

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 107 The Stow, HARLOW, Essex, CM20 3AS

**Pharmacy reference:** 1031247

**Type of pharmacy:** Community

**Date of inspection:** 12/08/2019

## Pharmacy context

The pharmacy is situated in a shopping precinct and provides NHS and private prescription dispensing mainly to local residents. They dispense medicines in multi-compartment compliance packs for some people. They also provide flu vaccinations in season. There is a home 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
<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

Members of the pharmacy team work to professional standards and identify and try to manage risks effectively. They are clear about their roles and responsibilities. The pharmacy keeps its records up to date and these show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. They occasionally log mistakes they make during the pharmacy processes. They sometimes discuss these to avoid problems being repeated. But the lack of consistent recording may hinder their ability to identify risks in the dispensing process, establish any patterns or trends and adopt appropriate remedial actions to minimise future risks.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company and were stored on the computer system. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and these were found to have been reviewed within the last two years. It was difficult to navigate the SOPs to find the SOP covering a particular activity. The manager had access to see which SOP had been read by which member of staff.

The pharmacy staff should have recorded near misses on the computer. They found this difficult to access at the time the near miss had occurred, and then it was forgotten about. The pharmacy team had tried using a paper system, which they had found easier to record, but this created another task of transferring the information onto the computer for their head office to see. The system in place had reduced the recording of near misses. The team had identified some common errors though and had identified 'look alike' and 'sound alike' (LASA) medicines and ensured these were suitably highlighted.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members explained their roles and they were observed asking the pharmacist for help when giving advice to people using the pharmacy.

Annual surveys were completed, asking people using the pharmacy about the service they had received and any improvements which could be made to the service provided. A complaints procedure was in place. The team members said that they would escalate complaints to the responsible pharmacist or pharmacy manager. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team accurately recorded private prescriptions and emergency supplies in a book. The controlled drugs registers were up to date and legally compliant. Fridge temperatures for all the fridges were recorded daily and were within the recommended range. Unlicensed specials records were found to be kept and maintained adequately.

All pharmacy team members had completed information governance training. They were using their own NHS smartcard and said that they did not share them. They used these to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS Code of Confidentiality was found in the pharmacy's practice leaflet. Confidential waste was segregated by team members. They said that the waste was collected and then destroyed by a commercial firm. There was some confidential information which could be accessible to the public. When this was pointed out

to the pharmacist he said that he would ensure this was locked away.

All staff had completed training about protecting vulnerable adults and children. The pharmacist had done some formal training and the rest of the team had completed in-house training. They said that they would escalate any concerns they had to the responsible pharmacist. Contact details for local safeguarding organisations were available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy have enough, well-trained staff to safely provide its services. Its team members complete suitable qualifications and try to keep up to date with ongoing training. The pharmacy shares feedback with its team members so they can develop in their roles and make improvements to the pharmacy's services.

### Inspector's evidence

At the time of the inspection there was a pharmacist, an accuracy checking assistant and a counter assistant present. They had each completed appropriate qualifications to allow them to work in the dispensary and pharmacy counter. The staff said that they had recently lost a number of hours a week as they were expected to use the off-site dispensary for a proportion of their prescriptions. But they said they were finding it difficult to cope with the hours provided and morale was low. There was a technician and a pre-registration pharmacist who worked in the pharmacy, but they were on their days off. There was also a vacancy, which was being advertised and a member of the team on maternity leave.

Team members said that discussions and huddles were used to share messages. They said that key messages were repeated to staff who were not present at the meeting. Team members said that the pharmacy manager and head office maintained records of completed qualifications. This was to make sure that appropriate training had been completed by the pharmacy team. Records of completed qualifications were only accessible to the pharmacy manager.

The team completed ongoing training on the company's e-Learning platform. Completed topics focussed on health and safety and safeguarding. The completion of this training was monitored to make sure that it had been completed by all team members. The company provided clinical training booklets to the team. Team members said that these were provided every month. Team members said that they were usually allocated time to complete this training during working hours. Staff were up to date with their training.

The team described verbal feedback that was provided about past performance. Team members said that the manager relayed feedback that had been provided from people who visited the pharmacy. The staff said that the manager was receptive to improvements and suggestions. These had been used to process waiting prescriptions more efficiently. There were several targets in place for the pharmacy team. Team members said that they felt that the targets were achievable. They said that they did not feel any undue pressure to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean and they provide a safe and professional environment for people to receive healthcare.

### Inspector's evidence

The pharmacy was clean and tidy throughout. Workbenches were segregated for the use of specific tasks to make sure the pharmacy's workflow was efficient. A separate bench was used to dispense the multi-compartment compliance packs which they dispensed.

A consultation room was available on the premises, which was suitable for private consultations and counselling. There was adequate heating and lighting throughout the premises. Running hot and cold water was also available. The pharmacy had suitable security arrangements in place for the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support.

### Inspector's evidence

Access to the pharmacy was via step-free entrances which were suitable for people using wheelchairs. The pharmacy had practice leaflets which advertised its services. The services were also advertised on the window of the shop.

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. The pharmacy team said that most people ordered their prescriptions directly with the surgery. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced.

A number of prescription items were sent to the off-site dispensary which was supposed to make the process more efficient. But the staff reported that as many items would not be dispensed by the off-site dispensary, they were needing to add extra items to most of the prescriptions sent. This involved them checking which items had been dispensed, dispensing the others and then re-checking the whole prescription as they were opening the bags sent by the off-site dispensary.

The pharmacy had completed an audit to make sure sodium valproate was provided with the correct information about pregnancy prevention to the at-risk group of people. Its team members had made notes on people's medication records to state that this information had been provided. But ongoing counselling was not routine although relevant booklets and treatment cards were available in the pharmacy to provide to these people. People taking warfarin, lithium or methotrexate were not always asked about any recent blood tests or their current dose. And neither were people on high-risk medicines who had their medicines delivered. So the pharmacy could not show that it was always making appropriate checks with people in accordance with good practice. Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. Doing so may help them to ensure that these items are not given out more than 28 days after the date on the prescription.

Many people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

The pharmacy had not yet made adjustments to meet the requirements of the Falsified Medicines Directive. The pharmacy did not have scanning equipment in place. The team said that the pharmacy company was currently trialling the use of scanners in some of its stores.

People's medicine deliveries were logged daily. The team said that recipients recorded their signatures. This created an audit trail for completed deliveries. Records were available for deliveries of controlled

drugs.

Controlled drugs were stored and managed appropriately during the inspection. Expired controlled drugs were segregated to prevent mixing up with in-date medicines. Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags. This provided the opportunity for additional accuracy checks when they were collected.

The pharmacy had a regular process of date checking and rotating stock to ensure medicines were still safe to use and fit for purpose. This process took place quarterly; records were maintained of this process which displayed the date of checking. Recent checks had taken place. A sample of medicines were chosen at random and were found to be within date. Most opened bottles of liquid medicines had been labelled with the date of opening. Expired stock and patient-returned medicines were disposed of in pharmaceutical waste bins for destruction. These bins were stored securely and away from other medication. Team members said that they were all able to process and sort returned medicines for destruction. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.



## 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

The pharmacy's equipment appeared safe and fit for purpose. Its team members had access to a telephone number to escalate maintenance issues. Electrical equipment was regularly safety tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

The sinks provided hot and cold running water. Crown-marked measures were available. Triangles were also available for counting tablets. Separate triangles were used for cytotoxic medications.

Computers and labelling printers were used in the pharmacy. Information produced by this equipment was not visible to people in the retail area. Computers were password protected to prevent unauthorised access to confidential information.

Up-to-date reference sources in paper and online formats were available in the pharmacy for its team to access. This meant that people could receive information which reflected current practice.

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

Finding	Meaning
<span style="color: green;">✓</span> <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.
<span style="color: green;">✓</span> <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.
<span style="color: green;">✓</span> <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.