

Registered pharmacy inspection report

Pharmacy Name: Allcures Pharmacy, 562 Whitmore Way, BASILDON, Essex, SS14 2ER

Pharmacy reference: 1031032

Type of pharmacy: Community

Date of inspection: 05/02/2020

Pharmacy context

The pharmacy is located on a main road in a residential area. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people. It also provides Medicines Use Reviews (MURs) and the New Medicine Service (NMS). A GP practice is situated next door to the pharmacy.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.2	Standard not met	The premises do not always protect people's confidentiality. People using the consultation room can potentially see other people's personal information.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot show that it always stores its medicines properly. It cannot demonstrate that it stores medicines which require refrigeration appropriately. It does not always remove date-expired medicines from stock promptly. And this could increase the chance that people get a medicine which is past its 'use-by- date. It does not keep all its pharmacy-only medicines in areas which would prevent self-selection
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. 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. When things go wrong, the pharmacy team responds well.

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. Core dispensing SOPs did not incorporate the Falsified Medicines Directive (FMD). Team roles were defined within the SOPs.

Dispensers had been requested by the Responsible Pharmacist (RP) to record any near misses; records were seen to show that these had been recorded. These records were then reviewed each month to identify any trends. In the past the team had separated 'look-alike, sound-alike' (LASA) medicines on the shelves, different strengths of some medicines had been separated and the RP went through the process of dispensing with each individual. If an individual was making the same mistake repeatedly the RP took them aside and had a chat with them. A Patient Safety Review form was completed each month with a copy sent to head office. At the end of the year information was collated from the monthly reviews and an annual review was done. The pharmacy technician completed the review each month and briefed the team on mistakes and common themes. At the last review it had been noticed that as the pharmacy had become busier and a dispenser was lost more near misses were recorded, the RP found that the increase in mistakes was due to the speed with which everyone was working and had asked team members to slow down. The team had completed training on LASA medicines and were asked to double check their own work and a new member of staff had joined.

Dispensing incidents were recorded on an incident report form and on the National Reporting and Learning System website. A root cause analysis was completed with the superintendent pharmacist (SI). Incidents were discussed with the team at the group huddles in the past medicines such as allopurinol and atenolol had been separated on the shelves.

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 pharmacy had a complaint procedure. And details of this were displayed on a poster. The pharmacy also completed an annual patient satisfaction survey. The RP had not received any complaints in the time that he had worked at the pharmacy and said feedback was usually positive. Due to feedback about people not being provided with healthy living advice frequently the team had started discussing and promoting healthy living more. Also due to the reduced number of MURs which the pharmacy could provide the RP had more time to speak to people and had provided smoking cessation and weight-loss advice.

Records for private prescriptions, emergency supplies, unlicensed specials, controlled drug (CD) registers and RP records were well maintained. CD balance checks were frequently carried out for commonly dispensed medicines. The liquid balance was done more frequently. 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.

The pharmacy had an information governance policy in place; this was reviewed by head office. This had recently been reviewed and team members were due to look through the information. Relevant team members who accessed NHS systems had smartcards with the exception of the new team member. The regular pharmacist had access to Summary Care Records (SCR); consent to access these was gained verbally.

The RP and team members had completed safeguarding training. Contact details were available for local safeguarding leads and the Local Pharmaceutical Committee (LPC) had also sent the details via email.

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

On the day of the inspection the pharmacy team comprised of the RP, a pharmacy technician and a trained medicines counter assistant (MCA). The RP felt that there were an adequate number of staff. The MCA worked three days a week, and a new team member had started and been enrolled on the combined course; she covered the counter but had been briefed not to sell any medication. Holidays were covered by additional team members supplied by head office. The team co-ordinated with local branches to arrange cover. In the past the pharmacy had been covered by a locum dispenser when cover could not be arranged.

Team members had a performance review with the RP every three months. The RP and team member discussed performance, improvements that could be made and the individuals' strengths and weaknesses. Training needs were also discussed and the RP would bring to the team members attention if he thought they could have handled something differently. If the RP identified that dispensers were making too many mistakes linked to LASA medicines, he would ask them to refer to the training programme or course.

The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter and would not recommend ibuprofen to be used for someone with chicken pox. She described the process that she would follow when handing out prescriptions and was aware that gabapentin was a CD. However, she was not aware that zopiclone was also a CD and a prescription for it was valid for 28 days. The inspector informed the team member of prescriptions that were valid for 28 days.

The team member on the formal training course had been enrolled on the course in December. She usually completed work at home and brought it in to the pharmacy to go over it with the RP. The technician also helped with the training. The RP provided the trainee with learning resources and as it was an online training course, he showed her how she could access the course as well as the resources.

Team member were enrolled on the Numark training package, training was done at home and it was up to the individual which modules they completed. The company did not provide any support for the technician to complete his CPD and he usually spoke to the RP and used training material from pharmacy magazines to keep up to date and complete training. The team were visited by representatives from manufacturers who came in and briefed them when new products were launched. The team learnt about changes in legislation via pharmacy alerts or magazines. Head office had recently checked who needed to renew their first aid training and would arrange for this if there were enough people needing to complete this. The company also sent people to external training courses and the team had attended one on quality payments.

Meetings were held monthly and in between when needed. The RP drew up a list of things that were going to be discussed. Team members communicated with head office and the SI via telephone and email. And they felt able to feedback and give suggestions to a point.

The pharmacy was set an average count of how many MURs needed to be carried out. There was no pressure to meet this and the target did not affect the RP's professional judgement. The RP described still having a 'chat' with people about their medicines even if they were not eligible for an MUR.

Principle 3 - Premises Standards not all met

Summary findings

People using the consultation room can potentially see other people's personal information. Otherwise however, the premises are generally suitable for the pharmacy's services and they are kept secure. Some areas of the pharmacy are untidy or require cleaning. This detracts somewhat from the overall appearance of the pharmacy.

Inspector's evidence

The pharmacy had not received a refit for some time but it was clean and generally tidy. There was limited workspace in the dispensary. A sink was available. Medicines were arranged on the shelves in a tidy and organised manner. Multi-compartment compliance packs were prepared in the dispensary or the consultation room if it was free. Cleaning was done by the team. The pharmacy was due to undergo a refit but the RP was unsure as to when this was. A chair was available for people to use while waiting for their medication. There was a shed at the back of the pharmacy which was used to store waste medicines and consumables. There were a number of cobwebs in here.

A large consultation room was available for use; people had to walk past the medicines counter to access this room. The room was used for providing services offered by the pharmacy and for private consultations. This room was also used to store assembled prescriptions and people's private information was visible to those using the room. The RP had previously been told that this would have been addressed with the refit. However, there had been no timescales provided as to when this would be.

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

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot show that it always stores its medicines properly. It cannot demonstrate that it keeps medicines requiring cold storage at the right temperature. Team members do not regularly record the fridge temperature after resetting the fridge when temperatures are seen to be outside of the required range for the storage of medicines. 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. It does not always remove date-expired medicines from stock promptly. And this could increase the chance that people get a medicine which is past its 'use-by- date. It does not keep all its pharmacy-only medicines in areas which would prevent self-selection. 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 wide automatic door. An alarm sounded when people entered and left the pharmacy; this alerted team members that there were people in the shop area. The pharmacy had widened the aisles to ensure there was easy access to the medicines counter. There was also flat access to the consultation room. Some team members were multilingual and the team also used electronic translation applications. The pharmacy had the facilities to produce large print labels.

The pharmacy's services were advertised and there was a wide range of leaflets throughout the pharmacy. Team members were aware of the need to signpost people to other providers. People were supplied with leaflets or team members used the internet. The team also used an online referral system as part of which people were handed two forms; one to give to the provider and one for themselves. Team members were familiar with local services which were popular such as sexual health. The local sexual health centre had also given the pharmacy leaflets for people to take.

The RP felt that the MUR service had the most impact, as people preferred to have a face to face chat and time to sit and talk to someone about their medicines. The RP described how a number of older people were not sure why they were taking certain medicines and picked and chose the ones they took. The RP used this opportunity to educate them on what each of the medicines were for and this helped increase compliance.

Most prescriptions were received electronically from the surgery next door. These were dispensed by one of the dispensers and checked by the RP. On rare occasions the RP had to self-check, when he had to do so he described taking a mental break in between dispensing and checking. Colour coded baskets were used to separate prescriptions and to help manage the workflow. 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 (PPP). The pharmacy had one regular person who fell in the at-risk group and collected sodium valproate regularly; the RP had counselled this person. The team were aware of the need to use the warning labels when sodium valproate was not dispensed in its original pack and the electronic system also generated additional warning labels.

Team members checked that people were having regular monitoring when they collected prescriptions for high risk medicines such as lithium and warfarin. People were also asked about their INR reading for warfarin. Local surgeries did not issue prescriptions unless the INR had been checked. Details were recorded on the electronic system. Some local GPs wrote the information relating to levels in the notes section of the prescription.

The pharmacy had individual medicine charts for each person who was supplied with their medicines in a multi-compartment compliance pack. Prescriptions were ordered by the pharmacy team. At the time of labelling the system highlighted any new medicines or changes. Prescriptions were usually labelled by the RP, or if the dispensers were labelling, they would flag any changes to the RP. This was then confirmed with the surgery and occasionally a record was made on the person's electronic record. The RP gave assurances to ensure this was done on all occasions. 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.

If a person was admitted into hospital, the team did not prepare any packs until discharge information was received via the Pharmoutcomes systems. The team would then liaise with the GP to sort out a new prescription. Packs were prepared by the technician or dispenser trainee and checked by the RP. Prior to preparing packs, dispensers picked the items which were then checked.

A pack waiting to be collected was seen to have been prepared on 11 December 2019. Prescriptions for this had been submitted and the RP said that the prescription had been issued in December. The tray contained zopiclone, the prescription for which is only valid for 28 days. The RP gave assurances that he would go through all assembled prescriptions and remove any prescriptions which had expired and obtain a new prescription where needed. The pharmacy prepared eight packs at a time for most people. The stability of medicines in packs was discussed with the RP.

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 one person whose medicines were dispensed into multi-compartment compliance packs by head office. The bags with dispensed medicines received from head office were not opened and were delivered by the driver.

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. The pharmacy had a domestic fridge. The fridge temperature was monitored and recorded daily. On a number of occasions, the temperature was outside of the required range for the storage of medicines. Team members described the steps that they took when this happened, which included lowering the settings and re-checking the probe. There were no records kept of the re-checked temperature. At the time of the inspection the minimum temperature was just out of the required range for the storage of medicines. CDs were held securely, although some pharmacy-only medicines were stored on open display and could be accessed by people using the pharmacy.

Expiry date checks were generally carried out every three to four months and as stock was received. A date-checking matrix was in place; short-dated stock was marked with dots. Three expired medicines were found on the shelves checked. These had expired in July, September and December 2019. The

team was in the process of doing a date check at the time of the inspection. 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 but mentioned a few branches in the company had the system implemented.

Drug recalls were received through the central alerting system (CAS) and head office notified teams via email for serious or urgent recalls. The alerts were printed, brought to the attention of the team. Recalls were checked by the technician or RP. The last actioned recall had been for ranitidine.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had a range of clean glass calibrated measures available. Tablet counting trays were available. Separate measures were marked for methadone use only and a separate counter was used for cytotoxic medication to avoid contamination. Up-to-date reference sources were available including access to the internet. The pharmacy had a fridge of adequate size.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were 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.