

Registered pharmacy inspection report

Pharmacy Name: Shantys', 62 Baddow Road, CHELMSFORD, Essex,
CM2 0DL

Pharmacy reference: 1031064

Type of pharmacy: Community

Date of inspection: 08/10/2021

Pharmacy context

This independent pharmacy is located not far from the town centre of Chelmsford in Essex. The pharmacy has a dispensing robot. In addition to traditional dispensing services, the pharmacy offers New Medicines Service (NMS) consultations and assembly of multi-compartment compliance packs. The pharmacy was visited during the Covid-19 pandemic.

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 not all met	1.1	Standard not met	The pharmacy does not have current standard operating procedures available.
		1.6	Standard not met	The pharmacy does not maintain its controlled drug registers in line with requirements. And it is not clear which set of fridge temperature records the pharmacy is relying on.
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 not all met

Summary findings

The pharmacy does not have current standard operating procedures available. And it does not maintain all its controlled drug registers in line with requirements. It is not clear which fridge temperature records the pharmacy is relying on. However, the pharmacy has some safe and effective working practices. When a mistake is made, the staff generally respond appropriately. Team members know how to protect the welfare of vulnerable people. And they generally protect people's personal information adequately.

Inspector's evidence

The pharmacy kept near miss (dispensing mistakes which did not reach a person) and error logs (dispensing mistakes which reached a person) but the pharmacist was not able to locate these during the inspection. The pharmacist said that these were handled by the pharmacy technician. A spreadsheet was later supplied by email and confirmed that these were being recorded. But the spreadsheet was not always fully completed. For example, the person dispensing a medicine was often left blank and it was not clear whether this meant that they could not be identified or whether it was the pharmacist who dispensed and checked the prescriptions. On many entries, the type of near miss was not recorded, and the medicines involved were missing. This could make it very difficult to identify any trends and patterns to reduce the risk of mistakes being repeated in the future. The pharmacist said that they routinely separated similar products when an error occurred. The pharmacy had current professional indemnity insurance.

The pharmacy largely relied on Google reviews for feedback, and these were largely noted to be positive. The pharmacy was about to distribute a customer feedback questionnaire as part of their NHS service provision and said that they would use the feedback to further improve the pharmacy service. The previous year's questionnaire had not been done because of the pandemic.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were largely completed correctly, but the pharmacist did not routinely sign out at the end of each day. When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present, but it was not possible to check whether roles and responsibilities for team members had been identified in the SOPs.

The pharmacist said that the pharmacy had a comprehensive range of SOPs which were in the process of being worked on, but they could not be found in the pharmacy and the pharmacist did not know where they were. It was not therefore possible to examine them. A folder containing some SOPs was found in a cupboard in the consultation room. These were dated in 2015 and many of them were not signed by team members. The pharmacist said that these were historic and were not relevant to the current practice in the pharmacy. Team members were asked about the SOPs and whether they had seen any or were aware of them. They were unable to answer any questions about the SOPs. While the pharmacy did provide some additional information in an email following the inspection, there was no follow-up information supplied regarding the SOPs.

The records examined were not all maintained in accordance with legal and professional requirements. The CD registers were not always appropriately maintained. The class of drug was missing from many

pages and there was evidence of crossing out to make corrections. There were several pages in recent registers where the majority of entries were written in pencil. This was brought to the pharmacist's attention, who then started to write over the top of these entries in pen. The registers were not therefore maintained to the legally required standard and there was a risk that the entries written in pencil could be harder to rely on if there was a query. The electronic private prescription book was appropriately maintained. The pharmacy had two sets of fridge temperature records, and it was not clear which was the one being regularly used (see Principle 4).

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use, but a card was in use in a computer for a team member who was not present in the pharmacy. It was not verified whether the card was signed in. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary but there were also some items in the unlocked consultation room., and the pharmacist gave assurances that this would be addressed. The pharmacy team had undertaken training about the General Data Protection Regulation (GDPR) and had signed confidentiality agreements.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team and team members had undertaken safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have an understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback to identify any opportunities for development or learning.

Inspector's evidence

There was one full-time pharmacist, one part-time pharmacy technician and one trained, part-time dispenser. There was also a team member who had qualified as a pharmacist in India and was waiting for her qualification to be accepted in the UK. The pharmacist was not aware of what additional training was required for the team member to work in the pharmacy while her registration was being considered. She agreed to investigate this and ensure that the team member was registered on any required courses. The pharmacy was generally up to date with dispensing and routine tasks. Team members undertook accredited training courses and did some on-going learning to keep their knowledge and skills up to date. This included reading articles in pharmacy magazines, and they had recently reviewed their learning on GDPR. The pharmacist was aware of the current requirements for revalidation.

Team members said that they felt able to give feedback to the pharmacist and make suggestions on how services in the pharmacy could be improved. One such example was where a team member had identified that when multiple electronic prescriptions were received at different times for a person, that there was an increased chance of one of the medicines not being collected. They have also identified that a person appeared to have two records with a GP practice and brought this to the practice's attention. They had devised a system to match up all the bags of dispensed medicine for a person to ensure that all the prescribed medicines were issued. The pharmacy did not use incentives and targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure and generally clean. The pharmacist has an area to check prescriptions. The pharmacy has been refitted to a good standard. It is generally tidy, but some areas are a little cluttered.

Inspector's evidence

The pharmacy had undergone a refit since the previous inspection, which had been done to a good standard. The pharmacy was generally observed to be clean. There was a regular cleaning schedule in place. There were measures to prevent the spread of Coronavirus in the pharmacy including screens across the pharmacy counter, a one-way queuing system, masks and limiting the number of people who could enter the premises at any one time. Team members undertook regular Lateral Flow Tests (LFTs).

There were dispensing workflows in place, but some areas of the dispensary were observed to be cluttered with stacked boxes and trays of medicines. The pharmacist said that due to the pandemic, much of the stock in the robot had expired and been removed. This led to more stock being kept outside the robot but there was a lack of space to store it all. The pharmacist said that there were plans to re-arrange the stock and tidy the dispensary. The pharmacist had a dedicated area to check prescriptions and this was kept clear to reduce the risk of mistakes. The pharmacy had appropriate levels of lighting and air conditioning was used to ensure that medicines were kept at the right temperature.

There was a clean and bright consultation room, but this was not routinely being used during the pandemic except for flu vaccinations. Not all items in the room were stored securely, and the pharmacist said that this would be addressed. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy identifies and gives advice to people taking higher-risk medicines to make sure that they are taken safely. And it takes the right action if any medicines or devices need to be returned to the suppliers. The team members follow safe practice when assembling compliance packs which help people to take their medication. The pharmacy gets its medicines from reputable suppliers and it generally stores them properly. But it is not clear which fridge temperature record it relies on. So, it could be harder for it to show that medicines requiring cold storage have been kept at the appropriate temperature. And it does not always remove date-expired items from stock, which could increase the risk that people are supplied with medicines that are past their expiry date.

Inspector's evidence

The pharmacy was accessed via a wide door at street level and there was a one-way system to reduce risk of Covid transmission and facilitate wheelchair access. There was a hearing induction loop available, and a team member described how she often wrote things down for a person with hearing impairment.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was generally stored appropriately in the pharmacy, but due to the lack of available shelves, there were several stacked cardboard boxes of stock on the dispensary floor. The pharmacist said that date checking of the stock was carried out on a regular basis but could not locate any records to demonstrate this. A record sheet was later received by email. This contained a line for each month to indicate that the whole pharmacy had been checked but did not break this down into any identifiable areas. This meant that the record may not accurately that all stock had been checked if an area was accidentally missed. One such example was the CD cabinet. This was checked only by the pharmacist but was found to contain stock which had expired in February 2021 and April 2021 and had not been separated from the regular CD stock. The date checking sheet supplied indicated that the whole pharmacy had been checked every month. There was a basket containing some unlabelled bottles of medicine in the area used for assembling the multi-compartment compliance packs. The team member using the area could not identify them and the pharmacist said that they were medicines that had been removed from the packs. These were disposed of.

The pharmacy reviewed people on higher-risk medicines such as lithium, warfarin and methotrexate and the pharmacist routinely enquired about blood test results related to these medicines. They also provided additional advice about how to take these medicines safely. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The pharmacist was asked to demonstrate how to take and record the fridge temperature. She said that the temperature were managed by a team member who was not working on that day. The pharmacist was shown how to correctly operate the fridge thermometer. None of the other team members working in the pharmacy knew how to use the thermometer. The pharmacist was asked for the fridge temperature records and presented the fridge temperature record system on the pharmacy computer. This showed a recorded range of 3 to 6 degrees Celsius every day. The temperature range observed by the inspector was 2.1 to 11.2 degrees Celsius which did not match the recorded range for the day. Following the

inspection, the pharmacy supplied a copy of a paper temperature record which showed that the maximum temperature had slightly exceeded 8 degrees Celsius on three consecutive days. These did not match the temperatures on the PMR system and there was no evidence of any action taken to investigate any divergence from the acceptable range. There was a lack of clarity around which set of records were relied upon by the pharmacy to demonstrate that medicines were stored appropriately. The pharmacy stored CDs securely.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person to identify their medicines. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication.

Patient-returned medicines were clearly separated into designated bins and disposed of appropriately. But trays of stock were observed to be stacked on the bin which made it harder to access. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services and makes sure that it is looked after properly, but there are some outstanding items of essential maintenance. It uses its equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had access to the equipment and facilities required for the safe and effective provision of its services. These included: Up to date reference sources, stamped glass measures and a labelled triangle for cytotoxic medication such as methotrexate. The pharmacy had been using plastic measures which did not display any calibration markings, but the pharmacist located an appropriately calibrated glass measure during the inspection and said that it would be used in future. The dispensing robot was maintained under a service contract.

All portable electrical equipment appeared to be in working order however there was a light switch next to the hand basin in the toilet area which was held onto the wall using adhesive tape. The switch was of a type that detected motion rather than requiring physical contact, which reduced the risk associated with this, but the pharmacist said that they would arrange to have it appropriately fixed to the wall.

Confidential waste was disposed of using a shredder, but there was a large volume of paperwork awaiting destruction. Options such as using an external contractor to securely destroy confidential waste were discussed.

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.