

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: 15/01/2020

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 provides flu vaccinations. And it supplies people with medicines in multi-compartment compliance packs to help them manage their medicines.

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
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

Overall, the pharmacy largely manages the risks associated with its services. The pharmacy asks its customers for their views. Team members protect people's private information. And they know how to safeguard vulnerable people. When things go wrong, the pharmacy team responds well. But the team members always don't record all the mistakes picked up during the dispensing process. So, they may be missing opportunities to learn. 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. Members of the team had read most SOPs relevant to their roles; with the exception of a new team member who had started earlier that week. The owner planned for her to read these. There was no audit trail in place for some of the SOPs to show that these had been read and understood by the team members. Team roles were defined within some of the SOPs, a roles and responsibilities matrix were in place but this was incomplete.

In the event that a near miss was identified the owner would try and find out how the mistake had happened and would make a record in the near miss log book. The last recorded near misses seen during the inspection were from 2018. The owner accepted that some near misses had occurred since then which had not been recorded. As a result of previous near misses team members had separated medicines with similar packaging, particularly fast-line generic brands and took extra care when dispensing 'look-alike sound-alike' (LASA) medicines.

If an error was reported, the team would investigate to see if the person had taken the incorrect medication, inform the owner and make a record on an incident report form. The owner said that there had not been any reported incidents. 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. 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.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure. 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. As a result of people's feedback more chairs had been added in the waiting area and there had been an increased demand for medicines to be supplied in compliance packs which had been accommodated.

Records for private prescriptions, emergency supplies, unlicensed specials and controlled drug (CD) registers were generally well maintained. 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.

Assembled prescriptions were stored in the dispensary. Computers were password protected and

screens faced away from the public. A shredder was available. 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. The owner had applied for access to Summary Care Records and consent to access these would be gained verbally.

Team members had completed level one 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 owner said that he would look for these online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff and the team members are trained for the jobs they do. Team members are given some ongoing training to help keep their knowledge and skills up to date. But they did not always get time set aside to complete it at work.

Inspector's evidence

At the time of inspection, the pharmacy was staffed by two pharmacists (one of whom was the owner), two trained dispensers and a new member of staff who had started earlier in the week and was due to be enrolled on the dispenser training course.

Staff performance was managed informally by the owner who worked closely with the team. The owner carried out individual reviews with the team annually. As part of the review he discussed and gave individuals feedback on what they could do better or highlighted patterns of risk. A discussion was held to see if team members needed extra training or if there were any areas that they wanted to cover. The owner had found that team members wanted more training on healthy living campaigns and healthy living. As a result of this he planned to enrol more team members on the healthy living training programme and the dementia training course.

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. She was unaware that ibuprofen was not recommended for children with chicken pox and was informed of this by the inspector.

There was no formal structured process in place for ongoing training. The team looked through leaflets that were received from wholesalers when it was quiet. The owner had given team members the option to look through training modules available on the National Pharmacy Association (NPA) website when it was quiet in the afternoon. Team members were not always informed of changes or updates to guidance.

Issues were discussed as they arose including any new initiatives and changes to legislation. The team had recently discussed Primary Care Networks and how it would affect how patients were treated locally. The owner had attended a meeting previously and was due to attend another meeting later on the day of the inspection and had provided team members with feedback on the information that had been discussed. 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 are untidy or require maintenance.

Inspector's evidence

The pharmacy 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. Workbench space was clear, and team members also used the table in the consultation room to prepare multi-compartment compliance packs. The pharmacy had a reoccurring issue with leaks from the flat above. A tarpaulin sheet was placed on top of one of the shelves to protect stock. The back stockroom was cluttered with black bags and it was difficult to access the room.

The consultation room was cluttered with boxes and clinical waste bins which contained prescription only medicine (POMs). The RP said that this had built up as there had been a lot of returns recently and the company which collected waste had gone bankrupt, the Clinical Commissioning Group (CCG) had contracted a new company, who were due to collect the waste a week after the inspection. Access to this room was restricted when not in use. The owner said that in the event that the room needed to be used, people would be asked to wait and the room would be cleared. The room was used for preparing multi-compartment compliance packs. The door which lead into the room from the shop floor was blocked and the owner said that these boxes would be moved to allow people access. The room was not frequently used at the time of the inspection and the pharmacy was not offering many enhanced services.

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

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources. And largely manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services. The pharmacy does not always give people information leaflets that come with their medicines. This means that people may not always have all the information they need to take their medicines safely.

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.

Prescriptions were received both electronically and as hard copies. Electronic prescriptions were printed and the team dispensed from these. Prescriptions were observed to be dispensed by either one of the dispensers and then checked by the RP. Assembled prescriptions awaiting collection were stored without the prescription forms or any annotation to indicate if there was a Schedule 3 or 4 CD within the bag. This could increase the chance that the team members would hand out medicines after the prescription had expired.

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 people who were in the at-risk group. The pharmacy had two people who regularly collected sodium valproate and fell in the at-risk group. The pharmacist had spoken to them. The owner was unaware if the pharmacy had any of the warning labels available and was informed by the inspector where he could obtain more from.

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 had recently had an increase in the number of people who were supplied their medication in multi-compartment compliance packs. A master copy was in place for each individual; this showed a list of their medicines and it was used to compare any new prescriptions against. Any changes were confirmed with the GP and annotated on the master sheet. Prescriptions were received electronically for most people and these were printed out. Team members made a record of the date and number of prescriptions received. 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. Packs were dispensed by the dispenser and sealed by the RP after he had checked them. Team members were observed preparing medicines to be packed

into trays in the consultation room. The way in which some of the medicines was being stored and the equipment being used was not clean and hygienic. Team members gave assurances that this would be rectified.

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; this could make it harder for the pharmacy to show who had done these tasks. Patient information leaflets were not routinely handed out although the bag observed had leaflets within it.

Medicines were obtained from licensed wholesalers. The pharmacy had obtained a new medical grade fridge since the last inspection. Fridge temperatures were monitored daily and recorded; the current temperatures were observed to be within the required range. Fridge temperatures had not been recorded since the last week of November 2019. Team members printed out a recording matrix and attached this to the fridge during the inspection and gave assurances that this would be used to record the temperature.

The pharmacy had a number of boxes of medicines in which contained mixed batches. Some of the blisters found within original packs did not have any record of expiry dates or batch numbers. This would make it difficult for team members to check for recalled batches in the event that there was a drug recall. This was discussed with the team during the inspection.

Date checking was carried out by a team member every three months for stock that was held on the shelves. Team members said that a date-checking matrix was used but they were unsure of where this was as this was previously managed by a team member who had left. The team members and pharmacist had started date checking the previous week. Short-dated stock was highlighted. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were segregated in the consultation room and then collected by licensed waste collectors.

The pharmacy had registered with a company for the Falsified Medicines Directive (FMD) the company were due to come in on 15 February 2020 to install the system. The computer system had been changed ahead of this.

Drug alerts and recalls were received via emails from the MHRA. The last actioned alert had been for ranitidine. Alerts could be checked by the RP and dispensers. The owner would also call the dispensers to inform them of any recalls.

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. This was fairly new and would be replaced in 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.