

Registered pharmacy inspection report

Pharmacy Name: Super Care Pharmacy, Prentice Place, Potter Street,
HARLOW, Essex, CM17 9BG

Pharmacy reference: 1031241

Type of pharmacy: Community

Date of inspection: 19/03/2024

Pharmacy context

This community pharmacy is located within a parade of shops in the town of Harlow. It provides a variety of services including dispensing of NHS prescriptions, the New Medicine Service (NMS) and the Pharmacy First service through patient group directions (PGDs). It also provides medicines in multi compartment compliance packs for people who have difficulty remembering to take their medicines.

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	1.1	Standard not met	The pharmacy does not have its standard operating procedures readily available and not all team members are familiar with them.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not ensure that all team members are enrolled on an appropriate training course within the required timeframe.
3. Premises	Standards not all met	3.1	Standard not met	Parts of the premises are water damaged and require maintenance. This is affecting the consultation room, which could limit the facilities the pharmacy has for people to have a conversation with a team member in private.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot sufficiently demonstrate that it stores its medicines that require cold storage appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not ensure that its standard operating procedures are available, and some team members have not read them. However, it has appropriate insurance arrangements in place. People can provide feedback or make complaints about the pharmacy's services. And team members protect people's personal information. The pharmacy largely keeps the records it needs to by law.

Inspector's evidence

The correct responsible pharmacist (RP) was on display in the pharmacy. The RP was a regular locum pharmacist who had started working at the pharmacy a couple of weeks prior. There were no SOPs available at the pharmacy during the inspection and some team members including the RP stated that they and not read any SOPs at the pharmacy. A team member stated that the SOPs had been removed from the pharmacy by the superintendent pharmacist (SI) for review. But team members knew what activities they could and could not do in the absence of a pharmacist. Near misses (dispensing mistakes which were spotted before a medicine was handed to a person) were recorded on a paper log in some detail, and the RP said he would discuss any near misses with the team. For dispensing errors (mistakes which had reached a person), the RP stated that there had not been a dispensing error for some time, however if an error did occur, he would submit a report on the National Reporting and Learning System (NRLS). The RP stated he had not been informed of the process for dealing with a dispensing error at the pharmacy.

The RP stated he was not aware of the complaint's procedure in the pharmacy. However, he confirmed that any complaints or feedback about the pharmacy could be given in person or via a phone call and he would try to resolve complaints in store but would escalate to the pharmacy manager or SI if necessary.

Confidential waste was stored in a dedicated confidential waste bin. When full the waste was bagged up and taken away by an external company for safe disposal. No confidential waste was found in the general waste bin. And no confidential information could be seen from outside the dispensary area. The RP confirmed that he had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The team stated that they did have contact details of local safeguarding leads, but these could not be located during the inspection. The RP was not sure who to contact if he had a safeguarding issue, and this was discussed during the inspection.

The pharmacy had current indemnity insurance. Balance checks were carried out for controlled drugs (CDs), and records seen in the CD registers were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions dispensed were not complete with several entries missing the name and address of the prescriber. The RP record was also not complete with entries being made both in a paper log and electronically. There were several days where no RP log entry or exit was made despite the pharmacy being open. The RP said that going forward, entries would be made regularly and in one dedicated register. Records about emergency supplies of medicines contained all relevant details including an appropriate reason for the supply. Records about unlicensed specials were also complete with all entries seen having the name of the person for whom the medicine was for and the date of dispensing.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not ensure that all team members are enrolled on the appropriate training courses within the appropriate timeframe. However, it has enough team members to manage its workload. And team members have some ongoing training in the pharmacy to keep their knowledge and skills up to date. Team members feel comfortable about raising any concerns they have.

Inspector's evidence

The pharmacy team consisted of the RP, another regular locum pharmacist and the SI who also worked in the pharmacy on occasion. Other team members included a trained counter assistant, trained dispenser and another team member who started in November last year who had not yet been enrolled on a course. The team explained that in January and March the team member had been on leave for a short time. So, team members may not have the appropriate training to complete their roles safely. However, the RP confirmed that the pharmacy had enough team members to manage the workload and team members confirmed that they were up to date with dispensing. The RP said the team would have training in the pharmacy when a new product or service was being introduced. Team members also had regular informal reviews with the SI and pharmacy manager to monitor their progress. Team members had no concerns about raising any issues and would usually go to the pharmacy manager or SI with any concerns they had. Team members confirmed they were set some targets in the pharmacy, but these did not affect their ability to provide a safe and effective service.

Principle 3 - Premises Standards not all met

Summary findings

Parts of the pharmacy have suffered from water damage and damp and require maintenance. The damage has led to the consultation room not being used, which could limit the facilities the pharmacy has for people to have a conversation with a team member in private. And some parts of the pharmacy have been affected by water leakage and damp. However, the pharmacy is kept secure from unauthorised access

Inspector's evidence

The front fascia of the pharmacy was in an adequate state of repair; however, it still displayed the previous name of the pharmacy, which could be confusing for people trying to find the pharmacy. The shop floor was generally clean. And it had chairs for people who wished to wait for their prescriptions. Pharmacy-only (P) medicines were stored securely behind the counter. The dispensary area was generally clean and tidy and had just enough floor and desktop space for the team to work in. It had a sink for the preparation of liquid medicines which was quite dirty. But the temperature and lighting of the pharmacy were adequate. There was a staff toilet with access to hot and cold running water and handwash.

The pharmacy had a consultation room, but it was in a very poor state. Parts of the ceiling were missing, and the RP stated there was an ongoing issue with water leaking into the room when it rained. As a result, the RP stated that room was not currently being used and he was speaking to people and completing consultations including the Pharmacy First service in the shop floor area of the pharmacy. The RP stated that he only did this when no one else was in the pharmacy and this was usually achievable as footfall was low into the pharmacy as a lot of patients got their medicines delivered. The pharmacy had two back storerooms, one of the rooms had a strong smell of damp and one of the shelves had started to rot away and partially collapse as a result of water leakage. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot sufficiently demonstrate that it stores medicines requiring cold storage at the appropriate temperatures. However, it gets its medicines from reputable sources and largely stores its other medicines appropriately. And the team generally takes the right action in response to safety alerts to help ensure that people get medicines which are fit for purpose.

Inspector's evidence

The pharmacy had a step up to the main entrance which was a manual door. Team said that they did not have a ramp but would try and assist anyone to enter the pharmacy if necessary. If this was not possible, the team would refer the patient to the company's other pharmacy which was step-free. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy assembled multi-compartment compliance packs in the back area of the dispensary. Labels for these packs included all the required dosage and safety information. However, completed packs seen did not have details of the what the medicines looked like. So, this could make it harder for people to identify their medicines. However, team members confirmed that patient information leaflets (PILs) were always included monthly with each supply of the packs. A team member said that they always contacted the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The pharmacy provided the delivery driver with a sheet with people's delivery details, the driver would tick off each person once a successful delivery had been made. This sheet was then returned to the pharmacy and stored. If there was a failed delivery, a note was put through the person door to make them aware that a delivery had been attempted and the medicines returned to the pharmacy. The team said the driver usually attempted a redelivery the next working day.

The pharmacy obtained its medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. The pharmacy had three fridges but had only been monitoring the temperatures of two of the fridges. Medicines were present in all three fridges. For the two fridges that had their temperatures monitored, the maximum temperatures were outside of the standard range of 2-8°C showing 13 and 17°C. The thermometer on one of the fridges showed was reset and showed a maximum temperature within the required range. However, the other fridge thermometer could not be reset and continued to show a high maximum temperature. The current temperatures of the fridges during the inspection were within the required range. From the records found, no fridge temperatures had been recorded since January.

The team said that expiry-date checks were carried out every four-six weeks, a random check of medicines on the shelves found no expired medicines. Safety alerts and recalls were received electronically by email and also with deliveries from wholesalers. Team members said alerts were archived in a folder after being actioned, but they did not know where this was kept. There was one folder with actioned alerts in the pharmacy, but this folder contained alerts from several years ago, but

no recent alerts.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented at the pharmacy. Team members knew where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information and were aware of the recent guidance changes regarding supply of sodium valproate. The pharmacy currently provided the Pharmacy First service under PGDs, the RP said he had read and signed the PGDs, but these were not available in the pharmacy. The RP said they were at the pharmacy's other branch.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the appropriate equipment to provide its services safely. And it protects people's privacy when using its equipment.

Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed not using their own NHS smartcards, the team was reminded to use their own. The pharmacy had cordless phones so conversations could be had in private. The electrical equipment had been safety tested last year and this was evidenced by stickers on the equipment. The pharmacy had a blood pressure monitor; the RP said that the machine new and so did not require replacement or recalibration. There were appropriately calibrated glass measures for measuring liquid medicines, but they required descaling. And there was a tablet triangle for counting tablets.

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.