

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: 13/04/2021

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 the New Medicine Service (NMS). A GP practice is situated next door to the pharmacy. 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
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. 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. The SOPs were reviewed by head office. New SOPs had been circulated for the NHS Community Pharmacist Consultation Service (CPCS). 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 responsible pharmacist (RP) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

The pharmacy recorded 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). The RP recorded 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 medicines which looked or sounded alike, and different strengths of some medicines had been separated. A week prior to the inspection the pharmacy had the 'Pharmapod' system installed. This was to be used to record all dispensing errors, information governance breaches and near misses. 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 RP completed the review each month and briefed the team on mistakes and common themes. Following a recent review, a team member had been asked to slow down when dispensing and read the labels and prescriptions carefully. Dispensing errors were recorded on Pharmapod. There had been no recent errors.

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. There was a complaint procedure and details of this were displayed on a poster in the public area. 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.

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 checked 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 which 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. 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. They undertake some ongoing training to help 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 dispenser. The RP felt that there were an adequate number of staff. Holidays were covered by additional team members supplied by head office. The team co-ordinated with local branches to arrange cover.

The RP had started working at the branch at the beginning of January. Team members usually 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. Since starting at the branch, the RP had not had a chance to have a formal review with team members but had been giving them verbal feedback.

The dispenser 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.

Prior to the pandemic, 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. Prior to the pandemic, the company had also sent people to external training courses. The RP had recently completed training on the new GPCPCS service and had briefed the team on what he had learnt. The RP had also briefed the team on the new Covid-19 test distribution service.

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 provide feedback and make some suggestions.

Numerical targets were set for services provided. The team were encouraged to provide as many services as they could. There was no pressure to provide services and the targets did not affect the RP's professional judgement. The RP enjoyed providing different services.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and are suitable for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had not received a refit for some time but it was clean and generally tidy. Since starting at the pharmacy, the RP had decluttered the dispensary and reorganised shelves. There was limited workspace in the dispensary and a clean sink was available for the preparation of medicines. Medicines were arranged on the shelves in a tidy and organised manner. 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 and the shed was cluttered and disorganised; the RP had spoken to the team at head office about obtaining shelves for the shed so that it could be organised. Team members were able to maintain distance from each other. Some members of the team were observed to use face coverings. There was adequate space in the dispensary to maintain distance. Only four people were being allowed into the pharmacy at any given time, this had recently been increased from two. The retail area of the pharmacy allowed people waiting to be able to maintain distance from other people and a one-way system had been introduced. Screens had also been fitted at the counter. Hand sanitiser was also available for team members and people to use.

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. And it allowed people to have a conversation inside with a team member which would not be overheard. Items which needed to be held securely were stored within lockable cabinets and people's information was not visible to others using the room.

The room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available to regulate the temperature. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources and 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 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.

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. Prescriptions for CDs were highlighted.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The RP was aware of the need to use the warning stickers and said that the patient medication record system printed these automatically.

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. The RP described that the new electronic system did not allow for this information to be recorded. Some local GPs wrote the information relating to levels in the notes section of the prescription.

Medicines in a multi-compartment compliance packs were no longer supplied from the pharmacy. The service had been transferred to the head office branch which dealt with all aspects of the service including delivery.

Deliveries of medicines to people's home were carried out by a designated driver. To help with infection control the pharmacy had stopped obtaining signatures when medicines were delivered during the pandemic. There had been a fourfold increase in the number of deliveries carried out since the start of

the pandemic. In the event that someone was not home, medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and were stored appropriately. The pharmacy had a domestic fridge. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. CDs were kept securely.

Expiry-date checks were generally carried out frequently and as stock was received. A date-checking matrix was in place; short-dated stock was marked with dots. No date-expired medicines were observed 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 through the central alerting system (CAS) and head office notified teams via email for serious or urgent recalls. The RP also received alerts from the MHRA. The alerts were printed and brought to the attention of the team. Recalls were checked by the technician or RP.

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. Since joining the pharmacy, the RP had purchased a new set of measures to use for liquid CDs. These were stored in a drawer. Tablet counting trays were available. A separate tray 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.