General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rosewood Pharmacy, 283-285 High Street, EPPING, Essex, CM16 4DA

Pharmacy reference: 1031163

Type of pharmacy: Community

Date of inspection: 22/08/2024

Pharmacy context

This pharmacy is located on a busy high street in the town of Epping. It dispenses NHS and private prescriptions and provides some NHS services such as the Pharmacy First service. The pharmacy sells medicines over the counter and supplies medicines in multi-compartment compliance packs to some people. It also provides a prescription delivery 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

Overall, the pharmacy manages risks well. Team members follow written procedures to ensure they work safely and effectively. They record mistakes they make and review them regularly to try and prevent similar mistakes from happening again. The pharmacy keeps the records it needs to by law and ensures people's private information is protected. And team members understand their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) for team members to follow. These had recently been reviewed in May 2024 by the Superintendent Pharmacist (SI). Signature sheets were used to show team members had been trained on SOPs relevant to their roles.

Pharmacy team members recorded near misses (mistakes picked up and corrected before they were handed out) onto a paper log. The team had a weekly meeting where these were discussed and learns shared. The Responsible Pharmacist (RP) during the inspection, who was also the SI, explained that she normally recorded the mistakes but would encourage team members to record their own mistakes going forward as this would support their individual learning. The pharmacy had not had any recent dispensing errors (mistakes that were handed out) but the RP explained these would be investigated and records kept.

The RP notice was displayed prominently so it was visible to people visiting the pharmacy. And the RP record was generally maintained correctly. Some finish times were missing but the RP said she would ensure these were filled in correctly going forward. The private prescription register contained the necessary information. And the controlled drugs (CD) register was kept in order. The RP completed regular balance checks for CDs as per the SOP. Two CDs were checked randomly and the quantity in stock matched the balance in the register. The pharmacy kept a record of patient-returned CDs, and these were disposed of appropriately. The RP explained she sometimes provided emergency supplies of medicines to people. The records did not always clearly explain the reason for the emergency supply which meant that it may be difficult for the pharmacy to explain why these were given. The RP said she would ensure a clear explanation of any emergency supplies were recorded going forward. The pharmacy kept appropriate records of any unlicensed medicines it supplied.

The pharmacy had indemnity insurance in place. And it had a complaints process. People could contact the pharmacy in person, over the phone or online. Any complaints were generally dealt with by the SI. The pharmacy had QR codes available for people to leave feedback online.

Team members had all completed training about data protection and had signed the pharmacy’s privacy policies. They could explain how they kept people’s personal information safe. Assembled prescriptions were kept in the dispensary and out of the view of people using the pharmacy. Confidential waste was shredded, and no confidential waste was seen mixed with normal waste. Team members all had their own NHS smartcards to access electronic prescriptions.

Team members understood how to deal with any safeguarding concerns. And contact details for the local safeguarding teams were available in the pharmacy. All pharmacy team members, including the

delivery driver had completed safeguarding training. A team member shared an example where they had needed to raise a concern which led to a positive outcome.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members are trained appropriately for their roles. And there are enough team members to provide the pharmacy's services safely. They work well together and are comfortable sharing ideas to improve the pharmacy or raise any concerns.

Inspector's evidence

During the inspection, the RP was working with two dispensing assistants, one trainee dispensing assistant and a counter assistant. The pharmacy also had a delivery driver who delivered medicines to people's homes in the local area. All team members had completed relevant, accredited training for their roles. The team was observed to be working well together to manage the workload in the pharmacy. And team members were seen completing different tasks in an organised manner. The SI felt there was enough staff in the pharmacy to manage the workload safely. And there was enough contingency to cover any staff absence.

Staff received time to complete training when they were completing courses. And they had weekly team meetings where they were given updates by the pharmacist, including any updates about new medicines and services. The team completed annual refreshers about data protection and confidentiality. Team members had access to the e-Learning for Healthcare (e-LFH) platform and would complete training on this when they had time.

Team members appeared approachable to people using the pharmacy. A member of the pharmacy team working on the pharmacy counter explained how they would ensure they made an appropriate sale of a pharmacy only medicine. And they were clear about the medicines which were liable to misuse and when they would need to refer sales of these to the pharmacist.

Team members had annual appraisals where they would discuss their performance and development. They were given opportunities to give feedback about the pharmacy and suggest any improvements. For example, a team member explained that they suggested a change to improve the way the pharmacy managed the dispensing of multi-compartment compliance packs. They were given targets, but said these were not enforced. Staff knew who they could raise concerns to and said they felt comfortable to do so.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and spacious and is kept secure from unauthorised access. It provides a suitable environment to provide healthcare services from. And it has a consultation room so people using the pharmacy can have a private conversation if needed.

Inspector's evidence

The pharmacy premises was bright, spacious and clean throughout. And the front facia projected a professional image. The premises was kept secure from unauthorised access. It consisted of a retail area, pharmacy counter, dispensary and consultation room. And there were stock rooms and staff facilities, including WCs and a staff kitchen, on the first floor of the premises. All areas were well maintained. There was sufficient space to dispense and store medicines in the dispensary. And there was a separate area next to the main dispensary where multi-compartment compliance packs were prepared. Excess stock was also stored in this area. The temperature and lighting were well controlled and adequate for working and storing medicines. There was a sink in the dispensary for preparing medicines; it had hot and cold running water. Team members were responsible for keeping the pharmacy clean and a log was kept showing when cleaning took place.

The consultation room was well maintained and a suitable size to provide healthcare services. It was sufficiently private so conversations could take place without being overheard from outside the room. And no confidential information was visible.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally manages the services it offers well. And it is accessible to people with different needs. It obtains its medicines from reputable wholesalers and stores them appropriately. Team members do not routinely highlight higher-risk medicines which means people may not always receive additional advice regarding these medicines.

Inspector's evidence

The pharmacy had step-free access off the high street with a 'press to open' automatic door. There was suitable space for those with wheelchairs or pushchairs to be able to access the pharmacy's services. And the pharmacy's opening times were displayed clearly. There was a range of leaflets providing information on various healthcare conditions. And seating was available for people using the pharmacy. Team members were able to print large font labels for people who needed them. The pharmacy provided a prescription delivery service from Monday to Friday to some people. A log was kept of deliveries and any failed deliveries were brought back to the pharmacy. These were then sent again for delivery the following day.

The pharmacy provided the NHS Pharmacy First service and had the relevant, signed patient group directions (PGDs) available. Team members used coloured baskets to separate prescriptions according to number of items and whether they were for delivery. This ensured medicines for different people didn't get mixed up. Team members were observed to be managing the workload effectively and no backlog of work was seen. Dispensing labels on assembled medicines and those awaiting collection were seen to contain the initials of the dispenser and checker to maintain an audit trail. Multi-compartment compliance packs were dispensed in a separate area of the dispensary to minimise distractions. Assembled packs contained the correct labelling information and also included a description of the medicines in the packs. The dispenser explained she made notes of any changes to medicines on the patient record and would contact the GP with any queries. And patient information leaflets were provided to people monthly. The packs were only sealed after the pharmacist checked them which increased the risk of medicines being exposed. However, the dispenser explained the pharmacist completed the checks soon after they were dispensed.

The pharmacy obtained its medicines from licensed wholesalers. It stored medicines in a tidy and organised way on the shelves. Records showed the team carried out date checking regularly, and short-dated stock was highlighted using coloured stickers. A random check of stock on the shelves showed no expired stock amongst in-date stock. Medicines requiring cold storage were kept in two fridges. One fridge was used for stock and the other for assembled medicines. The temperature for the fridge used for stock was checked daily. During the inspection, the temperature appeared to be out of range. The probe was re-set and the temperature returned to the required range. The second fridge, used for assembled medicines, had a temperature recorder which monitored the temperature throughout the day. If the temperature went out of range, an alarm would sound. The data from the recorder was checked monthly. The RP said she would move to completing daily checks of this fridge going forward. Medicines waste was stored separately in the dispensary and collected monthly.

Not all team members were aware of the guidance about supplying medicines containing valproate. Although they knew the medicines had to be supplied in their original packs. The RP said she would

ensure the team read and understood the guidance. Prescriptions containing higher-risk medicines such as lithium or warfarin were not always highlighted during the dispensing process. The RP explained that during a clinical check, they would add a pharmacist sticker onto a prescription they felt required additional information to be provided. The pharmacy received drug alerts via the pharmacy's shared mailbox. These were printed off and signed by team members once they had been actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy team has access to the equipment and facilities it needs for the services it provides. Team members maintain the equipment so it is safe to use.

Inspector's evidence

Team members had access to the internet to access any resources they needed. The monitors in the dispensary were positioned so that people using the pharmacy could not view any sensitive information. And there was a computer in the consultation room. All computers were password protected to prevent unauthorised access. All electrical equipment appeared to be in good, working order. The CD cupboard was secured as required.

The pharmacy had appropriate, calibrated glass measures to measure liquid medicines. And clean tablet and capsule counters were available. There was a new blood pressure monitor in the consultation room. And the pharmacy also had an otoscope and tongue depressors for use with the NHS Pharmacy First service. Team members had access to a cordless phone so phone calls could be taken in private if required.

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.