General Pharmaceutical Council

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: 04/03/2020

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% 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 a small number of people who live in their own homes to help them manage their medicines. It supplies medicines to around a few small care homes. And it provides substance misuse medications to one person.

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

Overall, the pharmacy identifies and manages the risks associated with its services to help provide them safely. It protects people's personal information and people can provide feedback about the pharmacy. It keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy adopted adequate 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. The SI said that he was not aware of any recent dispensing incidents.

Workspace in the dispensary was cluttered and there was little clear space for dispensing. A small cleared area was used for dispensing and the superintendent (SI) pharmacist said that he used a separate area to check dispensed medicines. 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 SI said that the pharmacy would remain closed if he had not turned up. The dispenser knew that she should not sell pharmacy-only medicines or hand out dispensed medicines if the pharmacist was not in the pharmacy. She also knew that she should not carry out any dispensing tasks if there was no responsible pharmacist (RP) signed in.

The pharmacy had current professional indemnity and public liability insurance. All necessary information was recorded when a supply of an unlicensed special was made. The private prescription record and emergency supply record were completed correctly. Controlled drug (CD) running balances were checked at regular intervals and any liquid overage was recorded in the register. The recorded quantity of one item checked at random was the same as the physical amount of stock available. The RP record was completed correctly and the right RP notice was clearly.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection.

The pharmacy carried out yearly patient satisfaction surveys; results from a survey were displayed in the shop area. This was the same poster which had been displayed for the previous survey, but a 2020 sticker had been added. Results were not available on the NHS website. The SI said that the results from the most recent survey were very similar to the previous one, so he had not made a new poster. He confirmed 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 dispenser 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 team members to provide its services safely. 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

The SI was working on the day of the inspection, alongside a qualified dispenser. The dispenser was enrolled on the NVQ level 3 pharmacy diploma course. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The dispenser 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 SI said that team members were currently enrolled on accredited pharmacy courses for their role and they did not undertake any additional ongoing training. He said that the pharmacy received information leaflets and pharmacy related magazines and information from these would be passed on to team members. The dispenser said that she was allowed to do some of her training modules during quieter periods while at work, but she preferred to complete it at home.

The SI said that informal meetings were usually held on a Saturday when most of the team were working. The dispenser said that she had a good working relationship with the SI and felt confident to discuss any issues with him during the day. The SI said that he carried out ongoing informal performance reviews and appraisals for team members and he would carry out a more formalised review in the near future.

The SI said that he felt able to take professional decisions. Targets were not set for team members. The SI said that he employed a second 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 met

Summary findings

The premises provide a safe and secure environment for the pharmacy's services. People can have a conversation with a team member in a private area. But the pharmacy could do more to keep some areas tidy and free from clutter.

Inspector's evidence

The pharmacy was secured from unauthorised access. Pharmacy-only medicines were largely kept behind the counter. But one was found on a shelf in the shop area. This was moved during the inspection and the SI said that he would ensure that all pharmacy-only medicines were not available for self-selection in the future. There was a clear view of the medicines counter from the dispensary. The SI could hear conversations at the counter and could intervene when needed. The rear door to the pharmacy was a fire exit and it was partially blocked with a few items. The SI said that he was waiting for these items to be collected and disposed of. He said that would consider storing these in another area in the future.

Clutter in the dispensary limited the amount of clear workspace. The pharmacy had made efforts to clear the clutter since the last inspection and there was far less than before. There were several multi-compartment compliance packs covering the worktops. The SI said that these were waiting to be taken for delivery and the worktop was usually kept clear. The SI said that he was considering reducing the number of computers in the dispensary and this would then free up some more room. There were a few boxes and other items on the floor in the dispensary which were a potential tripping hazard for staff.

A small air-conditioning unit was available for use on warmer days. The room temperature on the day of the inspection was suitable for storing medicines. The SI said that he monitored the room temperature during the warmer months and used the air-conditioning unit when needed. There were two chairs in the shop area for people to use. These was close to the medicines counter and conversations at the counter could potentially be overheard. The dispenser said that she would offer the use of the consultation room if a person wanted to discuss something in a more private setting.

There was a small consultation room accessible to the side of the medicines counter. It was accessible to wheelchair users and low-level conversations in the consultation room could not be heard from the shop area. It was suitably equipped and not accessible to people in the shop area. But the windows in the door were see-through. The SI said that he would ensure that the windows were covered in the future.

Toilet facilities were largely clean and there were hand washing facilities available. And some pharmacy items were kept in this area. And this made it harder for the pharmacy to show that these medicines were being kept securely.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy adequately manages its services and provides them safely. People with a range of needs can access the pharmacy's services. It gets its medicines from reputable suppliers and it largely stores them properly. But it 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.

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 SI 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 SI 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, but there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme. He confirmed that he would order replacement patient information leaflets and warning cards from the manufacturer. And he would ensure that all relevant people were provided with the necessary information in the future.

Stock was largely stored in an organised manner in the dispensary. Some date-checking activity had been carried out recently and this had been recorded. The pharmacy had previously kept list of short-dated items so that these could be easily identified and removed from dispensing stock before they were out-of-date, but this had not been carried on for the last couple of months. Medicines were largely kept in their original packaging. But there were a few boxes which contained different batches and some tablets had been removed from their foil strips. This could make it harder for the pharmacy to date-check the stock properly or respond to safety alerts appropriately. The SI said that he would remind team members to ensure that medicines remained in their original packaging in the future.

Part-dispensed prescriptions were checked regularly. 'Owings' notes were provided when prescriptions could not be dispensed in full. And the SI said that people were kept informed about supply issues. He confirmed that prescriptions for alternate medicines were requested from prescribers where needed. There were no dispensed medicines waiting collection. The dispenser said that items were dispensed when the person went to the pharmacy to collect their medicines.

The SI said that he was in the process of carrying out assessments for people who had their medicines in multi-compartment compliance packs. The pharmacy did not order prescriptions on behalf of people who received their medicines in these 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 labelled correctly and the backing sheets were attached to the packs. There was an audit trail to show

who had dispensed and checked each tray. Medication descriptions were put on the packs and the SI said that patient information leaflets were routinely supplied. The SI said that the care homes were responsible for ordering prescriptions for their residents. He said that the care homes were in the process of changing to having medicines dispensing in original packs in the near future.

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.

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 due to the speed of the software.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

The pharmacy has the equipment it needs to provide its services safely. Up-to-date reference sources were available in the pharmacy and online. Suitable equipment for measuring medicines was available. A separate measure was marked for methadone use only. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped to avoid any cross-contamination.

The pharmacist said that the blood pressure monitor had been in use for around one moth. 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.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines.

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.