

Registered pharmacy inspection report

Pharmacy Name: Andrew Bass Pharmacy, 1148 Green Lane,
Becontree Heath, DAGENHAM, Essex, RM8 1BP

Pharmacy reference: 1031140

Type of pharmacy: Community

Date of inspection: 16/12/2019

Pharmacy context

The pharmacy is located within a parade of shops. People who use the pharmacy are mainly from the local area. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides Medicines Use Reviews, the New Medicine Service and the minor ailments service.

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 adequately identifies and manages the risks associated with providing its services. It largely keeps the records it is required to by law. The pharmacy keeps people's private information safe. And it asks its customers for their views. The team members respond appropriately when mistakes happen during the dispensing process. This helps them prevent similar mistakes from happening in the future and makes the services safer.

Inspector's evidence

Standard Operating Procedures (SOPs) were available and the owner had recently updated these. The old set of SOPs were also still available in the dispensary and this could cause confusion as to which SOPs were current and in place. The date that the new SOPs had been implemented was missing. Team members had looked through SOPs when they had a chance but they had not been provided with any allocated time to look through these. There was no audit trail to show that SOPs had been read and understood by team members. Following the inspection, the owner confirmed that he had reviewed the SOPs within the last two years of the inspection and would update the information on the SOPs.

Near misses were usually brought to the attention of the team member by the pharmacist as they were identified. Team members at the front also checked the medicines as they placed them in the bag after the pharmacist had checked. Near misses were recorded, although the dispenser could not locate the log during the inspection and said that she would make a record on a piece of paper and enter this onto the log once she had located this. Changes to be made were discussed with the team. The dispenser described the steps that the team took to ensure near misses did not happen including making sure that stock was placed the right way up and checking stock as it was placed on the shelves. In the past as a result of metformin 500mg and 850mg tablets having similar packs, someone had put them in the wrong place which had then been picked and spotted during the final check. Both items had since been separated on the shelves. Some strengths of medicines or those with similar sounding names were separated by placing another medication in between. The dispenser said that occasionally medicines counter assistants (MCAs) helped with placing medicines on the shelves. She confirmed that following the inspection stock management in the dispensary would only be done by dispensers and pharmacists.

Dispensing incidents were investigated and recorded in a book. Entries seen during the information did not have information recorded about patient details or prescriber details. As a result of a past error Cerelle and Cilest had been separated on the shelves.

The pharmacy had current professional indemnity insurance. A complaints procedure was in place and the pharmacy conducted annual patient satisfaction surveys. The pharmacy was one of the oldest pharmacies in Dagenham and had built good relationships with the local community. Many people usually gave positive feedback and some people travelled a long way to access the pharmacy.

Records for emergency supplies, unlicensed medicines supplied, controlled drug (CD) and responsible pharmacist (RP) registers were well maintained. Private prescription records were generally well maintained, but the date on the prescription was not always correctly recorded. 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.

Prescriptions waiting to be collected were stored away from the view of the public. There was an information governance policy and team members had been briefed on the main principles. Team members who accessed NHS systems had smartcards. The owner had access to Summary Care Records and would get consent in writing.

Team members had read through the safeguarding folder and were aware of what signs to be vigilant for. Most people who used the pharmacy were regular and were well known to the team. Team members would report any concerns to the pharmacist and then discuss next steps. The dispenser described an incident where they had picked up that someone was getting too much of a particular medicine as part of the minor ailments scheme, the pharmacist had a chat with the person and found that it was being used for all the children. The person had not been aware that this was not correct and had stopped doing so after being advised.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide 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 some ongoing training. But this is not very structured, and they are not given time set aside for training. This could make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of two trained dispensers and the RP (a regular locum pharmacist). One dispenser covered the front counter and the other helped in the dispensary. A second pharmacist covered when the dispenser went to do deliveries. The team felt that there was an adequate number of staff for the services offered.

Staff performance was managed informally by the owners. The owner was the regular pharmacist and provided team members with feedback and pulled them aside if he wasn't happy with something that had happened.

Team members counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. The team member was aware of maximum and minimum quantities of some medicines which could be sold over-the-counter. She was unsure about the recommended pain-relief to be used for children with chicken box and was informed of this by the inspector.

To keep team members up to date and to support their ongoing learning, the owner's wife (a pharmacist) shared any information with the team as she received it. The last information which had been shared with the team had covered pet medicines. One of the dispensers had recently qualified; she had completed most of her training at home. The owner answered any questions or queries she had in relation to her training.

Things were discussed as they came up. As the team worked different shifts the owner spoke to people when they started their shifts. Team members said the owner was open and approachable and they felt able to share ideas and concerns. The locum pharmacist also felt able to provide feedback to the owner and share concerns. Targets were not set for team members or the locum pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and maintained to a level of hygiene appropriate for the provision of healthcare. Cleaning was usually carried out by a cleaner and team members were also allocated tasks. Bench space was generally allocated for certain tasks. A clear bench at the back of the dispensary was used to prepare multi-compartment compliance packs. A clean sink was available in the dispensary.

A signposted consultation room was available. The room was clean and organised with various health related leaflets displayed. There was a clean sink available within the room and no confidential information was stored in the room. Conversations held within the room could not be overheard.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature in the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are largely delivered in a safe and effective manner. The pharmacy 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. People with a range of needs can access the pharmacy's services.

Inspector's evidence

The range of services offered by the pharmacy was adequately promoted. Team members were aware that signposting may be necessary where people required an additional or alternative service. A signposting folder was available which was kept on the front counter for ease of reference. The premises were situated on street level and had a flat entrance, with the refit the pharmacy had wide electric door fitted. The shop had also been designed in a way to allow easy access for people with mobility aids without the need for them to reverse. Team members spoke a few different languages and the pharmacist mentioned that he had noticed over the years that there was a changing population locally with people speaking different languages moving into the area. If the pharmacist was unable to communicate effectively with these people, he requested them to bring in a family member who could understand English.

The pharmacy had an established workflow in place. Prescriptions were mostly received electronically and were dispensed by the dispenser and checked by the RP. The RP very rarely had to self-check and described taking a mental break in between dispensing and checking if he did. The pharmacy had a robust audit trail to track prescriptions which had been ordered. Dispensed and checked by boxes were available on labels; these were routinely used by the team. Baskets were also used to separate prescriptions.

Prescriptions for Schedule 4 and 5 CDs were highlighted if the prescription said 'CD'. This could increase the chance that other CD's could potentially be handed out against an expired prescription if it was not identified as being a CD by the counter assistant.

The pharmacist was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. People were given warning cards when they were supplied with sodium valproate. The RP thought there were a few people who potentially fell in the at-risk group. The dispenser thought that the owner had spoken to them. The RP had not been aware of the need to use the warning labels. The inspector reminded the RP of the requirements.

When people collected warfarin, the RP checked their yellow book and annotated their electronic record with the INR reading for warfarin and PMR annotated with results, the RP would also check monitoring of lithium.

Prescriptions for people who collected their medicines in multi-compartment compliance packs were automatically ordered by the pharmacy. Prescriptions were checked when they were received and confirmed with the GP. A note was made on the person's electronic record and a hand-written note was attached to the packs so that the person was notified of the change. In the event that the pharmacy was notified of changes mid-cycle they brought back any supplied packs and re-dispensed them. Medicines were picked using the prescription and placed in an individually labelled bag. These

were checked by the RP and another dispenser. A team member (including MCAs in some instances) deblistered the medicines; the dispenser gave assurances that in future the preparation of multi-compartment compliance packs would only be done by team members who had completed or were in the process of completing the relevant dispenser training. The packs were then prepared by the dispenser. Most people on the service were registered with one of the local surgeries. The pharmacist at the practice had been reviewing peoples' medicines and had made a number of changes. The team usually received a call from the hospital if someone was admitted confirming the medication history. On some occasions the hospital also sent discharge information. People were generally discharged from hospital with a few weeks supply of their medicines.

Assembled multi-compartment compliance packs observed were labelled with product descriptions, mandatory warnings and there was also an audit trail in place to show who had prepared and checked the pack. Patient information leaflets were handed out monthly. However, the backing sheets were placed loosely within the pack and there was a risk that these could be lost. The dispenser gave assurances that she would ensure these were securely attached to the packs.

Deliveries were carried out by the dispensers. Signatures were not obtained. Obtaining signatures was discussed with the dispenser who carried out the delivery, in the event that someone was not home medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. CDs were held securely.

Date checking was carried out on an ongoing basis. Medicines expiring within six months were highlighted with a sticker. A book was used to record information of short-dated items and a record was made of how far team members had got to. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD). The owner had been looking into this but had backed off as he had been due to sell the pharmacy. He had been in touch with AAH again but had not heard back from them and agreed to chase this up.

Drug recalls were received via email or from wholesalers. These were printed out and actions. The team also informed the surgery of drug recalls. The last actioned alert had been for paracetamol.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had all the necessary facilities and equipment for the services offered. Equipment was clean and in good order. Measuring cylinders, tablet and capsule counting equipment were clean and ready for use. Separate triangles were available and used for cytotoxic medication to avoid cross contamination. Up-to-date reference sources were available including access to the internet. A fridge of adequate size was available; a legally compliant CD cabinet was also available.

Confidentiality was 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.