

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: 04/10/2022

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. As well as dispensing NHS prescriptions the pharmacy provides flu vaccinations and the New Medicine Service (NMS).

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's working practices are generally safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy mainly keeps the records it needs to by law so that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people. It protects people's personal information appropriately. Team members generally respond appropriately when mistakes happen during the dispensing process. But they don't consistently record near misses. So, this may mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

Standard operating procedures (SOPs) were available and were updated by the pharmacy's head office. These were available electronically and a hard copy was also available. Team roles were defined within the SOPs. Team members who were based at the pharmacy had read and signed SOPs.

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 team member who had made the error and rectified. At the time of the inspection near misses were not being recorded as there had not been a regular pharmacist for some time. Near misses had previously been recorded but had not continued since the regular pharmacist had left. One of the locum dispensers was in the process of reorganising the dispensary and shelves to help avoid picking errors. 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, and make a record of the error. An error occurred during the inspection where someone else's medicines were delivered to someone else. The RP planned to complete an incident report form for this.

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.

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 registers were well maintained. There were discrepancies seen in some of the controlled drug (CD) registers seen. The SI provided an assurance that he would investigate these. CDs that people had returned were recorded in a register as they were received. Emergency supply records did not always have the nature of the emergency recorded. Team members described that the pharmacy did not frequently give emergency supplies 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 and this was reviewed by head office. Relevant team members who accessed NHS systems had smartcards.

The RP and locum dispenser had completed level 2 safeguarding training and the regular team member had read the SOPs. Team members had also completed safeguarding training and would refer any concerns to the RP. The RP was unsure of where details for the local safeguarding boards were kept but was aware that they could be found online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely. Team members are comfortable about providing feedback to one another. And they are adequately trained and supported.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of a locum pharmacist and three trained dispensers, two of who were locum dispensers. A trainee who was doing the medicines counter assistant (MCA) and dispenser courses also worked but was off on the day of the inspection. The pharmacy had not had a regular pharmacist for three months and another trained dispenser had also left at the same time. Team members said the company had recruited a new pharmacist who was due to start two weeks following the inspection and as the company were finding it difficult to recruit a dispenser, they planned to move the trainee into the dispensary and recruit a new MCA. Team members said it felt like the workload had increased recently and it felt like they were behind but were up to date with their dispensing.

Due to the staffing issues individual performance was managed informally. Locum pharmacists provided team members with feedback. As the team was small, meetings were not held. Things were discussed as they came up. Head office communicated with teams via email. Team members felt able to feedback and raise concerns to the head office team and spoke directly to the SI if there were any issues.

Team members counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. The dispenser was due to attend training provided by the local drug and alcohol service for dealing with heroin overdose. There were no targets for the services provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was generally clean, however, the dispensary floor had some rubbish on it and looked as though it had not been swept for a few days. There was ample workbench space available in the dispensary which was allocated for certain tasks. Workbench space was clear and organised. Medicines were stored on shelves in an organised and tidy manner. Cleaning was carried out by team members with all surfaces wiped down.

The consultation room was in part of the dispensary and was in a large room which previously had been used to assemble compliance packs. At the time of the inspection the room was being used to store assembled prescription bags which contained people's private information. The RP and a team member provided an assurance that these would either be moved or stored in a way to ensure the information was not visible. 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. 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. It obtains its medicines from reputable sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so 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 and an alarm alerted team members when someone entered the pharmacy. 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 people's 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 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 not available on labels but team members were initialling the corners. Baskets were used to separate prescriptions. The RP said on the day of the inspection he hadn't had to self-check. But the previous day there was only one dispenser so he had asked the dispenser to double check his work.

The RP was aware of the additional guidance when 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. The RP was aware of the need to use the warning labels. Label placement was discussed with the team. The pharmacy received most prescriptions from the surgery next door, the surgery checked monitoring for everyone on warfarin before a new prescription was issued. 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. The pharmacy's dispensing hub now dispensed the packs for people who needed them. People who had their medicines delivered were supplied straight from the dispensing hub 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 with infection control signatures were not obtained when medicines were delivered except for CDs. 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 had not been recorded since the end of August 2022. At the time of the inspection the fridge temperature was observed to be within the required range for the storage of medicines. Flu vaccinations were recently being stored in the staff fridge, the temperature of this not being monitored at the time of the inspection. The SI provided an

assurance that he would send a temperature probe to the pharmacy which automatically monitored the temperature. Team members started a new recording sheet for the medicine's fridge during the inspection. CDs were held securely. The team were in the process of rearranging the dispensary shelves and were carrying out expiry date checks at the same time. 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.

Drug recalls were received via email from head office who also sent out a separate notification. The notification was sent with the daily delivery and needed to be updated and sent back. The dispenser had access to the pharmacy's email account.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean.

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 blood pressure monitor was available at the previous inspection this had been new the team member provided assurance that she would speak to the pharmacist about replacing the monitor.

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
✓ 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.