

Registered pharmacy inspection report

Pharmacy Name: Roding Pharmacy, 214 Redbridge Lane East,
ILFORD, Essex, IG4 5BQ

Pharmacy reference: 1031291

Type of pharmacy: Community

Date of inspection: 27/11/2019

Pharmacy context

The pharmacy is located in a parade of shops in a residential area close to Redbridge Underground Station. The pharmacy has changed ownership six months prior to the inspection. A doctor's surgery is situated across the road from the pharmacy and another surgery is a short walk away. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to help people take their medicines safely. It also provides Medicines Use Reviews and New Medicine Service checks to people. The regular pharmacist is also an independent prescriber.

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

Overall, the pharmacy adequately identifies and manages the risks associated with providing its services. It largely keeps the records it is required to by law. Team members work to written procedures to help provide the pharmacy's services safely. The team members respond appropriately when mistakes happen during the dispensing process. This helps them prevent similar mistakes from happening in the future and makes the services safer.

Inspector's evidence

Standard Operating Procedures (SOPs) were available and these had recently been reviewed after the pharmacy had been taken over. Team members were in the process of reading and signing SOPs which were relevant to their roles. The responsible pharmacist (RP) said that SOPs would be read by the end of the following week. Team roles were defined in most SOPs.

Near misses were recorded on a near miss log. Apprentices had separate logs which they updated if they had made a near-miss. The RP used these records to have a conversation with them around commonly occurring mistakes. The RP reviewed near miss logs monthly and was looking to change the frequency to weekly or fortnightly reviews. Previous near-miss logs or review notes were not available to see at the inspection. As a result of trends identified at past reviews, the team had separated strengths of some medicines on the shelves as well as separating 'look-alike and sound-alike medicines' (LASA) and had also separated the omeprazole tablets and capsules.

Dispensing incidents were recorded on the electronic patient record system. As a result of a past incident where a person was supplied with the incorrect strength of paracetamol which was taken; the RP had completed an investigation, filled out an incident report form and notified the person's GP. The locum pharmacist had also been notified and the two strengths were separated on the shelves. The RP described how the investigation had also shown the prescription had been self-checked and all team members and locum staff had been asked to ensure a second check was obtained.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure in place. People would either write in or speak to one of the two regular pharmacists. There were plans to complete annual patient satisfaction surveys. And the pharmacy also had a suggestions box on the shop floor. As a result of past feedback, the team were looking into introducing a text messaging service to notify people when their prescription was ready to collect. When the pharmacy had been taken over there had been lots of baskets containing assembled prescriptions and over 700 prescriptions with items owed. These had since been cleared.

The correct RP notice was displayed, initially there had been two notices displayed one of which was removed. Team members were aware of the tasks that could and could not be carried out in the absence of the RP. However, when asked a team member said that he would sell a box of 32 paracetamol tablets if the RP was not present. The inspector reminded the team member of what he could and couldn't do when the RP was not present.

Records for emergency supplies, unlicensed medicines supplied and RP registers were well maintained. Private prescription records were generally well maintained, but the details of the prescribers were not always correctly recorded. Controlled drug (CD) registers had some overwriting, and had some

information missing which included: headers, date of supply and location of wholesaler. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received.

Assembled prescriptions were stored in the dispensary and were not visible to people using the pharmacy. Computers were password protected and screens also faced away from people. The pharmacy was in the process of reviewing the information governance (IG) policy since the change in ownership. The RP had verbally briefed the team on confidentiality and planned to have the team look through the training booklets that were in the IG folder which he was due to bring in. Relevant team members who accessed NHS systems had smartcards. The regular pharmacist had access to Summary Care Records (SCR); consent to access these was gained verbally and recorded.

The RP, locum pharmacist and technician had completed level two safeguarding training. The RP had provided the dispensary team with information verbally. Team members who covered the medicines counter had not completed any training. The RP said that he would ensure all team members completed a level one course and, in the interim, planned to brief the team using a handout he had prepared at another pharmacy. Details for the local safeguarding boards were said to be available in a folder, however, this was not available in the pharmacy on the day of the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members its services, and they work effectively together. They have the appropriate skills, qualifications and training to deliver services safely and effectively. Team members are given some ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a locum pharmacist, a trained locum dispenser, an apprentice and a counter assistant. The pharmacy technician started partway through the inspection. The technician was in the process of completing the training to become an accredited checker. The RP said that the team were short-staffed on the day of the inspection as a dispenser was away. A new team member had started working a few days before the inspection. The RP said that the team member would be enrolled onto an accredited medicines counter assistant course once the probation period was completed. The pharmacy had been using locum pharmacists daily to help the RP. The RP was in the process of recruiting an additional dispenser and accredited accuracy checking technician. The locum dispenser had been working at the pharmacy on and off for the past six months to help manage the workflow. A number of team members had left when the pharmacy had changed ownership. Team members were able to manage the workload during the inspection and were up-to-date with their workload including dispensing.

The RP planned to introduce formal sit-down reviews and professional development reviews with team members. Until recently the pharmacy had not had many permanent team members. The RP had been providing team members with verbal feedback.

The apprentice counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. He was also aware of the legal limits and age restrictions on the sale of certain medicines like pseudoephedrine.

Team members had access to a few training websites including The Centre for Pharmacy Postgraduate Education (CPPE) online training courses and Numark training courses. The RP planned to cover different topics each month with team members. The apprentice attended college one day per week and would go over questions and topics with the RP when it was quiet. The pharmacy technician had only recently joined the register. She had been enrolled on the accuracy checking course by the new owners. She went through training modules at home but said she was well supported by the pharmacists.

Meetings were not held as there had not been a fixed team, and the team discussed things as they came up. The RP said that since taking over the pharmacy discussions had been held with team members if there were any logistical issues such as where to keep delivery containers, cleanliness, outlining tasks that needed to be done and by when they needed to be completed. Team members felt able to approach the owners with feedback and suggestions.

There were no numerical targets in place for team members or for locum pharmacists.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are mostly clean and tidy. People can have a conversation with a team member in a private area. But the pharmacy could do more to ensure the consultation room is kept clean and tidy.

Inspector's evidence

The pharmacy was modern, clean and organised. The work benches were clutter free and stock was placed neatly on the shelves. There was a clean sink available in the dispensary to allow for hand washing and preparation of medicines. Medicines were arranged on shelves in a tidy and organised manner. Cleaning was carried out by the staff. Designated areas were used to label and dispense on. An island bench was used by the pharmacist for checking prescriptions and this was kept clear at all times. Multi-compartment compliance packs were dispensed in a back room and when essential, these were dispensed in the main dispensary.

A clearly signposted consultation room was available for private conversations. The room was untidy and had cobwebs and a dead insect. The RP said that the pharmacy was not providing many services until the room had been cleaned and reorganised. He assured the inspector that this would be done. A sharps bin was stored on the floor, and the door leading to the consultation room from the shop floor had been ajar. The RP gave assurances that this would be kept closed.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature in the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. It gets its stock from reputable sources and mostly stores it properly. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access in to the pharmacy with easy access to the medicines counter, the team was multilingual and members spoke a number of languages between them. The pharmacy had the ability to produce large print labels. Services were advertised and there was a small range of information leaflets available for customers. Team members described signposting people to other service providers if a service was not available at the pharmacy. The RP was in the process of updating the signposting folder or team members used the internet.

The RP felt that the minor ailments had the most impact on the local population. He described that people were referred to the service by their GP and many also walked in. The service was useful as people in the area could sometimes not see their GP. At the time of the inspection the pharmacy was promoting the 'Help me, help you' campaign. This was a public health campaign to raise awareness of pharmacies and to help reduce A&E waiting times.

The pharmacy had changed its workflow after losing four team members; this had included two dispensers and two counter assistants. Most prescriptions were received electronically. The pharmacy no longer provided an automated repeat service. People were asked to notify the team what medicines they required and when they needed them. There were usually two team members including the RP involved in the dispensing and checking process. It was rare that the RP had to self-check, and he described taking a mental break when he had to do so. As a rule, the pharmacist did not self-check prescriptions. Dispensed and checked-by boxes were available on labels; these were routinely used by the team. The team also used baskets to keep people's prescriptions separate.

The RP was aware of the change on guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). Alert cards and patient information booklets were available. The RP was not aware of the need to use the warning stickers. The inspector reminded the RP of the requirements. As far the RP was aware there was no one who collected valproate from the pharmacy who fell in the at-risk group.

For people who collected high-risk medicines the RP checked to make sure that people had cards associated with the medicine and checked that they were having regular monitoring. For warfarin prescriptions, the RP would check people's yellow book for their INR reading and the dosage they had been recommended to take. The RP said that he would make a record on the person's electronic record if this information was checked. But the RP had not had to dispense warfarin in the time that the pharmacy had been taken over as people had been switched to newer anticoagulants.

Prescriptions for people who collected their medicines in multi-compartment compliance pack service were automatically ordered by the pharmacy. The list of people on the service had been split across the month to help manage the workflow. Prescriptions were checked against the electronic record and any

missing items were re-requested. In the event that there were any changes, these were queried with the GP and a record was occasionally made on the electronic record. The RP planned to have individual records in place for each person on the service with an area on the sheet for recording communication. Packs were prepared by a dispenser and checked by a pharmacist. The team did not prepare packs in advance of receiving prescriptions. Packs were occasionally left unsealed overnight, these were closed and a rubber band was used to secure the trays. The RP said that moving forward trays would be sealed as they were prepared. The pharmacy had not carried out any reviews on the eligibility of people enrolled on the service. This was discussed with the RP.

Assembled multi-compartment compliance packs seen were labelled with product descriptions and there was an audit trail in place to show who had dispensed and checked the packs. Mandatory warnings which gave people additional information about their medication including directions on how to take were missing. The RP said that he would speak to the systems provider and ask them to change the settings. Information leaflets were supplied monthly.

Deliveries were carried out by the designated driver. Signatures were obtained when people's medicines were delivered. For CDs the driver was on some occasions given the prescription form to use to obtain a signature. There was a risk that the prescription form could be lost or misplaced. The RP gave assurances that the prescriptions would be retained in the pharmacy in the future. In the event that someone was unavailable medicines were returned to the pharmacy. Signed and in date Patient Group Directions (PGD) were in place for the relevant services provided.

Medicines were obtained from licensed wholesalers. A number of boxes of medicines were found in stock which contained mixed brands. This could result in medicines being missed in the event that there was a drug recall. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. CDs were held securely.

Expiry-date checks were carried out periodically. The RP was in the process of implementing a date-checking matrix. A full check was done after the takeover when the dispensary was rearranged. There were no expired items found with dispensing stock. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

The pharmacy was in the process of arranging equipment for the Falsified Medicines Directive (FMD). The RP said that they would be compliant with FMD soon.

Drug recalls were received via email from the MHRA, the RP and SI had access to these. There was no robust audit trail to show what action had been taken. This was discussed with the RP during the inspection. The last actioned recalls had been for ranitidine.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was mainly clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines to avoid cross-contamination. Two large fridges were available, one of these was used to store assembled medication awaiting collection. A blood pressure monitor was available in the consultation room, the RP said this had been left by the previous owner and were not used. The RP planned to obtain new equipment before services were provided.

Up-to-date reference sources were available including access to the internet. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was segregated and collected by a licensed waste company for destruction.

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.