

Registered pharmacy inspection report

Pharmacy Name: Osbon Pharmacy, 372 Rayleigh Road, LEIGH-ON-SEA, Essex, SS9 5PT

Pharmacy reference: 1031307

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

The pharmacy is located on a parade of shops on a main road in a largely residential area. It is part of a small chain of pharmacies. The people who use the pharmacy are mainly older people. The pharmacy receives around 85% of its prescriptions electronically. The pharmacy provides a range of services, including Medicines Use Reviews and the New Medicine Service and influenza vaccinations. The pharmacy provides multi-compartment compliance packs to a large number of people who live in their own homes to help them manage their medicines. And it provides substance misuse medications to a small number of people.

Overall inspection outcome

✓ Standards met

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk.
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 identifies and manages the risks associated with its services to help provide them safely. And team members understand their role in protecting vulnerable people. They are good at recording and reviewing their mistakes so that they can learn and make the services safer and reduce any future risk. The pharmacy protects people's personal information and it regularly seeks feedback from people who use the pharmacy. It largely keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with pharmacy activities. Up-to-date standard operating procedures (SOPs) were available and some team members had signed to show that they had read and understood them. The pharmacist said that he would ensure that all team members had read the SOPs which related to their role. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. Near misses were recorded and reviewed regularly for patterns. The pharmacist explained that olmesartan and olanzapine medicines were now kept on different shelves due to some errors made when selecting them. He said that he was not aware of any dispensing incidents where the wrong product had been supplied to a person, since he started working at the pharmacy over one year ago. He said that he would record any incidents on the pharmacy's computer and a root cause analysis would be carried out.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped team members to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members roles and responsibilities were specified in the SOPs. The medicines counter assistant (MCA) said that the pharmacy would open if the pharmacist had not arrived in the morning. She said that she would accept prescriptions and would explain that the pharmacist was not in. She would offer people the opportunity to return later in the day to collect their medicines or to have them delivered. She knew that she should not sell any medicines or hand out dispensed items until the pharmacist had arrived. The trainee dispenser knew that he should not carry out any dispensing tasks if there was no responsible pharmacist signed in.

The pharmacy had current professional indemnity and public liability insurance. All necessary information was recorded when a supply of an unlicensed special was made. The responsible pharmacist (RP) log was completed correctly and the right RP notice was clearly displayed. Controlled drug (CD) running balances were checked at regular intervals and liquid overage was recorded in the register. The recorded quantity of one item checked at random was the same as the physical amount of stock available. The emergency supply record was completed correctly. But the prescriber details were not generally recorded on the private prescription record. The pharmacist said that he would remind team members to record this information in the future.

Confidential waste was shredded and the people using the pharmacy could not see information on the

computer screens. The team members used their own smartcards to access the NHS spine were sometimes shared. Dispensed items waiting collection could not be viewed by people using the pharmacy.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2019 to 2020 survey were displayed in the shop area and results from the 2017 to 2018 survey were available on the NHS website. The most recent results showed that 100% of respondents were satisfied with the pharmacy overall. The complaints procedure was available for team members to refer to where needed. The pharmacist said that he was not aware of any complaints at the pharmacy.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. Some team members had completed safeguarding training provided by the pharmacy. The dispenser could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The pharmacist said that there had not been any safeguarding concerns at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They do the right training for their roles. And they are provided with some ongoing training to support their learning needs and maintain their knowledge and skills. The team discusses adverse incidents and uses these to learn and improve. And they can raise any concerns or make suggestions. This means that they can help improve the systems in the pharmacy. The team members can take professional decisions to ensure people taking medicines are safe. These are not affected by the pharmacy's targets.

Inspector's evidence

There was one pharmacist, one trained dispenser, two trainee dispensers and one trained MCA working during the inspection. The team worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The MCA appeared confident when speaking with people. She used effective questioning techniques to establish whether the medicines were suitable for the person. She was aware of the restrictions on sales of pseudoephedrine containing products. The pharmacist said that the till restricted more than one box of certain medicines to be sold in one transaction. The MCA said that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care.

The trainee dispenser said that he completed most his coursework at home as there was not usually time during the working day. The MCA said that she had been enrolled on an additional medicines counter course. The dispenser said that she had recently completed some training about sepsis. And some team members had completed training about children's oral health.

The pharmacist said that team members had regular appraisals and performance reviews. The dispenser said that she felt confident to discuss any issues with the pharmacist. And that the pharmacist allowed changes to processes when needed. The pharmacist explained about one of the systems that the counter staff had previously been using when people ordered their medicines. They had been recording the requests in a book and this was time consuming. He said that they had asked if there was an easier way and the patient's medication record on the computer was now used to record this. There were no formal pharmacy meetings but the pharmacist said that any issues were discussed at the time. And information was passed on informally throughout the day. The pharmacist said that the pharmacy had regular meetings with the local surgeries to discuss any issues.

Targets were not set for team members. The pharmacist said that he provided services for the benefit of people who used the pharmacy. The pharmacist said that he felt able to take professional decisions.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. The pharmacist said that the pharmacy underwent a refit around one year ago. Pharmacy-only medicines were kept behind the counter. Air-conditioning was available in the dispensary and shop area; the room temperature in these areas was suitable for storing medicines. Some medicines were kept in the upstairs store room. The temperature upstairs was suitable on the day of the inspection.

There were five chairs in the shop area. Four of these were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. But one chair was directly opposite the medicines counter, outside the consultation room.

The consultation room was accessible from the shop area. Low-level conversations in the consultation room could not be heard from the shop area. The room was suitably equipped and it was accessible to wheelchair users. The windows in the doors were not see-through. The consultation room was not kept locked at the start of the inspection and there was some people's personal information in the room. The room was kept locked when not in use for the remainder of the inspection. Access to the upstairs store room was via the consultation room. This could present an issue if the room was in use. The pharmacist said that there were plans to convert the upstairs into a flat and then the door would remain secured at all times.

Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services. It dispenses medicines into multi-compartment compliance packs safely.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance via a ramp. Team members had a clear view of the main entrance from the medicines counter and could help people where needed. Services and opening times were clearly advertised. The trainee dispenser explained how team members accepted used sharps containers which people had returned to the pharmacy. They did not handle the containers and these were transferred from the person using a basket specific for this service.

The pharmacist said that he checked monitoring record books for people taking high-risk medicines such as methotrexate and warfarin. A record of results was kept on the person's medication record. The pharmacist said that prescriptions for higher-risk medicines were highlighted. So, there was the opportunity to speak with these people when they collected their medicines. But there were none of these prescriptions found during the inspection to check. The pharmacist said that prescriptions for Schedule 3 and 4 CDs were highlighted, but there were none found during the inspection. Highlighting prescriptions for these medicines helped to minimise the chance of them being handed out when the prescription was no longer valid. The pharmacist said that the pharmacy supplied valproate medicines to a few female patients. But there were currently no people in the at-risk group using the pharmacy who needed to be on the Pregnancy Prevention Programme. The pharmacist said that he would contact the manufacturer to request the updated patient information leaflets and warning cards.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next few months was clearly marked. There were several expired medicines found with dispensing stock. The trainee dispenser said that team members were in the process of carrying out the next round of date checking. And he was keeping lists of the short-dated items so that these could be removed before they had expired. Medicines were largely kept in appropriately labelled containers. But there were a few which were in white dispensing boxes and the boxes did not have all the relevant information on and the foil strips did not all have the batch number or expiry date on. This could make it harder for the pharmacy to respond to safety alerts or to date-check the medicines properly. The pharmacist said that he would ensure that all medicines were kept in appropriately labelled containers in the future.

The trainee dispenser said that part-dispensed prescriptions were checked daily. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. And prescriptions for alternate medicines were requested from prescribers where needed. Copies of the prescriptions were kept at the pharmacy until the remainder was dispensed and collected. Uncollected prescriptions were checked monthly. Items uncollected after around three months were returned to dispensing stock where possible. Uncollected prescriptions were returned to

the prescriber or shredded in the pharmacy. Electronic prescriptions were returned to the NHS spine. And the patient's medication record was updated.

The pharmacist said that people who had their medicines in multi-compartment compliance packs had assessments with their GPs to show that these packs were needed. Prescriptions for people receiving their medicines in these packs were ordered in advance so that any issues could be addressed before they needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the dispenser said that people ordered these when they needed them. The pharmacy kept a record for each person which included any changes to their medication. They also kept hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail kept on the persons record sheet to show who had dispensed and checked the packs. Medication descriptions were put on the packs. And patient information leaflets were routinely supplied.

CDs were stored in accordance with legal requirements and they were generally kept secure. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for deliveries where possible. And these were recorded in a way so that another person's information was protected. The driver said that he ensured that the pharmacist was informed about any issues or if a person was not at home to accept the delivery. He said that all items and people's personal information was returned to the pharmacy before the end of his shift.

Licensed wholesalers were used for the supply of medicines and medical devices. The pharmacist said that drug alerts and recalls were received from the MHRA and NHS via email. He explained the action taken when these were received and showed where the emails were kept to show that these had been actioned.

The pharmacy had the equipment installed ready for the implementation of the EU Falsified Medicines Directive. The pharmacist said that the equipment was not currently in use, but team members had received some training on how to use the equipment.

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

Suitable equipment for measuring medicines was available. A separate measure was marked for methadone use only. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The blood pressure monitor had been in use for less than one year. The pharmacist said that it would be replaced in line with the manufacturer's recommendations. The phone in the dispensary was portable so could be taken to a more private area where needed. The shredder was in good working order.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridges were suitable for storing medicines.

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.