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: 08/09/2020

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. The inspection was undertaken during the Covid-19 pandemic.

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 its services. The pharmacy keeps the records it needs to by law to show that medicines are supplied safely and legally. Team members know how to protect vulnerable people. They discuss dispensing mistakes when they happen but they don't always get chance to record these, mainly due to the increased workload posed by the Covid-19 pandemic. Restarting this process should help them make sure they don’t miss opportunities to learn and make the pharmacy’s services safer.

Inspector's evidence

Standard operating procedures (SOPs) were available. SOPs had been reviewed following the last inspection. SOPs had been read and signed by relevant team members. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided personal protective equipment (PPE). The responsible pharmacist (RP) who was also the superintendent pharmacist (SI) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

Following the last inspection, the pharmacy had started recording 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). When a near miss was identified the RP handed the basket back to the person who had dispensed the prescription and asked them to rectify the mistake. More recently, due to the Covid-19 pandemic, the team had not been recording near misses. The RP said that he would ensure this was restarted as the workload had become more manageable. Near misses were discussed with team members during meetings. The RP had discussed with team members that this was to share learning and there was a ‘no blame’ culture. As a result of near misses in the past, the team had separated medicines with similar names on the shelves. The RP said that there had been no reported dispensing errors. He demonstrated where such an event would be recorded on the electronic medication recording system.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and completed an annual patient satisfaction survey. The RP described that steps that he would take if there was a complaint. The team would discuss together what had happened and what changes could be implemented to prevent the same thing happening.

The 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.

Records about private prescriptions, emergency supplies, unlicensed medicines, controlled drug (CD) registers and RP records were generally well maintained. 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 about the General Data Protection Regulation.

The RP and pre-registration trainees had completed safeguarding training. The pharmacy staff said they had made a record of the contact details for the local safeguarding boards following the last inspection. But these could not be located. The availability of the NHS safeguarding application was discussed with the RP.

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, a provisionally registered pharmacist, a pre-registration trainee and a trained dispenser. The RP said that there was an adequate number of team members. The pharmacy had two trained medicines counter assistants who were not working at the time of the inspection. As part of the Covid-19 contingency plan the RP had formulated a list with contact details for all team members. This had been created to help locum pharmacists so that they could arrange cover if there were any absences on days that the SI was not working.

The provisionally registered pharmacist worked closely with the SI who had also been her pre-registration tutor. She said that she felt well supported by the team and had acted as the RP on a few occasions.

Team members counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

Team members had one-to-one appraisals with the SI. The pre-registration trainee would have reviews every 13 weeks. Team members said that feedback could be given to the RP.

The pre-registration trainee was enrolled on the Greenlight Pharmacy pre-registration training programme and attended training sessions once a month. Due to the Covid-19 pandemic, training sessions were being held virtually. 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-registration trainee had a learning contract in place.

The RP passed on any information received from external manufacturers to the team. Team members said that they had recently been given information about Priadel being discontinued. Team meetings were held depending on what needed to be discussed. The last meeting had been held when the current pre-registration trainee had started.

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 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. Workbench space was organised. A separate bench was used for preparing multi-compartment compliance packs at the back of the dispensary. A sink was available in the dispensary. Since the last inspection, more working space had been created in the dispensary. Dispensary shelves were organised. Cleaning was usually carried out by staff. An alcohol-based spray was used to wipe down the counter, screen and door handles through the course of the day. Clear plastic screens had been fitted at the medicines counter. The RP said that, due to the size of the retail area, between four and five people could come into the shop at any one time whilst still ensuring that there was a safe distance between them.

A signposted consultation room was available. The room was locked when not in use. Due to the pandemic the room was used much less. But the pharmacy was still providing a limited number of face-to-face services.

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 met

Summary findings

The pharmacy provides its services safely and people can access them easily. The pharmacy gets its stock from reputable sources and stores it properly. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use. But they don't routinely record what action they have taken about these alerts. This could make it harder for them to show what they have done in response.

Inspector's evidence

The range of services offered by the pharmacy was adequately promoted. During the peak of the pandemic the pharmacy had been inundated with people coming in with questions or for advice. Team members were aware that signposting may be necessary where patients required an additional or alternative service. The premises were at 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 create additional space when needed. Team members were multilingual and spoke a range of languages, including South Asian languages. The team was able to produce large print labels if needed.

The RP felt that the multi-compartment compliance pack service, which helped people to manage their medicines, had a positive impact on the local population. This was because, as people were getting older, they were taking more medicines for more conditions. And this made it harder for some people to take all their medicines as prescribed. The RP added that there had been more requests from people during the peak of the pandemic asking for their medicines to be supplied in multi-compartment compliance packs. The RP thought that this was due to people needing to isolate and not getting the help at home that they previously had from their children or carers.

The majority of prescriptions were received electronically and many people were on the repeat prescription service. 'Dispensed' and 'checked-by' boxes were available on dispensing labels; these were used by the dispensers to identify who was involved in the dispensing process. Baskets were used to separate prescriptions. Since the last inspection, more workspace had been created which also helped with the workflow and ensured that team members could socially distance from each other whilst working.

The pharmacy used stickers to highlight some CDs but these were not used 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 was aware of the change in guidance for dispensing sodium valproate and the Pregnancy Prevention Programme. He was aware of the need to use the warning stickers if valproate was not dispensed in its original pack.

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

The multi-compartment compliance pack service was managed by one of the dispensers, but all team members were familiar with how the service was managed and were able to provide cover if the

dispenser was away. Trackers helped the team members to know when prescriptions were due and to audit which part of the process the team had reached. Packs 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 and mandatory warnings. There was an audit trail showing who had checked the packs, but this did not show who had dispensed them. Medicine information leaflets were given to people each month.

The SI was an independent prescriber. He occasionally prescribed anti-malaria medicines from the pharmacy. These were then dispensed by the team members and checked by the SI. He said that he advised people that they could take their prescription elsewhere. The RP did not know about the updated GPhC guidance for independent pharmacist prescribers and was signposted to this by the inspector.

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 had been completed as part of the stock check in June 2020. Team members completed a date-check every six to eight weeks. There were no date-checking records kept. Red dots were used to indicate if something was short dated. There were no 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 had the equipment that it needed to comply with the Falsified Medicines Directive (FMD). But this was not being used. The RP wanted to plan a visit in another pharmacy to see the system in practice. Drug recalls were received via email to the SI and administration. Previously these had been printed and filed after they were actioned. But this was not happening at the time of the inspection. This could make it harder for the pharmacy to show what it had done in response to these.

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 the necessary facilities and equipment for the services offered. Equipment was in good order. Tablet and capsule counting equipment and measuring cylinders were clean and ready for use. 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. Team members used an elastic band to group together multiple items.

The pharmacy had a carbon monoxide meter used as part of the smoking cessation service and this was calibrated by the local authority. The blood pressure meter had a five-year calibration cycle; the pharmacy had the meter for two years. This testing equipment was not being used at the time of the inspection.

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.