General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Mastaa-Care Chemist, 26 Whalebone Lane South, DAGENHAM, Essex, RM8 1BJ

Pharmacy reference: 1031153

Type of pharmacy: Community

Date of inspection: 23/10/2019

Pharmacy context

The pharmacy is located in a parade of shops in a residential area. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to help people take their medicines safely. It also provides Medicines Use Reviews and New Medicine Service checks to people. The superintendent pharmacist is also an independent prescriber.

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	1.2	Standard not met	The pharmacy cannot show that it records or reviews mistakes that happen during the dispensing process. This makes it harder for team members to learn and improve the safety of the pharmacy's services.
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 not all met	4.3	Standard not met	The pharmacy does not always carry out a thorough date check to ensure expired medicines are removed from the shelves. And this increases the risk that people get medicines which are past their 'use-by' date.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy cannot show that it records or reviews mistakes that happen during the dispensing process. This makes it harder for team members to learn and improve the safety of the pharmacy's services. Some standard operating procedures have not been reviewed for some time, which may mean that the information contained in them is not current. The pharmacy asks its customers for their views. It largely keeps the records it needs to so that medicines are supplied safely and legally. And it generally protects people's personal information well.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available, there was no evidence of when these had last been reviewed. Records showed that most team members had last read them in 2015, when the SOPs had been implemented. The responsibilities column on individual SOPs was blank as was the roles and responsibilities matrix.

Near misses were not recorded. When a near miss was identified the Responsible Pharmacist (RP) handed the basket back to the person who had dispensed the prescription and asked them to rectify this. The pre-registration trainee could not recall any changes made as a result of a near miss.

Dispensing incidents were recorded on the person's electronic medication record. The team could not recall any recent incidents. The RP said that if the incident was serious he would also submit a record to the National Reporting and Learning System (NRLS).

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and also completed an annual patient satisfaction survey. The RP described that steps that he would take in the event that there was a complaint. The team discussed together as to what had happened and what changes could be implemented. Team members could not think of specific examples.

The incorrect RP notice was initially displayed, this was changed during the course of the inspection. The team members were aware of the tasks that could and could not be carried out in the absence of the RP.

Records for unlicensed medicines and RP records were generally well maintained. Private prescription records did not always have the correct prescriber details recorded. And this may mean that this information is harder to find out if there was a query. Emergency supply records did not always contain a reason for supply and there was some overwriting in the CD registers. CD registers also had missed headers and there were some missed lines in between entries. A random check of a CD medicine complied with the balance recorded in the register.

The pharmacy had an information governance policy in place. Team members had individual smartcards to access NHS systems. Summary Care Records could be accessed by the pharmacists. Consent to access these was gained verbally from people. Team members had also completed training on the General Data Protection Regulation.

The RP and pre-registration trainees had completed safeguarding training. The pharmacy did not have

details available for the local safeguarding boards and this could result in delays in concerns being escalated.

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 to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a locum pharmacist who worked at the pharmacy once every fortnight, a trained medicines counter assistant (MCA) who left partway through the inspection, a pre-registration trainee (pre-reg) who had just started her placement and another pre-reg who had sat the exam and was waiting for her results. The RP said that there was an adequate number of team members. The pharmacy had another trained dispenser who was responsible for the multi-compartment compliance packs but was not working at the time of the inspection.

The pre-reg counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was also aware of the legal limits and age restrictions on the sale of certain medicines like pseudoephedrine.

Team members had one-to-one appraisals with the SI. The pre-regs had reviews every 13 weeks. The RP and pre-regs said that feedback could be given to the owner. Previous feedback given about the pre-reg training was implemented with the new trainee.

Pre-reg trainees were enrolled on the Greenlight Pharmacy pre-registration training programme and attended training sessions once a month on Saturdays. Time was given in the evening during work to study. As part of the programme trainees were given tests and homework. Marks and feedback were emailed to the tutor. The pre-reg trainee had a learning contract in place and the pre-reg who had completed her training gave positive feedback.

The superintendent pharmacist (SI) passed on any information received from external manufacturers to the team. Team members said that they had recently been given training material on cold and flu.

Team meetings were held depending on what needed to be discussed. The last meeting had covered the Quality Payment Scheme and safety training. One of the pre-regs had done training on data protection.

There were no numerical targets in place for the services offered. Team members said they were encouraged by the SI to provide services.

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. But the pharmacy could do more to ensure that items in the consultation room are secured properly.

Inspector's evidence

The pharmacy was generally clean and maintained to a level of hygiene appropriate for the provision of healthcare. Cleaning was usually carried out by staff. workbench space was organised. A separate bench was used for preparing multi-compartment compliance packs at the back. A sink was available in the dispensary. Dispensary shelves were organised.

A signposted consultation room was available. The room was unlocked when not in use. The door leading in from the shop floor was open and not all the items inside were secured properly. The RP said that he would bring this to the attention of the SI.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy obtains its medicines from reputable sources. But it does not always carry out a thorough date check to ensure expired medicines are removed from the shelves promptly. And this increases the risk that people get medicines which are past their 'use-by' date. The pharmacy takes the right action in response to safety alerts, but it doesn't routinely record what action it has taken. This could make it harder for it to show what it has done in response. It does not keep an audit trail of who has dispensed a prescription, which could make it difficult to identify who had been involved if there was a dispensing error. 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 patients required an additional or alternative service. The premises were situated on street level and they were easily accessible. Team members would also go out and help people if they required assistance. There was also easy access to the medicines counter. The table in the consultation room could be folded to make space for mobility aids. Team members were multilingual and spoke a range of languages including South Asian languages. The team were able to produce large print labels if needed.

The RP felt that the multi-compartment compliance aid service had an impact on the local population because as people were getting older they were taking more medicines for more conditions. The locum pharmacist provided flu vaccinations but did not provide many other services as he was not accredited to provide these. The pre-reg felt that the minor ailments service had an impact on people, as it saved GP time and helped the community if they could not afford to buy medicines.

The pharmacy had a good working relationship with the surgery and communicated with them if there were any audits being carried out. The owner had a good working relationship with other local pharmacies and provided the warfarin monitoring service locally.

The majority of the prescriptions were received electronically and many people were on the repeat prescription service. Normally prescriptions were received in the morning, printed, separated and organised, a dispenser who was on leave usually collected items and these were then labelled by either the dispenser or pre-reg. The dispensing was being covered by a pre-reg whilst the dispenser was away. Dispensed and checked-by boxes were available on labels; these were not routinely used by the dispensers. This could make it difficult to identify who was involved in the dispensing process if there was an error. Baskets were used to separate prescriptions.
The pharmacy used stickers to highlight some CDs but not for all Schedule 4 CDs such as diazepam and zopiclone. This increased the risk of them being handed out after the prescription was no longer valid.

The RP and pre-reg were aware of the change in guidance for dispensing sodium valproate and the Pregnancy Prevention Programme. However, they were not aware of the need to use the warning stickers if valproate was not dispensed in its original pack. The inspector reminded the RP of the requirements.

Prescriptions for warfarin were marked. At the point of hand out the MCA asked the RP to check the person's INR and a record was made on the electronic patient medication record.

The multi-compartment compliance pack service was managed by two of the dispensers who were not present. The service was managed by the RP and pre-regs in their absence. Trackers were used to track when prescriptions were due and audit which part of the process the team had reached. Trays were only prepared once a prescription was received. Any changes were queried with the surgery and a record was made on the electronic patient medication record. The pharmacy was informed by the hospital if someone was admitted into hospital.

Assembled multi-compartment compliance packs seen were labelled with product details. There was an audit trail in place to show who had checked the packs but not dispensed them. Information leaflets were not found in the bags checked, but the RP said that he usually gave them out. Mandatory warnings were also missing from the labels. This could mean that people may not have all the information they need to take their medicines safely.

The SI was an independent prescriber. He occasionally prescribed anti-malarials from the pharmacy. These were then dispensed by the pre-reg and checked by the SI. He said that he advised people that they could take their prescription elsewhere.

The pharmacy had a large range of homeopathic preparations in the dispensary. The team said that the SI dealt with these. The SI confirmed that these were no longer dispensed as the local Clinical Commissioning Group had stopped these being prescribed on the NHS. The SI said that there was still a prescriber who issued these on private prescriptions and stock for these were ordered from Ainsworth.

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 done by the dispenser and pre-reg. There were no date-checking records kept. Red dots were used to indicate if something was short dated. Four expired medicines were found on the shelves checked. This could mean that people may inadvertently be supplied with medicines that are past their ‘use-by’ date. On the previous inspection, there were also no date-checking records kept and several date-expired items were found in stock. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

The pharmacy had the equipment that it needed to comply with the Falsified Medicines Directive (FMD). But this was not being used. The SI agreed to start using this. Drug recalls were received via email to the SI and administration. The team had received the more recent recall for Zantac which they did not have in stock. There was no record kept of any action taken and this could make it harder for the pharmacy to show what it had done in response.

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 in good order. Tablet and capsule counting equipment were clean and ready for use. The measuring cylinder had a fair amount of limescale and the pharmacist assured that it would be cleaned. A separate tray was 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 and a legally compliant CD cabinet were available. Dispensed medications that required cold storage and were awaiting collection were stored together in a plastic container in the fridge. The risk of handing out incorrect medication to a different patient were discussed with the team. The pharmacist mentioned that he did not complete the final check on fridge lines until the medication was to be handed out.

The pharmacy had a carbon monoxide monitor used as part of the smoking cessation service this was calibrated by the local authority. The blood pressure monitor had a five-year calibration cycle, the pharmacy had the monitor for two years.

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.