

Registered pharmacy inspection report

Pharmacy Name: Hannigans, 240 Bennetts Castle Lane, Becontree,
DAGENHAM, Essex, RM8 3UU

Pharmacy reference: 1031133

Type of pharmacy: Community

Date of inspection: 27/07/2022

Pharmacy context

This pharmacy is in a parade of shops in a residential area. It is a branch of a small group of pharmacies. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs.

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 largely safe and effective. The pharmacy generally keeps the records it needs to by law so that medicines are supplied safely and legally. The pharmacy asks its customers and staff for their views. Team members use the procedures in place to protect vulnerable people. Team members generally respond appropriately when mistakes happen during the dispensing process. But they don't consistently record or review 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 had recently been reviewed. Some SOPs including those for changeover of responsible pharmacist (RP) and the SOP about activities which could be undertaken in the absence of RP were not available and were forwarded to the inspector following the inspection. Most team members had read and signed SOPs relevant to their roles, audit records were incomplete for one of the team members who was not present on the day of the inspection. However, other team members thought she had read the SOPs. The team had been routinely ensuring infection control measures were in place.

The pharmacy recorded dispensing mistakes where the medicine was handed to a person (dispensing errors). Dispensing mistakes which were identified before the medicine was handed out (near misses) were said to be recorded on a log with steps taken to avoid reoccurrence. However, near miss records seen during the inspection were from August 2021 and earlier. Team members confirmed there had been near misses between August 2021 and the inspection but these had not been recorded. The team had separated capsules and tablets for some medicines but team members could not recall any other changes made. Team members had not had experience of dealing with dispensing errors. The RP was able to describe the steps she would take if a dispensing error occurred, where a mistake had been made and the medicine had been handed to a person.

A correct responsible pharmacist (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. Prior to the pandemic the pharmacy had also completed annual patient satisfaction surveys they had recently restarted this.

Records for emergency supplies and controlled drug (CD) registers were well maintained. Records for unlicensed medicines dispensed could not be found but the RP was able to describe the records she would keep. RP records were kept both electronically and on paper. The RP had signed out ahead of time of the paper copy, which could make the records less able to be relied upon. Private prescription records were also generally well maintained but the prescriber details recorded on some of the entries were incorrect. Controlled drugs (CDs) that people had returned were recorded in a register as they were received. A random check of a CD medicine quantity complied with the balance recorded in the register.

Assembled prescriptions were stored away from the view of people. Team members had been briefed on the General Data Protection Regulation and information governance when they first joined. Team members who accessed NHS systems had smart cards. The pharmacists had access to Summary Care

Records, consent to access this was gained verbally. And in a few cases, this had been written down.

The RP had completed level 3 safeguarding training as part of the covid vaccination service. Some team members had completed training as part of the C-card service and were able to describe the steps that they would take in the event that they had concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely, and they work effectively together and are supportive of one another. Team members do some ongoing training, but this is not always very structured, which may mean that opportunities to keep knowledge and skills up to date are missed.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP and two apprentices. Other team members who were not present included a trained medicines counter assistant (MCA) who was enrolled on the dispenser training course. Team members were all trained or undergoing training. Team members were able to manage their workload during the inspection. The RP felt that there were an adequate number of staff.

Staff performance was managed informally. And pharmacists usually provided team members with feedback if there was a problem of something was not done correctly.

The apprentice 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 start of the pandemic the company had arranged meetings for team members to attend at one of the branches. However, this had stopped during the pandemic and not been restarted. Head office sent new and updated SOPs to team members to read. Team members had not been briefed on the change in classification of fexofenadine, but had found it out themselves. Both apprentices attended training sessions either remotely or face to face. As part of their training contract both apprentices were to be provided with set aside time for completing training. This had not been provided for some time. Trainees had spoken to the SI about this and were due to get study time.

Team members discussed issues as they arose. Team members felt able to share suggestions, concerns and feedback. This was then usually discussed as a team and changes made accordingly. There were no numerical targets set for the teams.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services. But the pharmacy could do more to keep its consultation room clean and tidy so that it is suitable for people to use.

Inspector's evidence

The pharmacy had not received a refit for some time. But it was, in the main, clean and maintained to a level of hygiene appropriate for the provision of healthcare. The carpet in the retail area and dispensary was worn and stained. Some of the shelves in the dispensary were also dusty. This detracted from the appearance of the premises. Cleaning was usually carried out by the team. Bench space was allocated for certain tasks. A small room at the back of the dispensary was dedicated for storing and preparing multi-compartment compliance aids. A sink was available in the dispensary.

A signposted consultation room was available. The room was untidy. Not all confidential information inside was properly secured, but this was rectified during the inspection. Sharps bins were also stored in the room on the floor, and as the room was not locked there was a risk that these could be accessed by children. These were removed during the inspection. The premises were secure when closed. The ambient temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature.

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. Team members do not always refer to the prescription when it is assembling compliance packs. And this could increase the chance that a mistake is made.

Inspector's evidence

The pharmacy had a small step at the entrance, people who could not easily access the pharmacy would knock on the door and a member of the team would go out and assist them or help them in. The pharmacy was able to produce large-print labels. Most members of the team were multilingual.

The pharmacy's services were advertised using posters and there was a range of leaflets in the consultation room. Team members were aware of the need to signpost people to other services including other branches. There was a screen at front of the shop with signposting information for Covid vaccinations. Team members used the internet to find information for other services and some team members lived locally so were aware of local services.

The RP felt that local people having access to a health professional particularly during the pandemic when many face-to-face services were stopped had the biggest impact on the local population. Team members also felt that the C-card service had a positive impact as young people who accessed the service were able to access contraception safely. She felt that as the team was young, people felt more comfortable speaking to them. Two team members were trained to provide the service.

Prescriptions were received electronically and team members refreshed the system regularly to ensure there was a steady flow. Prescriptions were then printed out and labels were processed and the prescription dispensed. In the event that there was an issue obtaining stock, people were called and notified in advance. During the labelling process team members checked for new medicines, these were highlighted on the prescription and a form for the New Medicine Service was attached. Prescriptions were dispensed by a dispenser and left for the RP to check. The RP very rarely had to self-check. Dispensed and checked-by boxes were available on labels and these were routinely used by pharmacists. Dispensers did not routinely sign the 'dispensed-by' box which could make it difficult to investigate in the event that an error occurred. Baskets were used to separate prescriptions, preventing transfer of items between people. People who were prescribed inhalers for the first time were asked if they had been shown how to use their inhaler or if they needed a demonstration.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The team were aware of the need to use warning labels when sodium valproate was not dispensed in its original pack. Additional checks were carried out when people collected medicines which required ongoing monitoring.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy

ordered prescriptions on behalf of people for this service. The team worked a week ahead to ensure people's medicines were ready to collect when needed. To help organise and manage the service the pharmacy used a chart to track when people's prescriptions had been ordered, received, when packs were prepared and collected. Prescriptions were checked for any changes or missing items, a record was made on the system of any changes. Team members prepared packs in advance of receiving the prescriptions using the backing sheets. The prepared packs were then checked against the prescriptions when they were received. The team agreed that there were risks associated with preparing packs in this way and there was a chance that changes could be missed. The team agreed to speak to the SI and discuss with the surgeries for prescriptions to be ordered slightly earlier to allow time for the packs to be prepared once the prescription forms were received. Assembled packs seen were labelled with product descriptions and mandatory warnings, and patient information leaflets (PILs) were supplied monthly. However, there was an incomplete audit trail to show who had prepared the packs.

Deliveries were carried out by delivery drivers who delivered for all branches. Signatures were obtained for any CDs delivered. In the event that someone was not available, medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Medicines were organised on shelves in a tidy manner. Fridge temperatures were monitored daily and recorded. However, temperatures were not routinely recorded on Saturdays when a locum pharmacist worked. The team members provided an assurance that they would speak to the locum pharmacists. Records seen showed that the temperatures were within the required range for the storage of medicines. CDs were held securely.

Expiry-date checks were carried out every month in accordance with a matrix. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from stock and generally stored securely until collected by licensed waste collectors. Drug recalls were received via email and directly from wholesalers. These were checked and processed by the team. The RP was unsure if an audit was kept of actioned alerts but she described how she would leave a note for the SI and inform one of the lead pharmacists for the company.

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 its equipment clean.

Inspector's evidence

Glass measuring cylinders and tablet and capsule counting equipment were clean and ready for use. A separate tray was available and used for cytotoxic medication and separate measures were used for liquid CDs to avoid cross contamination. A blood pressure monitor was available which was used as part of the services provided. Team members were unsure of calibration arrangements but the RP said the machine was fairly new. A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet.

Confidentiality was generally maintained through the appropriate use of equipment and facilities. The computer in the dispensary was password protected and out of view of patients and the public. A shredder was available and used to destroy confidential waste.

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.