

# Registered pharmacy inspection report

**Pharmacy Name:** Allcures Pharmacy, 16 Kings Parade, STANFORD-LE-HOPE, Essex, SS17 0HP

**Pharmacy reference:** 1031389

**Type of pharmacy:** Community

**Date of inspection:** 13/11/2019

## Pharmacy context

The pharmacy is located in a parade of shops on a main road. People who use the pharmacy are mainly from the local area. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides Medicines Use Reviews, the New Medicine Service and provides flu vaccinations. The pharmacy also provides services to people who have been transferred from a nearby branch which has closed.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy adequately identifies and manages the risks associated with its services. The pharmacy asks its customers for their views. It largely keeps the records it needs to so that medicines are supplied safely and legally. Team members know how to safeguard vulnerable people. They work to written procedures to help provide the pharmacy's services safely. The team members generally respond appropriately when mistakes happen during the dispensing process. This helps them prevent similar mistakes from happening in the future and makes the services safer.

### Inspector's evidence

Standard Operating Procedures (SOPs) were available and these had recently been reviewed by head office; however, core dispensing SOPs had not been updated following the introduction of the Falsified Medicine Directive (FMD). Team members were in the process of reading and signing SOPs which were relevant to their roles. There was an overarching tracker that all team members were required to date and sign once they had read SOPs. The responsible pharmacist (RP) said that SOPs would be read by the end of the month. Team roles were not defined in SOPs. A roles and responsibilities matrix was available but this was incomplete. The RP gave assurances that he would complete this following the inspection.

Near misses were discussed with the team member as they were picked up and were then recorded on a log. Details of the near miss was shared with the team. At the end of the month, near misses were reviewed by the RP. The review was completed verbally and not recorded. As a result of past reviews, medicines with similar names had been separated on the shelves. And medicines which the team had identified as high risk and not dispensed frequently were only ordered when needed, such as cefradine and cefalexin.

There was a process in place for dealing with dispensing incidents, which the RP described. There had been no reported incidents at the pharmacy. The RP would complete a dispensing incident form and sent a copy to the superintendent pharmacist (SI).

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure in place. Annual patient satisfaction surveys were also carried out. As a result of past feedback about stock holding and waiting times; the team had reviewed how this could be improved and reviewed which items needed to be stocked. They had also started contacting people when their medicines were received and ready to collect. The seating area had also been moved to create more space.

The correct RP notice was displayed. Team members were aware of the tasks that could and could not be carried out in the absence of the RP.

Records for private prescription, emergency supplies, unlicensed medicines supplied, RP and CD registers were well maintained. CD balances were checked regularly. 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 and were not visible to people using the

pharmacy. Computers were password protected and screens also faced away from people. The pharmacy had an information governance policy in place; this was reviewed by head office. Team members had read through procedures. Relevant team members who accessed NHS systems had smartcards. The regular pharmacist had access to Summary Care Records (SCR); consent to access these was gained verbally and some people were asked to sign. The RP had verbally briefed the team on confidentiality particularly about discussing people with others.

The RP had completed level 2 safeguarding training and provided the team with information. Some team members had completed safeguarding training as part of their previous jobs and some had completed training as part of the C-Card service accreditation. Details for the local safeguarding boards were available on a poster.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services safely. They have completed or are doing the required accredited training for their roles. They do ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

### Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a trained dispenser and two trained medicines counter assistants. All the team members were doing an over-the-counter refresher training course.

Another trained dispenser was on holiday. To cover sickness the RP would check if a part-time team member was available to cover. For holidays the team made sure that the other three colleagues were working. The RP could also contact head office and see if they could send support staff if needed.

The RP felt that at the time of the inspection there were enough staff. The team tried to manage the workload by encouraging people to use the repeat prescription service which helped the pharmacy to manage when tasks were done. The pharmacy was up to date with dispensing. When one of the dispensers was due to be on leave the pharmacy had an agreement with the surgery, and prescriptions were issued earlier so that they could be dispensed and checked before the person went on leave.

Team members had a performance review with the RP every 12 months and the completed form was sent to head office. During the review the RP and team member covered things that they needed to improve, customer surveys and feedback, any training needs and performance. The RP liaised with head office about any needs identified and to check if there was training that team members could attend.

The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of restricted quantities of some medicines that could be sold. She described the process she followed when handing out prescriptions and was aware that a prescription for gabapentin was valid for 28 days.

The team received fliers or emails from head office with details of training available. The RP completed The Centre for Pharmacy Postgraduate Education (CPPE) online training courses. Team members attended training sessions held at head office, the latest one had covered smoking cessation. The RP planned to check who was interested and would then send them to attend the training. The RP made sure that team members attended training that he thought was essential such as training on over-the-counter products. The RP also printed information that he had found during his personal reading and brought this in to discuss with the team. Team members had all been signed up to Numark's training portal, which allowed them to complete training modules. Team members completed this training at home.

As the team was small meetings were not held. Things were discussing as they came up and when everyone was present. The team discussed any issues that had arisen, anything that customers had highlighted, drug recalls or any new government policies or changes to services such as Medicines Use Reviews (MURs). Head office communicated with teams via email or a paper version was sent with the delivery or someone would call if it was urgent. Head office arranged for essential training for

pharmacists which had to be attended by all the groups pharmacists. This provided pharmacists to catch up with colleagues. The RP said that he also had discussions with colleagues over the telephone from nearby branches. Team members felt able to feedback and raise concerns both to the RP and head office team.

Targets were in place for services offered such as MURs and the New Medicine Service. The pharmacy was always looking to improve services provided based on the feedback they received. There was some pressure on team members to meet targets but the RP would not let these affect his professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the pharmacy's services and are largely clean, tidy and well maintained. Space is effectively managed to improve the work flow. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was bright clean and tidy throughout; this presented a professional image. There were two chairs available in the shop area. Following a previous visit from the inspector after the closure of another nearby branch, the dispensary had been expanded to create more workspace and more space to store prescription-only medicines (POMs) and assembled prescriptions. Workbench space was clear and organised. Medicines were stored on shelves in an organised and tidy manner. A sink was also available in the dispensary. Cleaning was done by team members.

The consultation room was situated near the front of the shop. Low level conversations could not be heard from the shop area and frosted windows protected patient privacy. The room was accessible to wheelchair users. The sharps bin was kept out of reach and there was no confidential information held within the room.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely and effectively. It gets its stock from reputable sources and mostly stores it properly. 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.

### Inspector's evidence

There was wide step free access to the pharmacy. Team members were able to assist when needed; there was a clear view from the counter and the dispensary to the main entrance. There was easy access to the medicine counter. The RP wrote in large size font for a specific person and attached these labels to the box along with the labels printed using the electronic patient system. A variety of patient information leaflets were available in the shop area. Services and opening times were clearly advertised. Team members knew what services were available and described signposting people to other providers if a service was not offered at the pharmacy. Information was printed and handed to people.

The RP felt that the flu vaccination service had the most impact on the local population due to the convenience of being able to walk in and the ease of access. He said that the service was also available to people at times which were convenient to them, as the pharmacy had different opening times compared to the surgery. The RP also thought that the MURs and the NMS had an impact particularly when people were starting new medicines and it allowed him to discuss side-effects.

The pharmacy team ran campaigns in line with those arranged by the department of health. The RP encouraged the team to discuss campaigns with people and if any questions asked where outside of their remit, the team member referred the person to the RP who then went and spoke to the person.

The pharmacy had an established workflow in place. The majority of prescriptions were received electronically. The team downloaded prescriptions throughout the day. One of the dispensers labelled, another dispenser then assembled the prescriptions and the RP checked. Dispensed and checked by boxes were available on labels; these were routinely used by the team. Baskets were also used to separate prescriptions.

Prescriptions for CDs were marked with the letters 'CD' and annotated with a triangle. This helped counter assistants identify that they needed to check the expiry date on the prescription and in some cases obtain a second signature.

The RP was aware of the change in dispensing sodium valproate and the associated Pregnancy Prevention Programme. The pharmacy had received the 'Prevent' pack and the RP was aware of the need to use the warning labels. The RP had spoken to people who fell in the at-risk group and said that he would speak to the parents if the prescription was for a child.

The local surgery did not issue prescriptions for warfarin unless INR readings had been checked. The RP said that they had a strict policy in place. The RP also checked INR readings but did not record these. Most people who were taking warfarin in the past had been switched to other medicines. For other high-risk medicines such as lithium, the RP checked that the person was having regular monitoring and



supplied them with a briefing card.

Most multi-compartment compliance packs were prepared and supplied from head office. The pharmacy only had a few people who they prepared the packs for as they had requested for the pharmacy to supply their medicines. Team members checked with people on a monthly basis if they still needed their medicines supplied within the packs and also checked what medicines they required. Most people were initiated on the service by the local hospital and information was sent to the pharmacy via PharmOutcomes or via telephone. Prescriptions were ordered by the pharmacy and a check was done when it was received to confirm if there were any changes. Packs were prepared by the dispenser and a second check was obtained. Changes were confirmed with the surgery and recorded on the person's electronic record. The surgery supplied the pharmacy with a discharge summary if someone has been admitted into hospital.

Assembled multi-compartment compliance packs seen were labelled with product details, mandatory warnings and there was an audit trail in place to show who had dispensed and checked the packs. Information leaflets were supplied monthly. On some occasions the RP self-checked packs that he had prepared. This increased the risk of mistakes not being picked up.

The pharmacy had a designated delivery driver. Signatures were only obtained for controlled drugs delivered, on a separate form and the sheet was brought back. Signatures were not delivered for all other medicines delivered. This may make it difficult to show that medicines have been correctly delivered. In the event that someone was not available, medicines were returned to pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. CDs were held securely.

Expiry date checks were generally carried out on a rotating basis and at the point of dispensing. A date-checking matrix was in place. Short-dated stock was highlighted. There were no expired items found with dispensing stock. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

The pharmacy had the equipment that it needed to comply with the Falsified Medicines Directive (FMD). The team had not received notification from head office to start using the system.

Drug recalls were received via email from head office who also sent out a separate notification. The notification was sent with the daily delivery and needed to be updated and sent back. The team had received the more recent recall for ranitidine.

## 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 had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready to use. A separate tablet counting triangle was used for cytotoxic medicines and separate measures were used for methadone to avoid cross-contamination. A fridge of adequate size was also available.

A blood pressure monitor was available this was replaced in line with the manufacturer's calibration requirements.

Up-to-date reference sources were available including access to the internet. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was segregated and shredded.

### 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.