

Registered pharmacy inspection report

Pharmacy Name: Rohpharm Ltd., 149 Cranbrook Road, ILFORD,
Essex, IG1 4PU

Pharmacy reference: 1031266

Type of pharmacy: Community

Date of inspection: 17/07/2019

Pharmacy context

This pharmacy is on a busy high street. The pharmacy dispenses NHS prescriptions and offers travel vaccinations including yellow fever vaccinations. It also supplies medicines in multi-compartment compliance packs to a number of people to help them take their medicines safely.

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

The pharmacy's working practices are generally safe and effective. The pharmacy asks its customers for their views. It largely keeps the records it needs to so that medicines are supplied safely and legally. Team members protect people's private information. And they know how to safeguard vulnerable people. The pharmacy records any dispensing mistakes and team members learn from them. This helps it make the services safer for people to use.

Inspector's evidence

Standard Operating Procedures (SOPs) were mostly up to date, the superintendent pharmacist (SI) said that these were due to be reviewed. Members of the team had read SOPs relevant to their roles. Team roles were defined within the SOPs.

Near misses were recorded in a register as they occurred. An informal meeting was held each month to discuss all recorded near misses including: what had happened, what was found and what could be done differently to avoid reoccurrence. Following past meetings warning signs had been stuck to the shelf edges for some medicines to prompt team members to take extra care.

Dispensing incidents were reported to the National Pharmacy Association (NPA) and to the person's GP if they had taken the incorrect medication. As a result of a recent incident where the wrong bag label had been attached to a bag containing someone's multi-compartment compliance packs the pharmacy tried to ensure there was more than one person involved in the process. The pharmacy had another sister branch which was run by the SI's brother. Information of dispensing incidents were shared between the two pharmacists but were not shared with the wider team.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure and also completed an annual patient satisfaction survey. The SI dealt with all complaints. Following feedback that people wanted more services offered for free the RP had spoken to the Local Pharmaceutical Committee (LPC) due to funding issues this was not always possible. The pharmacy offered private services.

The correct responsible pharmacist (RP) notice was displayed. Team members were aware of the tasks that could and could not be carried out in the absence of the RP. Records for private prescription, emergency supplies, RP records and controlled drug (CD) registers were well maintained. Records for unlicensed specials were mostly incomplete. This could make it harder for the pharmacy to find out details if there was a future query.

CD balance checks were carried out on a monthly basis. A random check of CD medicines complied with the balance recorded in the register. CD patient returns were recorded in a register as they were received.

An information governance policy was in place which was renewed annually. Team members had completed training on confidentiality provided by the NPA. As part of this multiple-choice-questions had been answered to test understanding. All team members had their own smartcards and pin codes to access NHS systems. Pharmacists had access to Summary Care Records. Consent was gained from people in writing before their records were accessed.

The RP and accredited checking technician (ACT) had completed the level 2 safeguarding training. Other team members had completed the level 1 training course. Contact details for the local safeguarding boards were displayed in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services provided, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively. They can make suggestions to help improve the systems in the pharmacy. And they do some ongoing training to help 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, an ACT, the pre-registration trainee (pre-reg), a trained medicines counter assistant and a dispenser who had qualified under the grandparenting scheme but only carried out administrative tasks.

The RP said that he had enough staff for the services provided and sometime had more staff than needed. There was additional pharmacist cover four days a week. The RP said that the additional staffing allowed him to provide all the services that he did.

Staff performance was managed informally by the RP. The RP worked at the branch regularly and worked closely with team members. He said that he gave them feedback and team members would approach him if they wanted to complete any additional training. Most team members had worked at the pharmacy for a long time. Team members said that the RP was open and approachable and listened to feedback and concerns.

As the team was small they did not have formal meetings but discussed things as they arose. The RP said that if there was a major change or something new was due to launch, the whole team would go out after work and discuss this. The last time this had been done was for the General Data Protection Regulation.

Team members had been enrolled to complete ongoing training courses through the NPA and Medway. In addition to this the pharmacists and ACT completed their independent Continuing Professional Development. The MCA said that she also read booklets which the pharmacy received from manufacturers and wholesalers. A new counter assistant was due to be enrolled on the medicines counter assistant training course a week after the inspection. The SI was due to be her tutor. Study time was given to trainees and team members were also given some time each week to complete their learning.

The pre-reg had been enrolled on the ProPharmace training programme and had attended training sessions once a month. She had also been given set-aside training time in the pharmacy which had helped with her exam preparation. There were no numerical targets in place for the services offered.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are largely clean, secure, and maintained to a level of hygiene appropriate for the pharmacy's services.

Inspector's evidence

The pharmacy was bright and in the main clean. It was suitable for the provision of healthcare. However, workbenches were slightly cluttered. Cleaning was done by the team and a contracted cleaner also came in. Medicines were arranged neatly. A clean sink was available.

Two consultation rooms were available. The small room on the shop floor was used for private consultations. A larger consultation room, which was located behind the dispensary, was used for the vaccination services and for the preparation of multi-compartment compliance packs. This room was generally clean; however, some shelves were cluttered and disorganised. There was a considerable amount of paperwork in the room which the RP said he was in the process of shredding. He had stopped shortly before the visit as the shredder had become jammed. There were a number of unsealed compliance packs stored on the couch. The RP said that these had been prepared by a dispenser earlier that day and he would check and seal them by the end of the day. Prepared compliance packs which were ready to be handed out were stored at the bottom of the couch. There was a risk that prescription only medicines and people's private information would be visible to people accessing the room for the services offered. The RP said he usually cleared the room before bringing people in. The RP also said that he would ask the dispenser to only prepare one pack at a time in the future and to put this away before starting on the next so that there was not a large volume of prescription only medicines in the room.

The hallway leading to the room had storage boxes lined up along the side, this restricted the space available for people walking past. The RP said that these were not normally there but he had been archiving paperwork. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available to regulate the temperature.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are largely delivered in a safe and effective manner. The pharmacy obtains its medicines from reputable sources, and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts. This helps ensure that its medicines and medical devices are fit for purpose.

Inspector's evidence

Access into the pharmacy was via a small step, however, a ramp was available for people with mobility aids. A delivery service was also available for those who were housebound. The pharmacy was able to produce large print labels. The pharmacy team were multilingual and spoke a range of languages spoken locally. On some occasions online translation applications were used if people did not speak languages spoken by the team. Pharmacy services were advertised on the window and there were a number of posters displayed throughout the pharmacy. There was a wide range of pharmacy leaflets on the shop floor and in the consultation rooms. Team members were aware of the need to signpost people to other providers if a service was not offered at the pharmacy.

The RP said that the emergency hormonal contraception service and supervised consumption services had the most impact on the local population. He said there was a high number of teenage pregnancies in the area and there was an issue which substance misuse in Ilford. The RP also said that the private travel clinic was useful as many local doctors were no longer offering the services.

The pharmacy had an established workflow in place. Prescriptions which were to be checked by the ACT were clinically checked by the RP who then signed the bottom of the prescription to indicate that these could be checked by her. The ACT checked prescriptions which had been dispensed by the pre-reg or another dispenser.

Dispensed and checked by boxes were available on labels; these were initialled by team members when they were dispensing or checking. The pharmacy team used baskets to ensure that people's prescriptions were separated, to reduce the risk of errors. Yellow books or record cards were checked when people handed in prescriptions for warfarin. A record of readings was made on the electronic patient medication record.

The RP was aware of the change in guidance for dispensing sodium valproate and the Pregnancy Prevention Programme. Team members referred any valproate prescriptions for females to the RP. The RP checked each time with people if they were aware of the change in guidance and people were handed the information booklet. The pharmacy had not dispensed sodium valproate to anyone who fell in the at-risk group. Warning stickers were not available at the pharmacy. The inspector reminded the RP of the requirements and he said that he would obtain some.

Prescriptions for multi-compartment compliance packs were ordered by the pharmacy. Once they were received these were printed, checked against the previous electronic medication history and passed to the RP if there were any changes. The RP confirmed any changes with the GP. Individual records were in place for each person and any changes or information to be passed on was annotated on these. All packs were prepared by an allocated dispenser. Stock was checked by the RP before the packs were assembled. Some packs had been prepared by the dispenser earlier that day and left on the couch for

the RP to check. The RP said they would be checked and sealed by the end of the day. People had been asked to notify the team if they were admitted into hospital. The RP said nothing was prepared until he had received a discharge letter and had a conversation with the GP. For people who were supplied sodium valproate in their packs, the team cut around the foil blisters and placed this in the pack. There was a risk that this could cause harm if it was not administered correctly. The RP said that he would have a discussion with the people's GPs and the manufacturers of the medicines to see how this could be supplied.

Assembled packs observed were labelled with product descriptions, mandatory warnings and there was also an audit trail in place to show who had prepared and checked the pack. Patient information leaflets were handed out monthly. Deliveries were carried out by the designated drivers who obtained signatures when medicines were delivered. In the event that the medication could not be delivered it was returned to the pharmacy.

In-date and signed patient group directions were in place for the services offered. The RP completed annual training as part of the accreditation to provide the vaccination services. Face-to-face training had to be attended every other year and anaphylaxis training had to be done every two years. As the pharmacy were also a registered yellow fever centre the RP also had to complete NaTHNac training. The RP was accredited to provide services as was one of the other regular pharmacists who was on leave at the time of the inspection. If the RP was not there and the locum pharmacist was not trained to provide services people were referred to the other branch.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs and those requiring cold storage. Fridge temperatures were monitored and recorded daily, and these were observed to be within range. CDs were kept securely

The pharmacy was compliant with the Falsified Medicines Directive (FMD). An integrated system had been purchased and items were scanned as they were dispensed which generated a barcode to be scanned when the medicines had been handed out.

Stock was date checked by the team who took it on turns to check. Anything expiring within six months was marked. Stock was also rotated. There were no date-expired medicines observed on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

Drug recalls were received via email. The RP printed these out and filed after they were actioned. The last alert for which some action had to be taken was for Emerade.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had a range of clean glass calibrated measures available. Tablet counting trays were available. Separate measures were marked for methadone use only and a separate counting tray was used for cytotoxic medication to avoid contamination. The pharmacy also had an electronic tablet counting machine, which was used infrequently. The RP said that this was calibrated using a known quantity of tablets. The pharmacy had a blood pressure monitor which was used as part of the services offered. This was replaced annually.

Two fridges of adequate size were available. One was used to store vaccines and another for other stock. These were both clean and appropriate for the storage of medicine. Up-to-date reference sources were available including access to the internet. The computers were password protected and could not be seen by people using the pharmacy. Confidential waste was shredded.

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.