

Registered pharmacy inspection report

Pharmacy Name: Hedgemans Pharmacy, 438 Hedgmans Road,
DAGENHAM, Essex, RM9 6BU

Pharmacy reference: 1031142

Type of pharmacy: Community

Date of inspection: 27/07/2022

Pharmacy context

The pharmacy is situated on a busy road. The pharmacy has recently undergone a refit. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines.

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 safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy largely keeps the records it needs to by law so that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members 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 new SOPs had recently been implemented. Team members were in the process of reading and signing the updated SOPs which were relevant to their roles. They had all read the previous version. The team had been routinely ensuring infection control measures were in place.

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). Near misses were brought to the attention of the team member when they were identified and were rectified. The RP described how previously these had been recorded but due to the refit the team had stopped doing this. The RP could not locate any old logs as all the paperwork still needed to be organised. The RP provided an assurance that he planned to restart recording near misses. Dispensing errors were logged on the electronic patient record. Following the refit, the team had arranged medicines in a way to make dispensing safer by separating different strengths on the shelves.

A 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. The pharmacy had a complaint procedure, and complaints were usually dealt with by the RP. The pharmacy had recently restarted completing the annual patient satisfaction surveys. As a result of feedback, the pharmacy had made its aisles wider so it was more accessible for people with mobility aids.

Records for emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained. Private prescription records were kept electronically were also generally well maintained but the prescriber details recorded on some of the entries were incorrect. CDs that people had returned were recorded as they were received. A random check of a CD medicine quantity complied with the balance recorded in the register.

Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy. An information governance policy was available and staff had been briefed. Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR) and consent to access these was gained verbally.

Pharmacists had completed level two safeguarding training and other team members had all completed training as part of the C-card service. Team members were also due to attend a meeting a week after the inspection for frontline staff providing the service. Contact details for safeguarding boards were

available.

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 are given some ongoing training to 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 second pharmacist, two trainee dispensers, and a trainee technician was covering the medicines counter. Team members were all trained or undergoing training. Team members were able to manage their workload during the inspection.

Individual performance and development was informally monitored by the RP. The RP worked closely with the team and provided team members with ongoing feedback. One-to-one meetings were also held when needed. There was an opportunity for team members to progress in their roles and one of the dispensers was completing the course to become a pharmacy technician, having started at the pharmacy as a medicines counter assistant trainee.

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.

Pharmacy literature and magazines were left in the staff room and team members were encouraged to read through these. Ongoing training for team members was linked to the Quality Payment Scheme. Team members were informed of the training they needed to complete and provided with time to complete this.

Team members completing formal training courses were given set-aside study time. The RP was the tutor for all trainees and team members spoke to him if they had any questions or required support. Team members discussed issues as they arose. Or some team members came in early in the morning if they wanted to raise anything with the RP. Team members felt able to provide the RP with feedback and suggestions. There were no targets set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had recently undergone a refit and was modern, spacious and clean. The team were still in the process of completing organising everything as the refit had been completed recently. The dispensary was large, and there was ample workspace which was clear of clutter and organised for certain tasks. A separate bench was dedicated for the preparation of multi-compartment compliance packs. Cleaning was carried out by a contracted cleaner. A clean sink was available for the preparation of medicines.

The pharmacy had a large clean consultation room which was easily accessible. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. The door leading into the room from the shop floor had a frosted glass window.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. Air conditioning was available to help 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

The pharmacy was easily accessible, it was situated at street level and had a wide electronic door. A ramp was also available. Aisles were wide and allowed easy access to the medicines counter. Services were appropriately advertised to patients. Team members knew what services were available and described signposting people to other providers where needed. Some team members were multilingual and spoke languages spoken locally.

A locum pharmacist worked at the pharmacy one day per week. He was a pharmacist independent prescriber (PIP) and had written two prescriptions at the pharmacy. One was flucloxacillin for an infected burn and another was for an antihistamine which was out of stock over the counter. The PIP had made some notes on the prescription form. The pharmacy had formulated some SOPs to cover the prescribing aspect and the RP had checked that the indemnity insurance had covered this activity. Following a discussion with the RP on the GPhC guidance for independent prescribers the RP said he would ask the PIP to stop prescribing medicines from the pharmacy until he had reviewed all the guidance and introduced processes such as for record keeping and sharing information with people's regular prescribers.

Most prescriptions were received electronically. Once prescriptions were received, the RP sorted through them and arranged them in order of priority, they were then printed out and labelled. These were dispensed by the dispensers and left for the pharmacists to check. There was a separate checking bench. It was very rare that the pharmacists had to self-check. Dispensed and checked-by boxes were available on labels which were observed to be used. Baskets were used to separate prescriptions, preventing transfer of items between people.

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. Label placement when dispensing sodium valproate was discussed with the RP and second pharmacist. Additional checks were carried out when people collected medicines which required ongoing monitoring.

Some people's medicines were supplied in multi-compartment compliance packs. Most local surgeries issued prescriptions for 12 weeks at a time. The pharmacy used lists to organise and monitor when packs were due. Each person had an individual card which had a record of all their current medicines. Packs were only prepared once prescriptions were received. Once the prescription was received it was checked against the card for any changes. Changes were queried with the surgery. The pharmacy's electronic system also highlighted any changes. Once all checks had been completed the prescription was handed to the dispenser who selected the medicines and obtained a check from one of the pharmacists before preparing the pack. The prepared pack was then checked and sealed by the

pharmacist. Assembled packs were labelled with product descriptions and mandatory warning. Patient information leaflets (PILs) were supplied monthly.

Deliveries were carried out by a designated driver. The driver kept an audit sheet and marked deliveries as they were completed. Signatures were no longer obtained when medicines were delivered and this was to help infection control. In the event that someone was not available medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and were organised on shelves in a tidy manner. Fridge temperatures were monitored daily and recorded. Records seen showed that the temperature were within the required range for the storage of medicines. CDs were held securely. Expiry-date checks were carried out every three months and short-dated stock was marked. An up-to-date date-checking matrix was available. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from stock, generally stored securely and then collected by licensed waste collectors. Drug recalls were received via email and on the 'Pharmadata' application and these were actioned as they were received.

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 calibrated glass measures, and tablet counting equipment. To avoid cross contamination separate tablet counting trays were labelled for cytotoxic medicines and separate measures were labelled for liquid CDs. Equipment was clean and ready for use. The blood pressure monitor was new and the RP planned to replace this when it was due for calibration. The pharmacy had two medical fridges of adequate size available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential waste was collected in a separate bin and shredded.

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.