

Registered pharmacy inspection report

Pharmacy Name: Gold's Pharmacy Gants Hill, 24 Seven Ways Parade,
Gants Hill, ILFORD, Essex, IG2 6JX

Pharmacy reference: 1031293

Type of pharmacy: Community

Date of inspection: 28/11/2019

Pharmacy context

This pharmacy is situated on a busy main road in close proximity to an Underground station. The pharmacy is open for extended hours. It supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides Medicines Use Reviews and the New Medicine Service..

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy arranges team member's shifts in a way that for periods of time, there are not enough suitably qualified staff to provide services safely.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot show that it always stores medicines which require refrigeration appropriately. And, the pharmacy does not always keep its medicines securely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy largely identifies and manages the risks associated with its services. The pharmacy asks its customers for their views. However, it has more than one set of written procedures in place for all the services it provides. So, this may cause confusion as to which procedures are current and in place. The team members generally respond appropriately when mistakes happen during the dispensing process. But they don't always record these mistakes. So, they might be missing opportunities to learn and make the services safer. The pharmacy protects people's personal information adequately. But it could do more to ensure that confidential waste is always disposed of properly.

Inspector's evidence

Standard Operating Procedures (SOPs) were available, but the pharmacy had two sets of SOPs in the folder, one of which had been reviewed in 2018. Neither set of SOPs incorporated the Falsified Medicines Directive (FMD). Team members had read and signed the old version of SOPs which were relevant to their roles. The Responsible Pharmacist (RP) who was also the Superintendent Pharmacist (SI) said that the newer SOPs had been left by the previous SI and she had planned to review and update the SOPs but had not had the time to do so.

Near misses were brought to the attention of the dispenser by the pharmacist as they were identified. The RP also informed the rest of the team. The team would make changes to avoid reoccurrence where possible. There were not many near misses recorded, with three entries made since June 2019. The RP said that there had been other near misses which had been addressed but because it was really busy sometimes people did not always get a chance to record them.

There had not been any reported dispensing incidents, the RP said that this was because prescriptions were checked by one pharmacist who selected the medicines, the prescription was then assembled by a dispenser and this was then checked by another pharmacist. In the event that there was dispensing incident the RP would investigate, make a record and check that the person had not taken any of the incorrect medication and speak to the GP if they had.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure in place. People would be referred to the owner if they had a complaint. Annual patient satisfaction surveys were also carried out. Past feedback had been about the step at the front and access into the pharmacy. The RP said that this was being looked into.

The correct 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 prescriptions, emergency supplies and responsible pharmacist (RP) records were well maintained. Records for unlicensed medicines supplied were not always completed. And controlled drug (CD) registers had some missed headers and there were some blank lines. 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.

Computers were password protected and screens also faced away from people. The RP said that the pharmacy had an information governance (IG) policy which was reviewed by head office but it could not

be located during the inspection. The team had verbally discussed how they could manage confidentiality and gaining consent. A folder with information on The General Data Protection Regulation (GDPR) was available in the pharmacy for the team. And the RP ensured procedures were being followed. Relevant team members who accessed NHS systems had smartcards. The two regular pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was segregated and shredded, however, a small amount of waste with people's private information was found in the general waste bin. The RP said that she would brief the team on ensuring this was disposed correctly.

Pharmacists had completed level two safeguarding and all team members had completed level one training. Contact details for safeguarding boards were available. Team members were able to describe the steps that they would take in the event that they had concerns.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy arranges team member's shifts in a way that for some periods of time there are not enough staff to provide the services safely. However, the team members have done the right training for their role. And they are given some ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP and trained dispenser who also covered the counter. In the evening there were two team members to support the pharmacist which included either trained MCAs or a dispenser. Thursdays were the pharmacy's busiest days, this was observed during the course of the inspection and there was a constant flow of people observed. The dispenser was seen to mostly cover the medicines counter. Team members had raised issues with the staffing levels with the owner. At the time of the inspection there were a number of baskets containing assembled prescriptions which required checking. The RP said that in the evening the pharmacist was supported by two MCAs which helped them to catch up with the checking. However, the team had fallen behind with tasks such as cleaning, balance checks and the RP had not been able to update procedures and policies. Due to a lack of time team members were also not recording all near misses that had occurred. Team members described that some of these near misses had been a result of being short staffed.

To help manage the workflow, additional services were not offered as there was no time. There were generally only two people including the RP working in the morning and it would be hard to provide any additional services.

Staff performance was managed informally. The RP discussed things with the team and gave team members feedback. The RP would speak to the owner if there were any major issues. Most team members had been working at the pharmacy for a long time.

Team members asked appropriate questions before recommending treatment and referred to the RP if unsure. Team members were aware of restricted quantities of some medicines that could be sold.

Team members kept up to date by reading through pharmacy magazines and also attended local training events. They had in the past attended training sessions on dementia and for sleeping aids. Training sessions were attended by team members who were not working at the time and on return they cascaded information to other colleagues.

Team members discussed things as they came up. The pharmacy had a communication book which was used and all team members were part of a group chat on a messaging application. This was used to raise any issues, swap shifts and pass on information. The RP printed information and left this for team members to read. Pharmacists would speak to people on their shifts to pass on information. Team members felt able to raise concerns and share ideas. The RP felt able to give feedback to the owner and he would help where possible.

Targets were set for services provided. But were difficult to achieve due to the staffing levels. There was no pressure on team members to meet targets. The pharmacists had informed the owner that if it was

too busy and there were other tasks which needed to be completed, they would not be able to provide additional services. Targets did not affect the RP's professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are mostly clean. People can have a conversation with a team member in a private area. But the pharmacy could do more to make sure that it keeps its dispensary and consultation room tidy and free from clutter.

Inspector's evidence

The retail area of the premises was tidy and clean. However, the dispensary floor was dirty and there were tea stains on one of the workbenches, some of the shelves under the workbenches were also dirty. A sink was available. Medicines were arranged in the dispensary in a tidy and organised manner.

The pharmacy had an issue with ants, the RP confirmed that the pest control company had come in the week before the inspection and placed baits to address the issue. There was a consultation room available with adequate audible and visual privacy; this was untidy and did not present a professional image. The door leading into the room from the shop floor was unlocked. The RP assured that the door would be kept locked.

The premises were largely kept secure from unauthorised access. Not all the entrances and exits were suitably secured at the time of inspection. The RP confirmed that the door was usually kept locked and she would ensure that it was locked at all times when not in use. 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 not all met

Summary findings

The pharmacy does not always keep its medicines including waste medicines securely. This increases the risk of these medicines being removed from the pharmacy without it knowing. Team members cannot show that the fridge temperature is kept within the required range for the safe storage of medicines. This means that team members are less able to show that the medicines inside have been kept at the right temperatures and are still safe to use. However, the pharmacy orders its medicines from reputable sources and otherwise stores them properly. Overall the pharmacy provides its services safely and manages them adequately. People with a range of needs can access the pharmacy's services.

Inspector's evidence

Access to the pharmacy was via a small step; team members said that the glass front enabled them to see if someone required assistance. Some people who were unable to access the pharmacy waited outside while team members assisted them. There were a range of leaflets and posters on display advertising pharmacy services. The pharmacy had the ability to produce large print labels. The RP spoke a few languages that were spoken locally and some people used translation applications. Team members knew what services were available and described signposting people to other providers if a service was not offered at the pharmacy.

The RP felt that the repeat prescription service was useful as it helped to ensure people had their medicines when they needed them and it also helped the team manage the workflow.

The pharmacy had an established workflow in place, most prescriptions were received electronically. Prescriptions were printed, ordered and processed in the morning, and were usually collected in the evening. Mostly in the morning the RP dealt with methadone prescriptions, looking through these and reporting any uncollected supplies to prescribers and preparing methadone for collection. Electronic prescriptions were also downloaded and stock was ordered for the evening. The team concentrated on dispensing walk-in prescriptions and any medicines which had been received in the morning delivery during the morning shift. The second pharmacist took over at 4pm, they checked and bagged prescriptions which had been prepared earlier that day and got them ready for people to collect. The RP said that it was very rare that the pharmacist had to self-check. The pharmacy was not very busy with walk-ins as there were no surgeries nearby. Dispensed and checked-by boxes were available on labels; these were routinely used by the team. The team also used baskets to help keep people's prescriptions separate.

The RP was aware of the change in dispensing sodium valproate and the associated Pregnancy Prevention Programme. The RP had not been aware of the need to use the warning labels. The inspector reminded the RP of the requirements. The RP had spoken to people who fell in the at-risk group but no records of this had been made.

The pharmacy did not have anyone who collected warfarin. For other higher-risk medicines such as methotrexate, the pharmacy checked if people were having regular monitoring and ensured that they were taking folic acid as well as double-checking the days that these were taken.

Multi-compartment compliance packs were prepared at the weekend when it was quieter. Prescriptions were checked and stock was ordered during the week. Changes were queried with the GP

during the weekdays and a record was either made on the person's individual record and in the communication diary or on the electronic system. The RP spoke to people on a regular basis and had not identified anyone who no longer needed their medicines supplied in this way. Unsealed packs which had been prepared on Saturday were seen, the team member said that these were waiting for additional stock before they would be completed and sealed.

Assembled multi-compartment compliance packs seen were labelled with product details and mandatory warnings. Information leaflets were supplied monthly. However, there was an incomplete audit trail in place to show who had dispensed and checked the packs. This could make it difficult to identify who had been involved in the dispensing and checking processes if there was an issue.

Prescription forms were filed in alphabetical order on the retrieval system. Prescriptions which had been partly collected and had some items outstanding were generally submitted to the NHS, then a bag label was stuck on a piece of paper which was placed in the retrieval. It was difficult to determine the date that the prescription had been issued from this and it could increase the chance that prescriptions could be handed out after they had expired. A prescription for pregabalin issued on 4 September 2019 was found in the retrieval system. This had been annotated with 'CD RX'.

Deliveries were carried out by a designated delivery driver. Signatures were not obtained when people's medicines were delivered, but there was a record sheet to show which packages were being delivered. The lack of a complete audit trail could make it harder for the pharmacy to show that the medicines had been safely delivered. In the event that someone was unavailable to receive a delivery medicines were returned to the pharmacy and the record sheet was marked.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. However, at the time of the inspection the maximum and minimum temperature range was between 22.8 and 3.0 degrees Celsius. Team members were aware of how to reset the thermometer. A bottle of reconstituted antibiotics was also found in the fridge; there was no date recorded to show when this had been made up. CDs were held securely. Waste medicines were separated from stock, but they were not always kept securely. The RP said that they would be moved following the inspection and kept in a more secure place.

Expiry date checks in the dispensary were carried out by team members and expiry dates on medicines were also checked as they were received. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors. A date-checking matrix was in place.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD), the RP was unsure of what was happening and said that the owner was dealing with this. The owner had been informed by suppliers that they did not need to be compliant. The owner assured the inspector that he would look into this and ensure the pharmacy was compliant.

The pharmacy team received information about drug recalls via email. The pharmacist printed off some alerts, but information about all alerts was passed to the team to action. Information was passed by the SI via telephone or on the group's chat. There was no audit of any actioned alerts. The last recall team members had checked for was ranitidine and folic acid.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

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 and separate measures were used for methadone to avoid cross-contamination. A fridge of adequate size was available.

Up-to-date reference sources were available including access to the internet. There were a number of uncapped bottles stored in the pharmacy; this could mean that they are less protected from potential contamination. The RP said that bottles were usually ordered capped and she was unsure where these had come from. She gave assurances that these would not be used.

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.