

Registered pharmacy inspection report

Pharmacy Name: Brook House Pharmacy, 20 Brook Parade, High Road, CHIGWELL, Essex, IG7 6PF

Pharmacy reference: 1031043

Type of pharmacy: Community

Date of inspection: 19/11/2019

Pharmacy context

The pharmacy is in a parade of shops towards the end of the main shopping street. It provides NHS and private prescription dispensing mainly to local people. The team also dispenses medicines in multi-compartment compliance packs for some people. There is a visiting beautician and chiropodist who use a room in the pharmacy on one day each week.

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

Members of the pharmacy team generally work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. The pharmacy manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and this found to have been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The staff said that when they made mistakes in the dispensing process these were pointed out to them by the pharmacist, but these mistakes were not regularly recorded. This meant that trends and patterns in these mistakes might be missed.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice. One pharmacist did not sign out of the responsible pharmacist record when they left for the day which meant that they could still be viewed as responsible the following day, if the new pharmacist did not sign in.

People's feedback about the pharmacy was sought by the team in the annual NHS survey, but the results of this were not available on the NHS web-site. The staff did not know the outcome of the last one. They were aware of ad hoc feedback from customers, who were reported to give positive feedback to the staff. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

The staff were seen not to share their NHS cards which gave access to the electronic prescriptions and summary care records. The team had all had some training on confidentiality, but not specifically about the new data protection legislation. Confidential waste was separated and bagged and shredded. All the shop's waste was taken to the local tip by a member of staff. The pharmacy should establish that this complies with local waste disposal rules or review its waste management processes to achieve compliance.

The team had all done some safeguarding training, and the staff said they would speak to the pharmacist if they had any concerns about the welfare of vulnerable people. There were contact details for the local safeguarding boards available for use, if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date. There is good communication between the pharmacists, and this helps to make services safe and effective for people.

Inspector's evidence

During the inspection there was a pharmacist and a dispensing assistant who was in the process of becoming a registered pharmacy technician. There was also a counter assistant, who had completed her training. Three pharmacists worked in the pharmacy regularly, on different days. They left messages for each other and also communicated using electronic means. This included passing on relevant information about issues which had arisen on one day, but which needed to be completed or followed up the next.

The staff reported that they were able to cope with the workload and knew where to get help, if needed. The counter assistant was heard to ask for help when she was asked a question to which she did not know the answer.

The team had access to an industry Healthcare Academy which provided training packages for the team. They said there was encouragement given by the regular pharmacists to complete these packages but they were not provided with any protected time to do so. But they reported that they found the training packages useful. For example, one of the training packages had improved the counter assistant's knowledge of cold preparations.

The staff did not have formal appraisals, but said they felt able to make suggestions to the owner, who was one of the regular pharmacists. All the team said that they felt able to make decisions within their roles and that this did not affect their professional judgement. There were no targets set by the owner for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and generally provide a safe, secure and professional environment for people to receive healthcare. Areas where the public are able to access could be better defined. All marked fire exits should be kept accessible.

Inspector's evidence

The majority of the shop area was used for non-pharmacy retail lines. The pharmacy counter and dispensary were to one side of the shop. This area was quite small but adequate for the volume of medicine sales. There was suitable lighting and the area was kept clean.

There were two consultation rooms. The chiropodist used one of the rooms on one day each week. When this was happening, the pharmacist would use the other room for consultations. This second room was largely used for providing beauty treatments. It did not give a very professional image to people using it for pharmacy consultations as it was untidy and full of the beautician's equipment. When the beautician was working, the pharmacist used the chiropodist's room. This was left in a much tidier, and more professional state when not being used by the chiropodist.

There was adequate heating and lighting throughout the premises. An exit at the rear, marked as a fire exit, was not kept clear.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective, and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people. The pharmacy doesn't always provide patient information leaflets when it supplies medicines in multicompartiment compliance packs. So, some people may not have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy usually used a dispensing audit trail on the labels attached to medicines to identify who had dispensed and checked each item. This audit trail was not always completed, especially if the pharmacist dispensed and checked the item themselves. This could make it harder to identify those involved in the event of a future query. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another.

Following advice given by the previous inspector, the pharmacist said that the pharmacy team now monitored people taking warfarin, lithium or methotrexate. These people were always asked about any recent blood tests, and their current dose, and this was usually recorded. A sample of people taking these medicines were identified and there were current records for these tests. So the pharmacy could show that it was monitoring these people in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were also routinely counselled about pregnancy prevention. Appropriate warnings were put onto dispensed medicines. However, schedule 4 controlled drug prescriptions were not consistently highlighted to staff who were to hand them out. This could mean that staff are not always able to ensure that the prescriptions are not given out more than 28 days after the date on the prescription.

A few people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. But the sheets carrying the labels were loose and could easily become separated from the packs. The packs did not have tablet descriptions to identify the individual medicines and the manufacturer's information leaflets were not supplied each month, but only at the start of each treatment. So, people may not have up-to-date information about their medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

The pharmacy got its medicines from licensed wholesalers. It stored them on shelves in a tidy way. There were stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done by a member of the team who came from another shop in the group. The pharmacy has not been provided with a scanner which would comply with the Falsified Medicines Directive, but they had the software to implement it.

Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets.

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.