General
Pharmaceutical
Council

Registered pharmacy inspection report

Pharmacy Name: Rise Park Pharmacy, 173 Eastern Avenue East, Risepark Parade, ROMFORD, Essex, RM1 4NT

Pharmacy reference: 1031355

Type of pharmacy: Community

Date of inspection: 16/04/2019

Pharmacy context

This is a busy independent pharmacy situated in a parade of shops in a residential area. In addition to dispensing medicines the pharmacy supplies people with medicines in multi-compartment compliance aids and also provides flu vaccinations.

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 not all met	1.6	Standard not met	The pharmacy does not keep all its records fully in line with legal requirements.
		1.7	Standard not met	The pharmacy does not always manage confidential information properly or securely dispose of confidential waste. This could result in people's personal information being disclosed.
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 not all met	4.3	Standard not met	The pharmacy does not always keep prescription only medication securely. And it does not store medicines which require refrigeration appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

When things go wrong, the pharmacy team responds well. But the team members don’t record all the mistakes picked up during the dispensing process. So, they may be missing opportunities to learn. The pharmacy does not always keep people’s personal information safe. The pharmacy’s records that it must keep by law are not all complete or accurate. This could make it harder for it to show what had happened if there was a query. The staff are not all fully clear about what they are allowed to do and not do when the pharmacist is not there. This may make it harder for the pharmacy to show that tasks are being supervised properly.

Inspector's evidence

Most standard operating procedures (SOPs) were in place and were up to date; some SOPs such as those for the management of controlled drugs (CDs) were not available at the pharmacy. The responsible pharmacist (RP) said that he had taken these home to work on them. Members of the team had read most SOPs relevant to their roles; but there was no audit trail in place for some SOPs such as those for activities which could and could not be carried out in the absence of the RP. Team roles were defined within some of the SOPs, a roles and responsibilities matrix was in place but this was incomplete.

The dispenser said that when near misses were picked up they were recorded on a near miss log, but she was unsure as to where this was. Near miss records were found stored in a folder. The last recorded near miss was from the beginning of August 2018. The dispenser said that as a result of past errors, stock had been separated on the shelves; although this was seen to be disorganised. The dispenser also said that when the pharmacy was busy the team gave longer waiting times.

If an error was reported, the team would investigate to see if the person had taken the incorrect medication, inform the superintendent pharmacist and make a record on the near miss log. The person would be informed of how they could take the matter further if they were not satisfied with how the pharmacy team had dealt with the incident.

The responsible pharmacist (RP) notice was clearly displayed. The RP record was not completed in accordance with legislation as the pharmacist did not enter times of absence. Many entries did not reflect the accurate time that the RP had assumed responsibility. The RP also did not consistently sign out of the record all the time. Team members were not fully clear of the activities that could and could not be carried out in the absence of the RP. The inspector reminded them of what they could and could not do.

Professional Indemnity insurance was in place with the NPA, expiring on 31 July 2019.

The pharmacy had a complaints procedure in place. The pharmacy also completed annual patient satisfaction surveys and had obtained approximately 87% positive feedback in the last survey completed. Results of this were displayed on the NHS website. The dispenser said that because of feedback the team had made the shop floor more spacious for double buggies and scooters. They thought about where stock was placed on the shelves to ensure it was accessible and made sure that chairs were available for people waiting for their prescriptions.

Records for private prescriptions were generally well maintained. One of the records observed was incomplete and did not include details of the prescriber or date that the prescription had been issued. This had been a repeat prescription with the original form handed back. The RP said that emergency supplies were not given routinely as most local surgeries were able to issue a prescription on the day. There were no records available to inspect. Records for unlicensed specials were well maintained. Many CD registers had incomplete headers and details of the wholesaler's location was missing from a number of entries.

A random check of two CD medicines complied with the balance recorded in the register.

CD patient returns were recorded in a register as they were received.

Assembled prescriptions were stored in the dispensary. Computers were password protected and screens faced away from the public. A shredder was available; however, confidential waste was found in two containers one of which was on the shop floor. An information governance policy was in place and the team had read through the SOPs on confidentiality and had brief training. Team members had individual smartcards.

Team members had completed level 1 safeguarding training as part of which they described watching a video. They would discuss any concerns with the RP. Contact details were not available for the safeguarding boards, the dispenser said that she had tried to look for these on the internet but was unable to find them. This may result in there being a delay in concerns being escalated.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff and the team members are trained for the jobs they do. But once they have completed their basic training, they do not do much ongoing training. This means their knowledge may not always be fully up to date.

Inspector's evidence

At the time of inspection, the pharmacy was staffed by two dispensers and the RP who was also the owner and superintendent. The pharmacist had initially left the premises but returned a short while later.

Staff performance was managed informally by the RP who worked closely with the team. The RP carried out individual reviews with the team annually. The RP said that as part of the review he discussed and gave individuals feedback on what they could do better or highlighted patterns of risk.

The dispenser asked appropriate questions before selling medication over the counter. She was aware of the maximum quantities of some medicines that could be sold over the counter.

There was no formal process in place for ongoing training. The team looked through leaflets that were received from wholesalers when it was quiet.

Issues were discussed as they arose including any new initiatives, changes to legislation etc. The team had last discussed how they could offer the NHS Urgent Medicine Supply Advanced Service (NUMSAS). Team members said that they could speak to the RP if they had suggestions, feedback or issues. However, these were not always actioned.

Targets were not set for locum pharmacists.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are generally suitable for the services the pharmacy provides. And they are kept secure. But there is limited space to store dispensed medicines and stock safely. Some items are stored in containers on the floor. This could increase the risks of trips or falls. Some areas of the pharmacy including the dispensary are untidy or require maintenance.

Inspector's evidence

Since the last inspection in 2016, the pharmacist had refitted the front of the premises. This was, in the main, clean. However, there were a number of wholesaler delivery boxes and other boxes piled up to the side of the consultation room. The dispensary was disorganised and cluttered. The dispensary floor was filled with wholesaler delivery boxes which contained stock and paperwork. This blocked access to shelves used to store medicines and to the dispensary sink. There was paperwork found behind computer screens. However, workbenches were clear. Some ceiling tiles were stained or missing; the RP said that there were repeated leaks from the premises above and he had been in talks with the owner and the insurance company. The RP said that this was the reason why he stored things in wholesaler delivery boxes. A tarpaulin sheet was also placed on top of one of the shelves. A back storage room was very disorganised with boxes, bags of rubbish and files thrown over each other and on the floor.

The RP said that he had replaced the ceiling tiles following the last inspection, but since then there had been more leaks. He showed a box of ceiling tiles that he had available.

The consultation room was cluttered with boxes and clinical waste bins which contained prescription only medicine (POMs). The room was used for preparing multi-compartment compliance packs. The door which lead into the room from the shop floor was blocked and people wanting to use the room were brought in through the staff entrance from behind the medicines counter.

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 not all met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally provides the services safely. But it does not always give people information leaflets that come with their medicines and does not securely attach backing sheets to people's compliance aids. 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. It obtains medicines from reputable sources. But it does not store all medication which requires refrigeration suitably. This makes it harder for it to show that the medicines are still safe to use. It does not always keep its medicines securely.

Inspector's evidence

There was step free access into the pharmacy. A delivery service was available for housebound patients and large font labels were printed for people with impaired vision. Services were advertised. There was also a poster to show that people could obtain Viagra from the pharmacy via a patient group direction. The RP assured that this would be removed.

Prescriptions were received both electronically and as hard copies. No electronic prescriptions were printed and the team dispensed from the computer screen. This was also the case for prescriptions received for the multi-compartment compliance pack service.

Prescriptions were observed to be dispensed by either one of the dispensers and then checked by the RP. Assembled prescriptions awaiting collection were also stored without the prescription forms or any annotation to demonstrate if there was a schedule 3 or 4 CD within the bag. A number of assembled bags seen contained medicines which had been dispensed not in their original packs; there were no patient information leaflets supplied with some of these.

Dispensed and checked by boxes were available on labels; these were not always initialled by team members when they were dispensing or checking. This could make it harder for the pharmacy to show who had done the task if there was a query. The pharmacy team used baskets to ensure that people's prescriptions were separated, to reduce the risk of errors.

The RP had some awareness of the change in guidance for dispensing sodium valproate and described that he would have a conversation with patients who may become pregnant. He was unaware if the pharmacy had received the 'Prevent' support pack or of the need to use warning stickers if sodium valproate was not dispensed in its original pack.

For patients bringing in prescriptions for warfarin the RP would check the yellow book for INR readings. He would check to see if the reading was within the required range and also what the recommended dosage was. He added that he would attempt to record this information in the notes but this was not regularly done.

The pharmacy supplied approximately 30 people their medication in multi-compartment compliance packs. A master copy was in place for each individual which was used to compare any new prescriptions against. Any changes were confirmed with the GP and annotated on the master sheet. Electronic

prescriptions were not printed. Once the prescription had been checked against the master copy this was then used to dispense the packs as well as for checking. When people were admitted into hospital the pharmacy was made aware by relatives. The team then waited to receive a copy of the discharge summary before any packs were supplied. Prepared packs were seen in the box used to store assembled prescriptions which had been annotated with ‘in hospital’ on the bag label. Trays were dispensed by the dispenser and sealed by the RP after he had checked them. Two trays for a deceased patient were found in the containers used to store assembled prescriptions. These were disposed of by the dispenser during the inspection.

Assembled trays observed were labelled with product descriptions and mandatory warnings. There was no audit trail in place to show who had prepared and checked the pack. Patient information leaflets were not routinely handed out and the backing sheets were loose.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range. At the time of the inspection the temperature on the thermometer used was showing the temperature range as being minimum temperature at 3.0 degrees Celsius and the maximum at 19 degrees Celsius. A container was found which contained 16 boxes of insulin and eight Fostair inhalers which needed to be refrigerated. These had been stored out of the fridge for some time and were warm to the touch. Team members had been unaware of these and the RP said that he had placed them in there as there was no space in the fridge.

Boxes of stock were stored in the retail area; this was disorganised and did not appear professional in appearance.

Date checking was carried out by a team member every three month for stock that was held on the shelves. Stock that was held in the containers was not checked. A date checking matrix was in place and short-dated stock was highlighted. A date expired medicine was found on one of the shelves sampled.

The pharmacy had registered with a company for the Falsified Medicines Directive (FMD) but had not had the software installed to use the system or received the equipment needed. The RP said that this was to be implemented by 20 May 2019. This means that the pharmacy cannot yet fully comply with the FMD requirements.

Out of date and other waste medicines were segregated in the consultation room and then collected by licensed waste collectors.

Drug alerts and recalls were received via emails from the MHRA. The last actioned alert had been for losartan. Alerts could be checked by the RP and dispensers.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had glass, crown stamped measures, and tablet counting equipment. Equipment was clean and ready for use. The pharmacy had a fridge and a legally compliant CD cabinet. Up-to-date reference sources were available including access to the internet.

A blood pressure monitor was available. The RP said that this had been first used in November 2017 and he would arrange for calibration when it had been used for two years.

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.