

Registered pharmacy inspection report

Pharmacy Name: Allcures Pharmacy, 19 Lampits Hill, Corringham,
STANFORD-LE-HOPE, Essex, SS17 9AA

Pharmacy reference: 1031391

Type of pharmacy: Community

Date of inspection: 23/09/2021

Pharmacy context

The pharmacy is located in a supermarket in a residential area. The pharmacy is part of a group of pharmacies. As well as dispensing NHS prescriptions the pharmacy provides flu vaccinations and offers a delivery service. The inspection was undertaken during the Covid-19 pandemic.

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 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. Team members respond appropriately when mistakes happen during the dispensing process.

Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles. Team roles were defined within the SOPs. The responsible pharmacist (RP) had made local amendments to some SOPs. The team had been routinely ensuring infection control measures were in place. Team members had been provided with personal protective equipment (PPE). The RP explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff. Information was displayed at the entrance asking people to wear a mask upon entering and that only two people at a time could enter the premises.

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 recorded by team members on a log as they occurred. Completed near miss record sheets were seen during the inspection. Patient safety reviews were completed each month during which near miss records and any dispensing errors were looked at to identify any trends or patterns with changes made accordingly. The RP explained how due to staffing levels he had not been able to record these for a few months but had restarted. As a result of past reviews medicines which sounded similar had been separated on the shelves, team members had also been asked to double check their own work as there had been an increase in errors relating to the quantity dispensed. Dispensing errors were investigated and a record was made, a copy of which was forwarded to head office. Following a past error the RP tried to ensure that another team member double checked his work or if he had to self-check, he ensured to take a mental break between dispensing and checking. The pharmacy had also created an allocated checking bench to help distinguish between the different steps.

A correct RP notice was displayed. The team members were aware of the tasks 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. Where possible the RP tried to handle any complaints in store. If some instances complaints were escalated to head office. Prior to the pandemic the team had also carried out annual patient satisfaction surveys.

Records for private prescriptions, emergency supplies, controlled drug (CD) registers, unlicensed medicines dispensed and RP records were well maintained. CDs that people had returned were recorded in a register as they were received. A random check of a CD medicine quantity complied with the balance recorded in the register.

Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy. An information governance policy was available, this was reviewed by

head office. Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR) and consent to access these was gained verbally.

Pharmacists had completed level two safeguarding training and team members had also completed level one training. Contact details for safeguarding boards were available but the RP preferred to check for details online to ensure they were up-to-date.

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.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP a trained dispenser and a trained medicines counter assistant (MCA) who was on the dispenser training course. Other team members who were not present on the day of the inspection included another MCA and two team members who worked on Saturdays. Neither of the team members who worked on Saturdays had completed or been enrolled on any formal training courses. Following the inspection confirmation was received that both team members had been enrolled on the MCA courses. The RP explained that a team member had been off work for some time, he was unsure as to when they were due to return. This made it difficult to manage the workload. To help ensure tasks were completed in a timely manner the team had introduced a system where prescriptions were divided into two piles, one contained prescriptions with less than three items and the other anything with four or more items. The team dispensed prescriptions with four or more items in advance and dispensed the other pile as people presented to collect. The team members were up to date with their dispensing.

The trainee dispenser counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Staff performance was managed by the RP. Company policy included completing appraisals but due to staffing levels the RP had not had a chance to complete this. The RP gave team members verbal feedback.

Team members completing formal training were not provided with set-aside training time in store. Most training was completed at home. Team members described speaking to the RP about areas that they needed help with when they could find time. Previously team members were provided with time in store to complete training. However, the RP described footfall into the pharmacy had increased as a result of which team members had to complete training at home. The RP tried to make time to go over sections with trainees and also asked them to send things via email.

For ongoing training all team members were enrolled onto the Numark electronic training package and were able to complete training modules both in the pharmacy and at home. Team members who were completing formal training described finding it difficult to complete other training in addition to their course. Team members looked through pharmacy magazines during their lunch and the RP also briefed them on any changes as well as anything he had read.

Team members discussed things as they came up. Discussions were held with the team following near miss reviews. Team members including the RP felt able to give feedback and make suggestions. There were no targets set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

Since the last inspection the pharmacy had relocated to the back of the supermarket. Updated floor plans were forwarded to the GPhC following the inspection. The pharmacy was separated from the supermarket by glass frontage which had a lockable door. General sales medicines were kept outside of the pharmacy and these were sold through the supermarket tills. The pharmacy was clean and organised. There was ample workspace which had been allocated for different tasks. Cleaning was carried out by team members. A clean sink was available for the preparation of medicines. Team members were observed to use face masks and only three to four people were being allowed into the pharmacy at any given time. Screens had also been fitted at the counter. Hand sanitiser was also available for team members to use. The pharmacy had a large clean consultation room which was easily accessible. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. There were some folders stored on a shelf which contained confidential information, the RP described that people were not left unaccompanied in the room. But he gave an assurance that he would move specific folders either into a lockable filing cabinet or move them elsewhere.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. Air conditioning was available to help regulate the temperature. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so 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

The pharmacy was easily accessible, it was situated at the back of a supermarket at street level and had double doors. Aisles were wide and allowed easy access to the pharmacy. Services were appropriately advertised to patients. Team members knew what services were available and described signposting people to other providers where needed. A delivery service was offered to those people who were unable to access the pharmacy.

Prescriptions were received electronically, then printed out and labels were processed and placed into one of two baskets depending on the number of items on the prescription. These were dispensed by a dispenser and left for the RP to check. The RP described how he always ensured to get a second check if he had dispensed a prescription or took a mental break in between each step. The team had designed the dispensary in a way to ensure there was a smooth workflow when the pharmacy had been refitted. Dispensed and checked-by boxes were available on labels and these were routinely used. Baskets were used to separate prescriptions, preventing transfer of items between people.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The RP always handed out prescriptions for sodium valproate. Booklets and warning labels were available which were used. Methotrexate was stored in a separate basket. Additional checks were carried out when people collected medicines which required ongoing monitoring. The RP personally made a note of the INR on people's electronic record. Spare monitoring record books were available which were handed out to people if they did not already have one. The pharmacy also handed out the new steroid warning cards to people who were taking steroids on a long-term basis. Prescriptions for schedule 4 CDs were annotated with the expiry date.

The pharmacy provided a delivery service. Signatures were no longer obtained when medicines were delivered and this was to help infection control. In the event that someone was not available medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Medicines were organised on shelves in a tidy manner. Fridge temperatures were monitored daily and recorded. Records seen showed that the temperature were within the required range for the storage of medicines. CDs were held securely.

Expiry date checks were carried out on a weekly basis. Short-dated stock was marked with stickers. Previous date-checking matrices were available for the dispensary but the RP could not locate the latest date-checking matrix. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from stock generally stored securely and then collected by licensed waste collectors. 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. Dispensers also had access to the pharmacy’s email account.

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 for use. A medical fridge of adequate size was available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were segregated and sent to the head office branch for shredding. Blood pressure monitors were available; however, these were not being used as they had not been calibrated.

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.