

Registered pharmacy inspection report

Pharmacy Name: Dees Pharmacy, 100 High Street, Roydon,
HARLOW, Essex, CM19 5EE

Pharmacy reference: 1031235

Type of pharmacy: Community

Date of inspection: 09/12/2019

Pharmacy context

The pharmacy is in a small village on the outskirts of Harlow. It provides NHS and private prescription dispensing mainly to local residents. The team also dispenses medicines in multi-compartment compliance packs for some people. The pharmacy is building some consultation rooms and hopes to have a GP onsite in the future.

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

Members of the pharmacy team work to professional standards and try to identify and manage risks. They are clear about their roles and responsibilities. The pharmacy keeps its records up to date which show that it is providing safe services. It largely manages and protects private information well. And its team members also understand how they can help to protect the welfare of vulnerable people. They keep a record of some of the mistakes they make during the pharmacy's processes. But they don't review these records regularly. So, they may be missing opportunities to improve and avoid problems being repeated.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) but they were at the owner's house and so could not be accessed by the staff. The owner said they were there as they were being reviewed. The owners always asked to see proof of identity for the pharmacists they employed and asked them to sign a declaration regarding their behaviours whilst in the pharmacy. Some mistakes which were corrected during the dispensing process, known as near misses, were recorded. When a near miss occurred, the pharmacist discussed it with the member of staff who had made the mistake. But the records weren't reviewed on a regular basis so the pharmacy team members may be missing opportunities to find any patterns or trends and learn from these events to improve their processes.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date. The pharmacy team members knew when they should refer matters to the pharmacist. The patient survey displayed on the NHS website did not show any areas for improvement. The staff reported that they had positive feedback from the people using the pharmacy. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer and the details of the prescriptions dispensed were accurately recorded. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

Confidential information was generally separated from normal waste and was removed by a licensed waste contractor. However, there was a little confidential waste in the ordinary bins which the team members said they would separate and put with the other confidential waste. There was a 'Data Security and Protection' folder in the pharmacy, which was produced by a pharmacy training provider. This had not been signed by the staff to show that they had read it, and there were blanks which had not yet been filled in to make it apply to this pharmacy. NHS smart cards used to access electronic prescriptions were not shared.

The pharmacist had undertaken the relevant safeguarding training and the staff said that they would bring matters to his attention if they had concerns about a person using the pharmacy. The owners had access to the local contacts for the safeguarding boards in Essex.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe services. And people providing pharmacy services can make suggestions to improve how the pharmacy runs. Staff are enrolled on the right training for the roles they undertake. But the pharmacy could do more to make sure this training is completed in a timely way. The pharmacy currently has no superintendent pharmacist but there are plans in place to appoint one within the required timescale.

Inspector's evidence

At the time of the inspection, the pharmacy was being run by two family members (the owners) following the death of the sole proprietor. Locum pharmacists provided Responsible Pharmacist cover. There were plans to appoint a superintendent pharmacist within the required timescale. There was a counter assistant present during the inspection as well as a locum pharmacist.

The two family members had enrolled on dispensing courses but had yet to complete them. They had been granted extensions to complete these courses by the training providers. Some evidence of progress was seen. The counter assistant was enrolled on a suitable training course.

The counter assistant said that she could ask the owners questions about her role and that she felt able to bring up issues, if there were any. She was aware of the potential for abuse of certain medicines and stated that she would ask the advice of the responsible pharmacist if she had any concerns when selling these medicines. The pharmacist also said that, although he was a locum, he worked at this pharmacy fairly regularly. And he could make suggestions to the owners about ways that the service for people could be improved.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally clean and provide a safe, secure and professional environment for people to receive healthcare. There are areas which are neither clean nor tidy, mainly due to the refit in progress. These areas are not normally accessible to people using the pharmacy.

Inspector's evidence

The pharmacy was undergoing a re-fit at the time of the inspection. Back areas of the premises were still having construction work. There was an area where a lift could be sited in the future; this was planned to enable use of the upstairs for healthcare provision. There was also a functional disabled-access door; this was needed as the front door was up some steps from the road. It was not much used. The area to the rear was cluttered with stock, old paperwork and building debris. This area would only be accessed by the public if they were using the disabled access door.

Construction of three consultation rooms upstairs was in progress. It was hoped that these would be used by doctors to improve the service provided to the community.

The dispensary was fairly clean, but very cluttered. Some of the drawers from the old fittings were kept on top of one another, rather than on runners, in cupboards in the new dispensary. This did not look professional and meant that the heavy drawers had to be lifted if the contents of the drawer below needed to be accessed. This would be resolved once the re-fit was concluded. The dispensing benches were cluttered.

The pharmacy counter had limited space as there was a large coffee machine on it. This limited the space that could be used for counselling patients. Members of the public were prevented from accessing the area behind the counter and the dispensary by a webbing strap draped across the gap.

There was a consultation room under construction, but it was not functional at the time of the inspection. Private conversations could be held in quieter areas of the shop.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective, and it gets its medicines from reputable sources. The team members try to make sure that people have all the information they need so that they can use their medicines safely. But there are times when this does not happen consistently.

Inspector's evidence

Access to the pharmacy at the front was up some steps, making it more difficult access for those who were less able. There was a rear door which provided access to the pharmacy for those in wheelchairs or with prams. It was not in general use and people needed to get the attention of staff to open it. Services were advertised in the windows of the pharmacy.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another.

Prescriptions for warfarin, lithium or methotrexate were sometimes flagged by the locum pharmacist, and then staff would ask about any recent blood tests or the person's current dose. But if the pharmacist did not flag the prescription the staff would not always notice the medicine and ask these questions. So, the pharmacy could not show that it was always monitoring people's medicines in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention. And there were no appropriate warnings stickers available for use if the manufacturer's packaging could not be used. Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This increased the chance of these items being handed out more than 28 days after the date on the prescription.

The controlled drugs cabinet had been moved and had been screwed in place, instead of using the required fixings. This was pointed out to the owners who rectified this the following day. The pharmacy got its medicines from licensed wholesalers and stored them in an organised manner. There were stickers at the storage locations and on containers to indicate items which were short dated. Regular date checking was done. The pharmacy did not yet comply with the Falsified Medicines Directive though the owners were researching how they could do so.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

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.