

Registered pharmacy inspection report

Pharmacy Name: OHMS Pharmacy, 32 High Street, Aveley, SOUTH
OCKENDON, Essex, RM15 4AD

Pharmacy reference: 1031398

Type of pharmacy: Community

Date of inspection: 22/09/2021

Pharmacy context

The pharmacy is located on a high street in a residential area. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines. 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 generally 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 team had been routinely ensuring infection control measures were in place. Team members had been provided with personal protective equipment (PPE). The superintendent pharmacist (SI) who was also the responsible pharmacist (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.

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 in a book as they occurred, these were discussed with the team at the time that they occurred. The SI explained that from time to time the team held a meeting to discuss changes which could be made to avoid similar near misses from reoccurring. The SI said there had not been a reported dispensing error. He was able to describe the steps he would take in the event that there was an error. This included retrieving the incorrect medication, rectifying the error completing an investigation and completing an incident report form. The SI had picked up that more errors occurred when it was less busy. He described how he recognised times when he thought errors were more likely to occur and took additional steps such as making notes to remind himself of other tasks which had to be completed so that he could focus on dispensing and checking.

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 and a complaint procedure. The SI said there had not been any recent feedback which had required any changes to be made.

Records for private prescriptions, controlled drug (CD) registers and RP records were well maintained. CDs that people had returned were recorded in a register as they were received. CD balance checks were carried out regularly. A random check of a CD medicine quantity complied with the balance recorded in the register. Emergency supplies were not frequently made and one record observed did not include the nature of the emergency. The SI said this had been done by the locum pharmacist and he gave an assurance that he would speak to the pharmacist. The pharmacy had not dispensed unlicensed medicines in the past few years. The SI was able to describe the records which needed to be kept in the event that they were dispensed.

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 had been discussed

with team members. 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.

The SI had completed level two safeguarding training and one of the team members who was not present on the day of the inspection had also completed some training. Contact details for safeguarding boards were available.

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. Where relevant, the pharmacy generally enrolls staff on a suitable accredited training course for their role. But it does not always do this in a timely manner.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the SI and an assistant. The assistant was the SI's wife and had previously been enrolled on the medicines counter assistant course twice but due to personal circumstances had not completed the course. Both the SI and assistant gave an assurance that the assistant did not sell any medicines or provide people with advice. The assistant's role included answering the telephone, putting away deliveries and administrative tasks. The assistant helped with date-checking in the dispensary. Following the inspection, the SI confirmed she had been enrolled on a module on stock management. Other team members included a trained dispenser who was not working on the day of the inspection. The SI felt that the staffing levels were adequate and the workload was manageable. The team members were up to date with their dispensing.

Performance was managed by the SI with appraisals held annually. The SI also provided team members with on-the-spot feedback. There was no formal procedure in place for ongoing learning. The SI verbally briefed the team with any new updates. The dispenser had access to NHS emails and read updates sent to the pharmacy from the local NHS team. 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.

Inspector's evidence

The pharmacy was generally clean. Since the last inspection the ceiling and flooring had been replaced, counters had been refurbished and an island had been created in the middle of the dispensary to create more work and storage space. Cleaning was carried out by team members. A clean sink was available in a room at the back of the dispensary which was used for the preparation of medicines. Team members were observed to use face masks and the number of people being allowed into the pharmacy at any given time was limited. Screens had also been fitted at the counter. Hand sanitiser was also available for team members to use. The pharmacy did not have a consultation room and an area at the side of the retail area was used to hold private conversations. The RP described waiting until the shop was clear to ensure conversations could not be overheard. The RP was looking into having a consultation room built on the shop floor. The upstairs section of the pharmacy was used to store excess medicines and one of the fridges was also stored upstairs. Some rooms upstairs were cluttered.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. Portable fans and the doors were left open to help regulate the temperature. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy largely 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 range of services offered by the pharmacy was adequately promoted. Access into the premises was via a small step from the street. Team members had a clear view of the main entrance and would go and help people who required assistance. The local population predominantly were English speaking and the pharmacy had not had issues with languages in the past. Team members were aware that signposting may be necessary where people required an additional or alternative service. The SI had been at the pharmacy for 40 years and knew the community well.

Most prescriptions, approximately 80%, were received electronically. These were dispensed by the dispenser or RP and then checked by the RP. The pharmacy printed prescriptions and labels and then staff worked through dispensing these. Once prescriptions were dispensed, they were placed in a bag and left on the middle counter. The RP then double checked these, sealed the bags, and placed them on the shelves. Dispensed and checked-by boxes were available on labels and these were routinely used by the team. Tubs were available but these were not routinely used.

The SI was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The SI was made aware of the need to use the warning stickers by the inspector. Additional checks were carried out when people collected medicines which required ongoing monitoring. The surgery also in some cases informed the pharmacy team. The SI personally made a note of the INR on people's prescriptions, however, recently he had also started making records on people's electronic record after being shown how to do so by a colleague.

Some people's medicines were supplied in multi-compartment compliance packs. The service was managed by both the SI and trained dispenser. The pharmacy ordered prescriptions on behalf of people for this service. Any queries were checked with the prescriber. Four unsealed packs were seen for one person in the dispensary. The SI explained that there had been miscommunication between him and the dispenser and they had each prepared four packs. Four had already been supplied against the prescription. The additional four packs were discarded during the inspection. When packs were prepared usually only one pack was labelled and the remainder were labelled on the day that the person presented to collect. Mandatory warning labels were included however, product descriptions of the medicines inside the packs were not recorded. This could make it difficult for people to identify their medication. The SI had spoken to a colleague who had told him that this could be done electronically. The SI assured that future packs would include product descriptions. Patient information leaflets (PILs) were supplied monthly. Backing sheets were seen to be placed loosely inside the tray. If these were lost it could create a risk of people not knowing what medicines were inside their packs. The SI securely attached all backing sheets during the inspection when this was brought to his attention and gave an assurance that he would ensure this was done on all future packs.

The pharmacy provided a delivery service. Signatures were no longer obtained when medicines were delivered unless there was a CD, 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 mostly organised on shelves in a tidy manner, but there were some medicines which were stored loosely not in their original packs on the shelves. The SI gave an assurance that these would be removed. 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 regular basis. Colour-coded stickers were used to highlight short-dated stock. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from stock, stored securely and then collected by licensed waste collectors. Drug recalls were received via email from the MHRA, emails were retained once they were actioned.

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 generally clean and ready for use. The pharmacy had two medical fridges of adequate size 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. A shredder was also available.

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.