

# Registered pharmacy inspection report

**Pharmacy Name:** Steve's Chemist, 36 Bridge Road, GRAYS, Essex,  
RM17 6BU

**Pharmacy reference:** 1031172

**Type of pharmacy:** Community

**Date of inspection:** 09/09/2021

## Pharmacy context

The pharmacy is located in a small parade of shops in a residential area. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines. The inspection was undertaken during the Covid-19 pandemic. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy 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.

### Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles. Team roles were defined within the SOPs. The superintendent pharmacist (SI) had recently implemented new SOPs using templates. Since the last inspection a new SOP for selling high risk over-the-counter (OTC) medicines had been implemented. Shelves on the counter where some medicines were stored had also been labelled with 'care card' warning labels to prompt team members to take care when selling these. Any sales of medicines labelled with the 'care card' label were also recorded. The RP said that since the last inspection a poster with information on the established sales-of-medicines protocol (WWHAM) had been displayed at the counter. There had been a significant increase in requests for cough medicines but not any specific type. Since the last inspection the pharmacy had dispensed three bottles of codeine linctus, copies of prescriptions had been retained as evidence.

The team had been routinely ensuring infection control measures were in place. Team members had been provided with personal protective equipment (PPE). The responsible pharmacist (RP) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff. Information was displayed at the entrance asking people to wear a mask upon entering and that only two people at a time could enter the premises.

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 recorded by team members on a log as they occurred. Completed near miss record sheets were seen during the inspection. Patient safety reviews were completed each month during which near miss records and any dispensing errors were looked at to identify any trends or patterns with changes made accordingly. As a result of past reviews amlodipine and amitriptyline had been separated on the shelves and labels had been attached to shelf-edges for medicines which sounded similar. Dispensing errors were investigated and a record was made. Following an error in which someone had been supplied with the wrong strength of amlodipine, the review had found that the position of the medication was high on the shelf and difficult for team members to see. As a result of this amlodipine had been moved to a lower shelf. The pharmacy had also implemented a third check which was carried out by the person who bagged the medication.

An incorrect RP notice was initially displayed and this was changed at the start 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. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. And following the pandemic it had restarted completing an annual patient satisfaction survey. As a result of feedback, the team had rearranged the shop floor to create more space.

Records for private prescriptions, emergency supplies, controlled drug (CD) registers, unlicensed medicines dispensed and RP records were well maintained. CDs that people had returned were recorded in a register as they were received. CD balance checks were carried out regularly. A random check of a CD medicine quantity complied with the balance recorded in the register.

Assembled prescriptions were stored under the medicines counter and people's private information was not visible to others using the pharmacy. An information governance policy was available. 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 team members had also completed level one training. Contact details for safeguarding boards were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for the services provided, and they do the right training for their roles. They work effectively together and are supportive of one another. The pharmacy supports its team members with ongoing training. This helps them keep their knowledge and skills up to date.

### Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP and a trainee dispenser (both were joint owners with another trainee dispenser who was not present). Since the last inspection both owners had been enrolled on the medicines counter assistant (MCA) and dispenser courses. Other team members who were not present on the day of the inspection included a trained dispenser and another person who carried out clerical work. The trained dispenser managed the multi-compartment compliance pack service. A new team member had been recruited who was due to start soon after the inspection, they were due to replace a team member who had left. The pharmacy was also looking to recruit another dispenser.

The trainee dispenser asked relevant questions before selling OTC medicines. As he was still undergoing training, he referred to the RP or trained dispenser before selling any medication. He also referred to the RP when faced with requests for multiple sales.

The regular RP was the tutor for team members undergoing formal training courses. Both trainees worked on Thursday evenings and the RP used this opportunity to go over any sections they required help on as well as giving them time to complete training. The RP checked progress on a monthly basis. The RP explained that both team members had been enrolled on double courses and were being encouraged to complete the courses in a timely manner. Team members who had completed formal training courses were provided with training material twice a month. Ongoing training was arranged by the SI. Previous topics covered had included laxatives. Previously trainee team members had also been provided with ongoing training material but they had provided feedback that it was too much for them to complete. Team members had been enrolled on the E-learning for Health. All team members had been required to complete some training modules including safeguarding, infection control and resuscitation. Team members had individual log in details and the SI was able to check training progress for all team members. Training records were also available for each team member which was updated with any training completed.

The team's performance was informally monitored. The RP had a chat annually with team members to discuss performance and pay related matters. Team meetings were held monthly to review near misses, complaints and discuss anything that needed to be changed. There were no targets in place.

## 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 was clean and organised. Since the last inspection the flooring had been replaced and the pharmacy had been rearranged creating more space at the counter and increasing the floor space on the shop floor. The stock room had also been extended. The pharmacy had also fitted a gate at the counter to restrict entry into the dispensary. Workspace was limited in the dispensary but this was clutter-free and clear. Multi-compartment compliance packs were prepared in a room adjacent to the dispensary. A sink was available for the preparation of medicines, this had been replaced following the previous inspection. Since the last inspection a computer had been set up in the stockroom to help with the dispensing. Team members were observed to use face masks and only two people were being allowed into the pharmacy at any given time. Screens had also been fitted at the counter. The retail area of the pharmacy was large and people waiting were able to maintain distance from other people. Hand sanitiser was also available for team members to use. The pharmacy had a cellar. The cellar was accessed via a trap door in the side room which was used to prepare compliance aids. Furniture needed to be moved and the room partly emptied to access the cellar. The cellar did not have any lighting and was damp and dirty. There were no medicines stored in the cellar. The room used for the preparation of multi-compartment compliance packs was also used as the consultation room. The room was accessed from behind the medicines counter. The RP explained that team members worked on preparing packs for only one person at a time, this ensured that any private information could easily be removed if the room needed to be used for a consultation. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The pharmacy recruited an external cleaning company who came in weekly to carry out a deep clean. Team members cleaned twice a day on other days.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. The RP said that the pharmacy never became too hot. 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 range of services offered by the pharmacy was adequately promoted. Access into the premises was via two steps from the street. There was a handle to use if people needed it and team members would go and help people who required assistance. Since the last inspection floor space had been cleared on the shop floor to make more space with easy access to the counter. The local population predominantly were English speaking and the pharmacy had not had issues with languages in the past. Team members were aware that signposting may be necessary where people required an additional or alternative service. The pharmacy had the ability to produce large print labels when needed.

Prescriptions were received electronically, then printed out and labels were processed and placed in a basket. These were dispensed by a dispenser and left for the RP to check. The RP described how it was rare for him to self-check as there was always a dispenser or trainee dispenser working alongside him. Dispensed and checked-by boxes were available and these were routinely used. Baskets were used to separate prescriptions, preventing transfer of items between people. The pharmacy supplied stock to a local surgery against a signed order. The RP gave an assurance of checking with the MHRA if this could be done without a wholesale dealers license (WDL). The pharmacy was no longer supplying medicines to a private practice.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. Since the last inspection the pharmacy had now displayed a poster in the dispensary to prompt team members on checks which needed to be carried out as well as labelling required. The pharmacy had also introduced colour-coded laminated warning cards which were placed with prescriptions for medicines which required monitoring such as warfarin, lithium, and methotrexate. The warning cards were annotated with prompts for counselling points. Checks were carried out when people presented to collect prescriptions for warfarin and methotrexate and a note was made on the person's electronic record.

Some people's medicines were supplied inside multi-compartment compliance packs. The service was managed by the trained dispenser. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were supplied monthly. The pharmacy's driver delivered people's medicines to them and the team kept records about this service. Contactless deliveries were being made due to the Covid-19 pandemic. Failed deliveries were brought back to the pharmacy.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. The dispensary

had been divided into sections with each section checked weekly. An up-to-date matrix was kept. Short-dated medicines were identified and recorded. There were no date-expired medicines found on the shelves checked. Fridge temperatures were checked daily and recorded. These were observed to be within the required range for the storage of medicines. Out-of-date and other waste medicines were disposed of in the appropriate containers which were kept separate from stock and collected by a licensed waste carrier. CDs were held securely. Drug recalls were received via email and these could be accessed by all team members. Alerts were actioned and stored in a sub-folder.



## 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. Equipment was clean and ready for use. A medical fridge of adequate size was 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 paperwork and dispensing labels were segregated and collected by an external company for shredding.

### What do the summary findings for each principle mean?

Finding	Meaning
 <b>Excellent practice</b>	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.
 <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
 <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.