

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: 27/10/2022

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

The pharmacy's working practices are generally safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy mainly keeps the records it needs to by law so that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people.

Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read most of the SOPs relevant to their roles. 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 was available but this was incomplete.

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 team member who had made the mistake and rectified, the team tried to record near misses where possible. Near misses were discussed with team members. As a result of past near misses Co-codamol was stored on a separate shelf in the dispensary and different strengths of co-codamol were separated by placing other pain killers in between. In the event that a dispensing error was reported, the team would investigate to see if the person had taken the incorrect medication and inform the owner. The RP was able to describe the actions that she would take and explained there had not been any reported errors while she had worked at the pharmacy. The RP would make a note on the electronic record.

The responsible pharmacist (RP) notice was clearly displayed. Team members were aware of the activities that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. Complaints were usually referred to the pharmacist, who would try and resolve them in-store. These were then passed on to the owner and discussed with the team. As a result, of past feedback received the pharmacy tried to ensure there was sufficient stock of certain items.

Records for private prescription, emergency supplies, RP records and controlled drug (CD) registers were well maintained. Records for unlicensed specials could not be located by the RP but she was able to describe the records she would keep. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were said to be recorded in a register, but the RP was unsure as to where this was kept and explained that no CDs had been returned whilst she had worked at the pharmacy.

Assembled prescriptions were stored in the dispensary out of the view of people. Team members who accessed NHS systems had smartcards. Team members had read the data protection and information governance policies. Confidential waste with people's private information on was segregated, and this was shredded. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Pharmacists had access to Summary Care records and consent to access these was gained verbally from people.

The RP had completed the level two safeguarding training. Team members had completed level one safeguarding training. They would discuss any concerns with the RP. The RP was unaware of where details of local safeguarding contacts were kept. She provided an assurance that she would look into downloading the NHS safeguarding application.

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. But they do not always get time set aside to complete it at work.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, a locum pharmacist who worked regularly at the pharmacy and two trained dispensers. The owner worked at the pharmacy regularly. The RP felt that there were enough staff and the workload was manageable. The team were up-to-date with their workload.

Staff performance was managed informally by the owner who worked closely with the team. Pharmacists who worked at the pharmacy on a regular basis also provided team members with feedback. 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 structured process in place for ongoing training. The team looked through leaflets that were received from wholesalers when it was quiet. The owner verbally briefed the team on changes and informed team members of training they could complete. Team members independently read pharmacy magazines in their own time. There was no set-aside training time provided. Both team members present during the inspection had completed their formal training courses.

As the team were small and worked closely together meetings were not held. Things were discussed as they arose. Team members said that they could speak to the RP if they had suggestions, feedback, or issues. Targets were not set for locum pharmacists.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and they are kept secure. But the pharmacy could do more to ensure that its premises always protects people's private information and ensure the premises are kept tidy and free from clutter.

Inspector's evidence

The pharmacy was in the main clean, workbench space was limited but this was mainly clear. The driver cleaned the floors each morning and team members cleaned the benches. There was a string tied in front of the counter to stop people from coming up to the counter. The back stockroom was cluttered with black bags and it was difficult to access the room. There were a number of wholesaler delivery boxes and other boxes piled up to the side of the consultation room on the shop floor. This restricted access into the room from there and people were required to walk past the medicines counter to access the room from the team member's side. It was unclear if people using mobility aids would be able to access the room.

The consultation room was cluttered with boxes and clinical waste bins which contained prescription only medicine (POMs). Prescription forms were also stored in this room. The boxes in the room severely restricted the space available. There were also boxes placed in front of the door which prevented the door from closing. During the inspection it was seen that the shop was not generally busy so people could usually hold private conversations with team members in the shop area. Access to this room was restricted when not in use. The RP provided an assurance that she would speak to the owner about moving the things from the room or obtaining a lockable cabinet to store confidential information. Following the inspection, the owner confirmed he had moved a number of boxes from the room to create more space and allow the door to close. All confidential information had also been removed out of 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

People can access the pharmacy's services. The pharmacy was providing its services in an organised way. It orders its medicines from reputable sources and largely manages them properly. Team members do not always refer to the prescription when they are assembling compliance packs. And this could increase the chance that a mistake is made.

Inspector's evidence

There was step-free access into the pharmacy. A delivery service was available for people who were housebound. The range of services offered by the pharmacy was adequately promoted. Team members were aware that signposting may be necessary where people required an additional or alternative service. The pharmacy had the ability to produce large print labels when needed. The pharmacy closed an hour each day for lunch. A poster was displayed with this information on the front window. However, this information was not available online on the NHS website. Flu vaccinations were provided by the owner and were only done on an appointment basis.

Prescriptions were received both electronically and as hard copies, although the vast majority were electronic. Electronic prescriptions were printed out and the team dispensed from these. Prescriptions were observed to be dispensed by either one of the dispensers and then checked by the RP. The pharmacy no longer dispensed prescriptions in advance and most prescriptions were only dispensed and prepared once the person called the pharmacy. Dispensed and checked-by boxes were available on labels and these were initialled by team members when they were dispensing or checking. The pharmacy team used baskets to ensure that people's prescriptions were separated, to reduce the risk of errors.

The RP was aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). People in the at-risk group who were not part of the PPP were referred back to their prescriber. Sodium valproate was stored on a separate shelf along with the warning labels and cards. Label placement was discussed with the team. Additional checks were carried out when people collected medicines which required ongoing monitoring. The pharmacy rarely dispensed warfarin, and the pharmacy ordered most prescriptions for it from the surgery and provided people's INR records.

The pharmacy had recently had an increase in the number of people who were supplied their medication in multi-compartment compliance packs. There was a 'master copy' for each person which showed a list of their medicines and it was used to compare any new prescriptions against. The pharmacy ordered prescriptions for everyone using this service. Prescriptions were ordered seven to ten days in advance of when they were due. Any changes were confirmed with the GP and annotated on the master copy. 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 for people registered with one specific surgery were prepared in advance on the prescriptions being received. The team described prescriptions were usually received late which did not give them

sufficient time to prepare packs. These packs were left to the side and the RP only checked them once the prescription forms were received. The team members agreed that there were risks associated with this and the RP planned to speak to the owner to review this. Packs were dispensed by the dispenser and sealed by the RP after they were checked. Packs prepared for one person were seen to be stored on the counter unsealed. The team were waiting to receive the prescriptions for these. The team members agreed to ensure packs would not be left unsealed in the future.

Assembled packs observed were labelled with product descriptions and mandatory warnings. The team did not hand out patient information leaflets regularly and provided an assurance that they would start doing so.

Deliveries were carried out by a designated driver. The driver kept a record of all the deliveries he carried out and marked with an asterisk where there was an issue or he had been unable to deliver. In the event that a person was not available medication was returned to the pharmacy.

Medicines were obtained from licensed wholesalers and were stored appropriately. Fridge temperatures were said to be monitored daily but there were no records made since 6 October 2022. The RP provided an assurance that the team would start recording the temperature and she planned to speak to the owner about obtaining a larger medical grade fridge. The food fridge which was being used to store some medicines had thermometers placed within it. There were no records seen for this fridge. The fridge temperatures for both fridges were seen to be within the required range for the storage of medicines at the time of the inspection. CDs were kept securely.

Date checking was completed routinely by the team at least on a weekly basis. Short-dated stock was marked with stickers. There were no date-expired medicines found on the shelves checked. A date-checking matrix was available but this had not been updated since 2021. Out-of-date and other waste medicines were disposed of in the appropriate containers which were kept separate from stock and collected by a licensed waste carrier

Drug recalls were received electronically via email by the RP and recorded on an electronic document. The RP thought that other locum pharmacists also received emails.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean.

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 medical grade fridge and a domestic 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 not being used for any services at the time of the inspection. The RP was unsure of how old this was but provided an assurance that she would speak to the owner about calibration of equipment.

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.