General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cordeve Dispensing Chemists, 70 Chadwell Heath Lane, Chadwell Heath, ROMFORD, Essex, RM6 4NP

Pharmacy reference: 1031350

Type of pharmacy: Community

Date of inspection: 20/05/2019

Pharmacy context

This is a busy pharmacy situated on a main road next door to a surgery. It is a branch of a small group of pharmacies. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance aids. And it offers a flu and travel vaccination service as well as sexual health services.

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	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

The pharmacy generally provides its services safely. Its team members undertake regular training to keep people's information safe. They record and learn from their mistakes to help make the pharmacy's services safer for people. The pharmacy generally maintains the records that it must keep by law. But some records are incomplete. So, it may not always be able to show exactly what happened if any problems arise.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs); team members had read and signed the ones that were relevant to their roles. Team roles were defined within the SOPs. The updated SOPs were available electronically but there was also a folder in the pharmacy containing the old version of SOPs. This could cause confusion as to which SOPs were current.

Near misses were brought to the attention of the dispenser, rectified and corrected. These were then logged on the near miss record by the person responsible. The responsible pharmacist (RP) had started working at the pharmacy in February 2019. She said that when she had started she had discussed errors with the team and recommended that they use the 'HELP' mnemonic to check their own work. Since implementing this, near misses had gone down. Team members had also been asked to use the prescription to dispense from and not to use the history on the patient medication record. Near misses were only discussed with the individual and were not reviewed over a period of time. This could mean that trends or patterns may not be picked up.

Since the RP had started working at the pharmacy she said that there had been no reported dispensing incidents. The RP was able to describe the steps that she would take in the event that there was an incident which included completing an incident report.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. Professional Indemnity insurance was in place.

The pharmacy had a complaints procedure and also completed an annual patient satisfaction survey. Previous feedback had been about waiting times. The RP said that the team had started explaining to people that waiting times were there as they wanted to work safely and make sure that errors did not occur, and that the prescription needed to be checked.

Records for private prescriptions, emergency supply, unlicensed specials and controlled drug (CD) registers were well maintained. Responsible pharmacist records were generally well maintained but the pharmacist was not always signing out. Supplies made under the NHS Urgent Medicine Supply Advanced Service (NUMSAS) were not processed as emergency supplies and hence records of supply were not made in the prescription register.

A random check of a CD medicine complied with the balance recorded in the register. A CD patient returns register was available, and returns were recorded as they were received.

An information governance policy was in place which team members had read and signed along with

information on the General Data Protection Regulation. Team members had their own Smart cards. Assembled prescriptions were stored in the dispensary and were not visible to people using the pharmacy.

The RP had completed the level 2 safeguarding training and the dispenser had also completed some training. Other team members had not done any training, the RP said that she would brief the team. Details for local safeguarding contacts were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy well. And team members use their professional judgement to make decisions in the best interest of people. But they are not always given time set aside for training. This could limit the opportunities they have 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, two dispensers, a pre-registration trainee (pre-reg), a trainee dispenser and a member of staff who carried out administrative tasks. Other team members who were not present included two part-time dispensers.

The RP said that there were enough staff for the services provided. But, she said that occasionally there were fewer team members then there was on the day of the inspection and it could get busy over the counter. On those days, dispensers covered the counter.

Staff performance was managed by the owner who completed appraisals with all team members. As the RP worked closely with the team she also provided colleagues with ongoing feedback and passed information to the owner.

The dispenser counselled patients on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was also aware of the legal limits and age restrictions on the sale of certain medicines like pseudoephedrine and would always refer to the pharmacist if unsure or for any requests for multiple sales.

Team members were not given any set aside time for training and said that learning was completed ‘on the job’. Training was dealt with by the owner who handed team members information leaflets from manufacturers and other literature to look through which was then discussed.

The pre-reg was enrolled on the Greenlight Pharmacy pre-registration programme and attended training sessions every two to three weeks. The superintendent pharmacist was her tutor and she had regular reviews with him. The superintendent pharmacist usually worked at the pharmacy once a week. The pre-reg was given allocated study time and said that she was well supported by the RP who would help her if she was stuck on any areas.

The RP said that meetings were arranged if there was something ‘big’ that needed to be discussed. The team had last held a meeting to discuss GPhC inspections and previous meetings had covered NUMSAS. Other issues were discussed as they arose.

Team members felt able to provide feedback and would speak to the RP in the first instance. Targets were in place for services such as Medicines Use Reviews and New Medicine Service. The RP said that there was no pressure to meet these and the targets did not affect her professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are generally clean, secure, and maintained to a level of hygiene appropriate for the pharmacy's services.

Inspector's evidence

The dispensary was spacious, organised and clean but there was some rubbish on the floor. A rota was in place to ensure that the cleaning was carried out on a daily basis by the team. There was plenty of workbench space available which was mainly clutter-free and labelled for different tasks. A separate counter was used to dispense multi-compartment compliance packs. Stock was organised on the shelves with separate sections for creams, oral contraceptive pills, eye drops and antibiotics. Some areas were looking untidy with different strengths mixed up. This could increase the risk of picking errors. There was a clean sink in the dispensary, which was used for the preparation of medicines.

Access to the dispensary was via a lockable, low swing door at the medicines counter. The clearly signposted consultation room was spacious and clean. There were range of leaflets for people. A Digi lock was installed to prevent unauthorised access into the room. There was no confidential information held within the room. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available to help regulate the temperature.

Principle 4 - Services ✔ Standards met

Summary findings

Pharmacy services are generally delivered in a safe and effective manner. The pharmacy obtains medicines from reputable sources, and generally manages them appropriately so that they are safe for people to use. But it does not always give people information leaflets that come with their medicines. And it does not use some of the safety materials (such as warning stickers) for the supply of valproate. This means that people may not always have the information they need to take their medicines safely.

Inspector's evidence

There was step-free access into the pharmacy and easy access to the medicines counter. Team members would assist people who required help; the door made a sound when it was pushed open to alert them. The pharmacy was able to produce large print labels for visually impaired people. Services were advertised in the window, the medicines counter and the consultation room. The pharmacy team were multilingual and spoke a range of languages which covered the majority of the languages spoken locally. Team members said that they also used the internet or translation applications if needed.

The team were aware of the need to signpost people if a service was not provided at the pharmacy and knew the local clinics, pharmacies and hospitals.

The RP said that the emergency hormonal contraception service had the most impact on the local population. She said that teenage pregnancy was a big issue in the area and the pharmacy also did chlamydia testing which she tried to incorporate as part of the consultation.

The pharmacy received prescriptions mainly electronically and had a high number of walk-in prescriptions. Prescriptions were usually dispensed by the dispenser or pre-reg and checked by the RP. The RP said that she did not need to self-check.

Dispensed and checked by boxes were available on the labels; these were initialled by team members to help maintain an audit trail. The pharmacy team also used baskets for prescriptions to ensure that people’s prescriptions were separated and to reduce the risk of errors.

The RP was aware of the change in guidance for dispensing sodium valproate. The team had not completed any audits on the use of sodium valproate. The RP said that two regular people who collected sodium valproate fell into the at-risk group. The team were not aware of the need to use the warning stickers when sodium valproate was not dispensed in its original pack.

The RP said that prescriptions for warfarin were not dispensed without checking the INR or yellow book. The pharmacy had one or two people who regularly collected warfarin. Although the INR was checked it was not recorded. For methotrexate the RP checked people’s monitoring book from time to time.

The team used lists and trackers to manage the multi-compartment compliance pack service. Trackers were used to audit when packs had been supplied and which packs were going out each week. The tracker was annotated if someone was on holiday or in hospital. The RP and dispensers had their own copies of the trackers and the dispenser marked when she had prepared trays on hers. Each person enrolled on the service had a master chart which listed all their current medicines and was used to

compare against the prescription. Any changes or missing items were queried with the surgery and recorded on the electronic patient medication record and master chart. If someone had been admitted into hospital, they would bring in a discharge summary and only when a new prescription had been issued the dispenser updated the charts. Hospitals normally called to verify medicines when people were admitted.

Assembled packs observed were labelled with product descriptions. Mandatory warnings were missing, and the dispenser said that he would speak to Proscript on ensuring these were included. There was an incomplete audit trail to show who had prepared the packs. Patient information leaflets were not routinely handed out.

The pharmacy had two delivery drivers. Signatures were obtained on the delivery sheet when medicines were delivered, and separate sheet was used for controlled drugs. In the event that someone was not available medicines were returned to the pharmacy

The RP was unsure of where the patient group direction documentation was as the vaccination service was offered by the pharmacist who worked on Friday and Saturday.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. CDs were kept securely.

Medicines removed from their original packs were seen to be stored in brown bottles, some of which had no labelling. This could mean that team members were not aware of what the medicine was, or that date expired medicines may be accidently supplied, or the pharmacy may not be able to identify all stock affected by drug recalls or safety alerts. The RP said that these would not have been used. These were disposed of during the course of the inspection.

Date checking was done by the team who were allocated sections every three months. Short-dated stock was marked and a date checking matrix was in place. No date expired medicines were observed on the shelves sampled.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD). The SI confirmed during the course of the inspection that he had ordered the equipment from Proscript and planned to have it implemented soon after he returned to work later that week.

Out-of-date and other waste medicines were segregated away from stock and then collected by licensed waste collectors. Drug recalls were received via email and were checked by either the RP, pre-reg or dispensers. The most recent actioned alert had been for co-amoxiclav.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it offers.

Inspector's evidence

Several clean, calibrated measures were available and separate clearly marked measures were used for CDs and antibiotics. The electronic tablet machine had a thick film of tablet dust inside; which increased the risk of cross contamination. The dispenser said that it would be cleaned following the inspection. The RP was unsure of when the machine had been calibrated but said that this was done by the superintendent pharmacist (SI). There was no documentation available.

A blood pressure machine was available on the shop floor which was calibrated by the company who owned it. Up-to-date reference sources were available including access to the internet. The pharmacy had a fridge of adequate size.

Confidentiality was maintained through the appropriate use of equipment and facilities. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was shredded.

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.