

# Registered pharmacy inspection report

**Pharmacy Name:** Fencepiece Pharmacy, 109 Fencepiece Road,  
Barkingside, ILFORD, Essex, IG6 2LD

**Pharmacy reference:** 1031269

**Type of pharmacy:** Community

**Date of inspection:** 25/04/2024

## Pharmacy context

This community pharmacy is located near Hainault, East London. It provides a variety of services including dispensing 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 to people who have difficulty remembering to take their medicines.

## 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

Overall, the pharmacy manages the risks associated with its services well. And its team members record and regularly review any dispensing mistakes. Team members know how to protect vulnerable people. And the pharmacy handles people's private information safely.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in a prominent position in the pharmacy. The pharmacy had recently updated its standard operating procedures (SOPs). These were available electronically with each team member having a separate account with access to the SOPs. Not all team members had read the SOPs, and the RP said the SOPs would be read by all team members as a priority. However, team members were able to explain their roles and responsibilities within the pharmacy. And they also knew what activities they could and could not do in the absence of an RP. Near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper log sheets in the pharmacy in a good level of detail. And they were discussed with the team at meetings. Dispensing errors (mistakes which had reached a person) were also recorded on paper log sheets but in more detail and were also discussed with the team. The team gave an example where different strengths of omeprazole had been separated on the dispensary shelves due to a previous error.

Complaints and feedback were usually submitted via email to head office. The team confirmed that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. The RP usually dealt with complaints but could escalate to the superintendent pharmacist (SI) if necessary.

Confidential material was shredded on site as soon as it was no longer needed. No confidential waste was found in the general waste bin. And no confidential information could be seen from outside the dispensary. The RP confirmed that he had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). Team members had also completed appropriate safeguarding training. They knew what to do if a vulnerable person presented in the pharmacy, and there were details of local safeguarding contacts available in the pharmacy.

The pharmacy had current indemnity insurance. Controlled drugs (CDs) records seen in the CD register 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 all complete with some entries missing the name or address of the prescriber. The RP said this would be included for future records. The RP record was also not complete with some entries seen not having a finish time. The RP said this would be included going forward. Emergency supplies of medicines were complete with all supplies having an appropriate reason for the nature of the supply.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload. And team members do the right training for their roles. They do some ongoing training to keep their knowledge and skills up to date. And team members feel comfortable about raising any concerns they have.

### Inspector's evidence

On the day of the inspection, there was the RP, three dispensers and a foundation year trainee pharmacist. The RP confirmed that the pharmacy had enough team members to manage the workload and the pharmacy was up to date with dispensing. All team members had either completed or were in the process of completing appropriate training for their roles with an accredited training provider. The RP said that the pharmacy's head office provided learning resources for team members to read to help keep their knowledge and skills up to date. Team members confirmed that they had a yearly formal review of their progress. Team members also had no concerns about raising any issues and would usually go to the RP first but could raise a concern with head office or the SI if necessary. The RP confirmed the pharmacy was set some targets relating to the NMS service, but that the targets were achievable and did not affect the team's ability to provide a safe and efficient service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. People can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The front fascia of the pharmacy was in a good state of repair and was modern and professional looking. The shop floor was clean and professionally presented. 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 clean and tidy and had plenty of floor and desktop space for the team to work in. It had a sink for the preparation of liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate. And there was a staff toilet with access to hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had without being heard from the outside. The room was a good size, it was kept clean and was locked when not in use. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

On the whole, the pharmacy provides its services safely and stores its medicines appropriately. The pharmacy can cater to people with different needs. And the team takes the right action in response to safety alerts to help ensure people get medicines and medical devices which are fit for purpose.

### Inspector's evidence

The pharmacy had step-free access via a manual door. It was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. There was plenty of space for people with wheelchairs and pushchairs to access the dispensary counter. 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. Labels on checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery driver used a paper sheet with people's details to keep a record of deliveries, which was returned to the pharmacy after the deliveries had been completed. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

Multi-compartment compliance packs were assembled in a separate area of the dispensary. Prepared packs seen contained all the required dosage information but did not contain the necessary warning notices. The RP said these would be added to all compliance packs going forward. The packs did have a description of the medicines inside which included a description of the colour, shape and any markings on the medicines to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were always included monthly with packs. And they said that they would always contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained its medicines from licensed wholesalers. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Fridge temperature records showed that temperatures were checked daily, and all records seen were within the appropriate ranges. The current, maximum and minimum temperatures of the fridge were found to be in range during the inspection. Expiry date checks were completed every two months on a rota basis with a different section being checked each time. A random check of medicines on the shelves revealed no expired medicines. However, the pharmacy did not always record the opening dates of bulk liquid medicines, so the team could not always be sure when these medicines were no longer fit for use. The RP provided assurances that going forward, the date of opening would be recorded on all liquid medicines. Safety alerts and recalls were received electronically via email and actioned accordingly. But records of actions taken were not always recorded and alerts were not always archived which could make it harder for the team to locate an alert or see what action the pharmacy had taken for it. The RP said that in future, the action taken for all alerts would be recorded, and all alerts would be archived.

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. They were aware about the recent guidance changes with regards to supplying sodium valproate in the original pack and only supplying outside of the original pack if a risk assessment had been completed. The pharmacy had the appropriate PGDs for the Pharmacy First service, and these were in date. The RP confirmed he had completed all the training for the Pharmacy First service.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment to provide its services safely. And it largely 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 using their own NHS smartcards; however, some smartcards had the passcode written on them which increased the risk of someone gaining unauthorised access to information. The RP said that the passcodes would be removed from the cards. The pharmacy had cordless phones so conversations could be had in private. The team confirmed that the electrical equipment had been safety tested in the past, but it was now overdue to be tested again. The RP said he would look into getting the electrical equipment retested. Fire extinguishers had been checked recently. The pharmacy had a blood pressure monitor in the consultation room, the RP said this was about two years old. Replacement or recalibration of the blood pressure monitor was discussed with the RP to help ensure that the pharmacy had access to a monitor that could provide the most accurate readings. The pharmacy had appropriately calibrated glass measures for measuring liquid medicines. And it had tablet triangles for counting tablets. The RP confirmed that the pharmacy provided all cytotoxic medicines in original packs.

### 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.