

Registered pharmacy inspection report

Pharmacy Name: Hambro Pharmacy, 53a Hullbridge Road,
RAYLEIGH, Essex, SS6 9NL

Pharmacy reference: 1031380

Type of pharmacy: Community

Date of inspection: 11/07/2019

Pharmacy context

The pharmacy is located on a parade of shops in a residential area. The people who use the pharmacy are mainly older people. The pharmacy receives around 80 per cent of its prescriptions electronically. It provides a range of services, including Medicines Use Reviews and the New Medicine Service. It supplies medications in multi-compartment compliance packs to around ten people who live in their own homes to help them manage their medicines. It supplies medicines to ten small care homes with around 200 beds in total. And it provides substance misuse medications to one person.

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 met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not have enough clear workspace to be able to provide the services safely. And there is excessive clutter throughout the pharmacy. This could increase the risks of errors occurring. The fire exit is blocked and there are significant tripping hazards.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not store medicines which need cold storage properly and the room temperature is above the recommended range. This makes it more difficult for the pharmacy to show that the medicines are safe to use. The pharmacy does not always keep medicines in containers which are properly labelled. This may increase the risk that date checks or product recalls are not effective.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy largely identifies and manages the risks associated with its services to help provide them safely. It largely protects people's personal information. It regularly seeks feedback from people who use the pharmacy. And it generally keeps its records up to date. Team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy adopted some measures for identifying and managing risks associated with pharmacy activities. These included; documented, up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. 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 any patterns. Medicines in similar packaging or with similar names were separated where possible. Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. A recent incident had occurred where the wrong strength of medicine had been supplied to a person. These medicines were separated in the pharmacy and the correct medicines had been supplied to the person.

Workspace in the dispensary was cluttered and there was little clear space for dispensing. There was an organised workflow which helped staff 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.

The pharmacist said that the pharmacy would remain closed if he had not turned up. The trainee medicines counter assistant (MCA) knew that she should not sell pharmacy-only medicines or hand out dispensed medicines if the pharmacist was not in the pharmacy.

The pharmacy had current professional indemnity and public liability insurance. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. All necessary information was recorded when a supply of an unlicensed special was made. The full prescriber details were not always recorded in the private prescription record. This could make it harder to identify the prescriber if there was a query. The pharmacy had only made two recent emergency supplies of a prescription only medicine without a prescription. And one did not have the nature of the emergency recorded. This could make it harder for the pharmacy to show why the medicine was supplied if there was a query. Controlled drug (CD) running balances were checked around once every two weeks. Liquid methadone balances were checked every two weeks and overage was recorded in the register. The recorded quantity of one item checked at random was not the same as the physical amount of stock available. The pharmacy had supplied some of the medicines against three different prescriptions the day before the inspection. But these had not yet been entered in the register and it had received some CDs from suppliers on the day of inspection which also had not been entered. With the supplies and receipts entered, the balance in the register was found to match the physical stock. The responsible pharmacist (RP) record was completed correctly. But the correct RP notice was not displayed at the start of the inspection. The RP notice was displayed for a pharmacist who had not worked at the pharmacy for around two months. The pharmacist said that he would

ensure that the correct notice was displayed in future. And the notice was changed during the inspection.

Confidential waste was shredded and the people using the pharmacy could not see information on the computer screens. Computers were password protected. Smart cards used to access the NHS spine were stored securely and team members used their own smart cards during the inspection. Dispensed items waiting collection could not be viewed by people using the pharmacy. There was piles of paperwork in the dispensary which had not been moved in years. Some of it was from 2004. The pharmacist had informed the inspector on previous occasions that he would dispose of this paperwork appropriately. But this had not happened.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2018 survey were displayed in the shop area. But these were not available on the NHS website. The pharmacist said that he was not aware of any recent complaints. The complaints procedure was displayed in the shop area.

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

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained or training team members to provide its services safely. But it could do more to ensure that team members are enrolled on accredited pharmacy courses in a timely manner. They are provided with some ongoing training and have regular meetings. They can raise any concerns or make suggestions and have regular meetings. This means that they can help improve the systems in the pharmacy.

Inspector's evidence

There was one pharmacist (who was the owner), one dispenser (NVQ level 3 pharmacy student), one trainee dispenser (NVQ level 2 student) and one trainee MCA working during the inspection. The two team members working in the dispensary finished their shifts not long after the start of the inspection. The trainee MCA said that she had worked at the pharmacy for nearly six months and she had only recently been enrolled on an accredited counter assistant course. The pharmacist was made aware that all team members must be enrolled on an accredited course in line with the GPhC minimum training requirements.

Team members worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed. The trainee MCA appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. And 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. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The pharmacist said that team members were not provided with ongoing training on a regular basis, but they did receive some. The trainee MCA said that she had received some training from the pharmacist about over-the-counter medicines. She confirmed that she read some of the patient information leaflets for some of the medicines.

The trainee MCA said that informal meetings were usually held on a Saturday when most of the team were working. She said that she had a good working relationship with the pharmacist and felt confident to discuss any issues with him during the day.

Targets were not set. The pharmacist said that he employed a pharmacist occasionally so that Medicines Use Reviews could be carried out. And he confirmed that these were carried out for the benefit of the people who used the pharmacy.

Principle 3 - Premises Standards not all met

Summary findings

The premises provide a safe and secure environment for the pharmacy's services. But the pharmacy does not keep all areas clean, tidy and free from clutter. This reduces the amount of workspace available and could increase the risk of mistakes happening. The pharmacy does not keep the fire exit clear and there are significant tripping hazards in the dispensary. This could increase the risks to team members.

Inspector's evidence

The pharmacy was secured from unauthorised access. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary. The pharmacist could hear conversations at the counter and could intervene when needed. The rear door to the pharmacy was a fire exit and it was blocked with various items including dirty mop heads. The pharmacist said that water leaked in through the back door and these items were used to help minimise the amount that came into the pharmacy.

There was a lot of clutter in the dispensary, which limited the amount of clear workspace. Team members were assembling multi-compartment compliance packs with little clear workspace. There was a large spare printer taking up workspace in the dispensary. The pharmacist said that this was kept in case the 'in-use' printer stopped working. He said that he would find alternative storage arrangements for this to clear some more workspace. Large amounts of workspace were used to store paperwork and folders. The pharmacist said that he would clear old paperwork and folders from the worktops. And dispose of it appropriately if possible. Leaflets and posters were used cover the worktops in the dispensary. The pharmacist said that these were used to protect the surfaces from scratches. There was dirt and loose tablets found between the posters. And this meant that some areas in the dispensary were not easy to clean. There were piles of boxes on the floor in the dispensary which were a potential tripping hazard for staff.

A small air-conditioning unit was available. But it was not in use during the inspection. The room temperature was at 27 degrees Celsius during the inspection. The pharmacy did not monitor the room temperature. There was one chair in the shop area for people to use. This was close to the medicines counter and conversations at the counter could potentially be overheard. This was discussed with team members during the inspection.

There was a small consultation room was accessible to the side of the medicines counter. It was accessible to wheelchair users. But it was used to store delivery boxes and other items such as a spare printer. Low-level conversations in the consultation room could not be heard from the shop area. But the windows in the door were see-through. The room was very dusty and did not appear to have been cleaned for a long time. There were cobwebs in the sink and on some of the paperwork. There was old paperwork on the shelves in the room. The pharmacist said that he would ensure that paperwork was not kept longer than necessary. And he said that he would dispose of it appropriately.

Toilet facilities were not clean. And some pharmacy items were kept in this area. There were separate hand washing facilities available.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always keep medicines in appropriately labelled containers. This may mean that it is harder for it to take appropriate action when there is a medicine recall or alert. The pharmacy does not ensure that all medicines requiring cold storage are stored appropriately. So, some medicines may not be safe to use. But, people with a range of needs can access the pharmacy's services and the pharmacy generally manages its services well and provides them safely. It gets its medicines from reputable suppliers, generally stores them safely and manages them well.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised. And a variety of health information leaflets were available.

The pharmacist said that he checked monitoring record books for people taking high-risk medicines such as methotrexate and warfarin. But a record of blood test results was not kept. This could make it harder for the pharmacy to check that the person was having relevant tests done at appropriate intervals. Prescriptions for higher-risk medicines were dispensed when the person went to the pharmacy to collect their medicines. So, the pharmacist had the opportunity to speak with these people. The pharmacist said he checked CDs and fridge items with people when handing them out. He said that the pharmacy supplied valproate medicines to a few people in the at-risk group. But it did not have the patient information leaflets or warning cards available. And the pharmacist was not sure if any of the people in the at-risk group were on a Pregnancy Prevention Programme. He said that he would order a replacement information pack from the supplier and ensure that the relevant information was provided to people who needed it.

Stock was generally stored in an organised manner in the dispensary. Team members were in the process of checking for expired stock. Some items removed recently had expired in September 2018. Short date stock lists were now being kept for items due to expire before the end of December 2019. The trainee dispenser said that items would be removed from dispensing stock at least one month before they were due to expire. And these items were marked. There was a foil strip of medicines which were passed their expiry date found in with dispensing stock. The trainee dispenser said that this area had recently been checked. There were several mixed batches found with dispensing stock. This could make it harder for the pharmacy to date-check the stock properly or respond to safety alerts appropriately. There were four boxes currently being used to store medicines waiting disposal. There were no pharmaceutical waste bins in the dispensary. The pharmacist said that he would ensure that a bin was in the dispensary so that medicines for disposal were properly segregated and easily identifiable. The shredder was used to store some medicines. And some of these had expired. The shredder was emptied of these items during the inspection so that it could be used as a shredder. There were several pots of loose tablets found throughout the dispensary. The pots were part of the multi-compartment compliance packs and the pharmacist said that these medicines should have been placed for destruction.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded.

Records indicated that the temperatures were consistently within the recommended range. But there was a thick layer of ice on the back wall of the fridge. And the minimum temperature showing on the thermometer was minus 1 degree Celsius. The pharmacist said that he would ensure that the fridge was defrosted regularly. The thermometer was reset during the inspection and was showing that the current temperature at the front of the fridge was 4.7 degrees Celsius. But the temperature at the back of the fridge was below minus 1 degree Celsius.

Part-dispensed prescriptions were not checked frequently. 'Owings' notes were not provided when prescriptions could not be dispensed in full. But the pharmacist said that people were kept informed about supply issues. And he confirmed that prescriptions for alternate medicines were requested from prescribers where needed. There were no dispensed medicines waiting collection. The pharmacist said that items were dispensed when the person went to the pharmacy to collect their items. The pharmacy did not order prescriptions on behalf of people who received their medicines in multi-compartment compliance packs. And instead, people ordered prescriptions for their medicines 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 generally labelled correctly and the backing sheets were attached to the trays. But the cautionary and advisory warnings were not fully visible for all medicines in the packs. The pharmacist said that he would check the settings on the computer to ensure that all the information was printed. There was an audit trail to show who had dispensed and checked each tray. Medication descriptions were put on the packs. The pharmacist said that patient information leaflets were routinely supplied. The pharmacist said that the care homes were responsible for ordering prescriptions for their residents.

CDs were stored in accordance with legal requirements and they were 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. The CD cabinet keys were held securely and there were arrangements in place to safeguard the CD keys overnight.

Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for deliveries where possible; these were recorded in a way so that another person's information was protected. Failed deliveries were returned to the pharmacy before the end of the working day. A card was left at the address instructing the patient to contact the pharmacy to rearrange delivery. The pharmacist said that all deliveries were within local area and only for those who needed the service.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. Any action taken was recorded and kept for future reference on the computer. This made it easier for the pharmacy to show what it had done in response.

The pharmacy had the equipment for the implementation of the EU Falsified Medicines Directive. The pharmacy had an SOP for the process. And the pharmacist said that the equipment had been used but it was not used frequently.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Up-to-date reference sources were available in the pharmacy and online. Suitable equipment for measuring medicines was available. The pharmacist said that he would mark a separate cylinder for methadone use only. The pharmacist said that he would mark one to help avoid any cross-contamination. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only.

The pharmacist said that the blood pressure monitor had been in use for around six months. This was due to be replaced in January 2021 and this was marked on the monitor. The phone in the dispensary was portable so it could be taken to a more private area where needed. The shredder was in good working order. The pharmacist said that he collected confidential waste for shredding and shredded it from time to time. The shredder was plugged in during the inspection so that it could be used throughout the day.

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.