-compartment compliance packs. People who had been enrolled on this service had all been transferred to head office. People who had their medicines delivered were supplied straight from head office and the pharmacy served as a collection point for those people who collected their own medicines.

Deliveries of medicines to people's home were carried out by a designated driver. To help cope with the increased demand for deliveries during the pandemic the company had employed new drivers. To help with infection control signatures were not obtained when medicines were delivered. The driver marked off a list as medicines were delivered. In the event that someone was not home the medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored and recorded daily and these were observed to be within the required range for the storage of medicines. 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; 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. Team members said that they also received a call from their head office to check if they had received the alert.



## 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 new blood pressure monitor was available but this was not routinely used because of the pandemic.

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.