

# 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:** 23/09/2020

## 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. The inspection was undertaken during the Covid-19 pandemic.

## 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

The pharmacy adequately manages the risks associated with its services. People who use the pharmacy can provide feedback and raise concerns. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members generally respond appropriately when mistakes happen during the dispensing process. This provides them with opportunities to learn and make the services safer.

### Inspector's evidence

The responsible pharmacist (RP) on the day of the inspection was a locum pharmacist and could not locate the folder containing the standard operating procedures (SOPs). Following the inspection, the superintendent pharmacist (SI) confirmed that the SOPs had been present in the pharmacy and sent a sample of them to the inspector. Team members had read and signed the SOPs which were relevant to their roles. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE). The RP explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff. However, a risk assessment had not been completed for the RP who was a locum pharmacist, this was discussed with the RP at the time. Due to the Covid-19 pandemic and to maintain infection control the medicines counter assistant (MCA) wore gloves when working on the counter and placed the bag of assembled medicines on the counter and stepped back.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). 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. As a result of a past near miss sitagliptin and simvastatin had been separated on the shelves. The RP was not aware of any reported dispensing errors. In the event that there was dispensing error the RP would investigate, make a record and check that the person had not taken any of the incorrect medication and speak to their GP if they had.

The pharmacy had current professional indemnity insurance and a complaints procedure. People would be referred to the owner if they had a complaint. Annual patient satisfaction surveys were also carried out. An incorrect RP notice was initially displayed, this was changed during the visit. Team members were aware of the tasks that could and could not be carried out in the absence of the RP.

Records for emergency supplies, unlicensed medicines supplied, controlled drug (CD) registers and responsible pharmacist (RP) records were well maintained. Records for private prescriptions dispensed were generally well maintained but a number of entries seen did not have details of the prescriber recorded. 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 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.

Pharmacists had completed level two safeguarding training 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 met

### Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely, and they work effectively together and are supportive of one another. Team members are given some ongoing training to 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 a trained MCA. The MCA was observed to help in the dispensary with managing stock and also helped the RP to stick labels onto medication if it was busy. The date checking rota showed that MCAs also assisted with the date checking in the dispensary. And the MCA had not yet started the relevant training for this. Following the inspection, the owner and the SI gave an assurance that all MCAs had been briefed on the tasks that they could and could not complete. The owner also said that the pharmacy was looking into recruiting an apprentice who would help in the dispensary. The RP said that on some occasions when she had worked at the pharmacy there had not been sufficient staff to manage the workload. This had been raised with the owner. As the pharmacy was open extended hours the evening shift had two additional team members with the RP. This helped to catch up with the dispensing and checking. The pharmacy was up to date with the workload at the time of the inspection.

To help manage the workflow, the pharmacy was not offering any additional services at the time of the inspection and was focussing on dispensing prescriptions.

Staff performance was managed informally. The RP discussed things with the team and gave team members feedback. The RP would speak to the SI 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 were able to describe the steps they would follow when handing out prescriptions.

Team members kept up to date by reading through pharmacy magazines and also attended local training events. Due to the Covid-19 pandemic there had not been any recent training events. The MCA said that the team were briefed by the owner if there were any updates or changes to guidelines. The MCA also completed independent learning at home.

Team members discussed things as they came up. The pharmacy used a communication book 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 the services provided. But those related to additional services such as Medicines Use Reviews (MURs) 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 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 people's private information secure at all times.

### Inspector's evidence

The pharmacy was tidy and clean. A sink was available in the dispensary for the preparation of medication. Medicines were arranged in the dispensary in a tidy and organised manner. Cleaning was carried out by team members and the pharmacy had appropriate pest control measures in place. To maintain social distancing team members tried to maintain a distance from each other and stayed as far back when helping people. Due to the size of the counter a screen had not been fitted. Team members had been provided with PPE and hand gel. Up to three people were allowed into the pharmacy at any given time.

A consultation room was available and this had adequate audible and visual privacy. The room was clean. The door leading into the room from the shop floor was unlocked and some information held in the consultation room was not kept securely. The RP gave assurances that this would be quickly remedied and also said that she would speak to the SI about having a lock fitted on the door.

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 provides its services safely and people can access them. The pharmacy gets its stock from reputable sources and stores it properly. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use. But they don't routinely record what action they have taken about these alerts. This could make it harder for them to show what they have done in response.

### 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 pharmacy had an established workflow in place and most prescriptions were received electronically. Prescriptions were printed, ordered and processed in the morning, and were usually collected in the evening. Electronic prescriptions were 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. The RP said she mainly self-checked when working, but took precautions to manage the risks including taking a mental break between dispensing and checking. The pharmacy was not very busy with walk-in prescriptions 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 and the need to use the warning labels. The RP had not come across anyone who fell in the at-risk group.

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 medicines 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. Assembled multi-compartment compliance packs seen were labelled with product details and mandatory warnings. Information leaflets were supplied monthly.

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. In the event that someone was unavailable to receive a delivery medicines were returned to the pharmacy and the record sheet was marked. During the peak of the pandemic the number of deliveries the pharmacy had carried out had increased. The RP said that this was starting to come down.

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. CDs were held securely. Waste medicines were separated from stock.

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 did not have the equipment or software that it needed to comply with the Falsified Medicines Directive (FMD), the RP was unsure of what was happening and said that the owner was dealing with this.

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 were no records kept of any actioned alerts.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it generally maintains its equipment well.

### 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 liquid CDs to avoid cross-contamination. A fridge of adequate size and a legally compliant CD cabinet were available. Up-to-date reference sources were available including access to the internet.

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

Finding	Meaning
<span>✓ Excellent practice</span>	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>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.