

Registered pharmacy inspection report

Pharmacy Name: Govani, 87 Front Lane, Cranham, UPMINSTER,
Essex, RM14 1XN

Pharmacy reference: 1031439

Type of pharmacy: Community

Date of inspection: 13/08/2020

Pharmacy context

The pharmacy is located in a village and mainly serves people who live locally. The pharmacy provides Medicines Use Reviews and New Medicine Service checks to people. And it offers an emergency hormonal contraception 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 appropriately identifies and manages the risks associated with providing its services. When something goes wrong, team members take action to help prevent a recurrence. The pharmacy generally keeps the records it needs to by law, to show that medicines are supplied safely and legally. People who use the pharmacy can provide feedback and raise concerns.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place. Some of these were due to be reviewed. Team roles were defined within the SOPs and team members had read and signed SOPs relevant to their roles. The superintendent pharmacist (SI) had issued the team with guidance for maintaining social distance during the pandemic. This had been stuck on the wall in the dispensary. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided personal protective equipment (PPE). 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. The RP was a locum pharmacist and had not had a risk assessment carried out. The owner had provided antibody tests for all team members. Team members were observed to maintain distance whilst working.

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 discussed with the team as they occurred and following the last inspection these had been recorded in a register. However, this had stopped at the start of the pandemic as the team had been very busy. The RP said that the team would restart recording any mistakes as the volume of business was returning to normal. As a result of a previous discussion about a near miss, pantoprazole and paroxetine had been moved on the shelves to avoid picking errors.

In the event that a dispensing error was reported the RP said that he would investigate it. This would include having a conversation with the person and find out if they had taken any of the incorrect medication and if they had, to find out if they had suffered any side-effects. He would also look to see how the error had occurred and discuss with the team what changes needed to be made. In the event that someone had taken the incorrect medication the RP would also notify their regular doctor. In the past shelf-edges had been labelled with warning stickers. A note would also be made on the person's electronic record so that team members would take more care in the future.

The 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 complaints procedure and also completed an annual patient satisfaction survey. People were referred to the pharmacy owner if they had a complaint. The pharmacy had received positive feedback about the delivery service during the pandemic as they had increased the number of deliveries and the RP said that most medicines had been delivered during this period.

Records for emergency supplies, controlled drug (CD) registers and unlicensed medicines dispensed were well maintained. RP records were generally well maintained, although one of the pharmacists was not routinely signing out of the RP record. This could make it harder for the pharmacy to show who the RP had been if there was a query. Private prescription records did not always have the correct

prescriber details recorded. And this may mean that this information is harder to find out if there was a query. CD running balances were checked. 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.

The pharmacy had an information governance policy in place which the team had read through and signed. Relevant team members who accessed NHS systems had smartcards. The two pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. The RP had read through information booklets when the General Data Protection Regulation had come into place.

The RP had completed level two safeguarding training and verbally briefed the team. The RP said that he had noticed an increasing number of people suffering from dementia as a result of which team members had completed the Dementia Friend training. The RP also communicated with the GP if he noticed that someone was showing signs of dementia or memory loss particularly in relation to the delivery of medicines. The pharmacy did not have details available for the local safeguarding boards and this could result in delays in concerns being escalated. The NHS safeguarding application was discussed with the RP and he gave an assurance that he would look into this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively. Team members are given some ongoing training. But this is not very structured, and they are not given time set aside for training. This could make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a dispenser who had completed her NVQ level 3 training and two trained dispensers who also covered the medicines counter. The owner was also a registered pharmacist and worked part-time at the pharmacy. Another three team members who were not working at the time of the inspection were also either qualified or enrolled on the dispenser training course. The RP said that there were an adequate number of team members when everyone was in. A rota was in place to show who was covering each shift. Team members who worked part-time covered shifts when other colleagues were off sick or on leave.

The MCA 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 some medicines that could be sold over the counter. She was aware that gabapentin was a CD. Changes which had been made to the process of handing out prescriptions during the pandemic included using hand gel before and after handing the medication to people. And only obtaining signatures at the back of the prescriptions when required.

Performance of team members was managed by the owner who held an annual review with each individual. Pay and performance related matters were discussed as well as how team members could improve. Team members were encouraged to show how and where they had made a difference. Team members said that they felt able to discuss any issues or raise concerns with the owner, SI and RP. The RP gave team members feedback as well as providing feedback to the owners. The SI came to visit the pharmacy from time to time to check how the team were doing.

The team did not hold formal meetings but discussed things as they arose. A notebook was also used to record information if people were not in, as well as record any handover notes. This was used less frequently recently as there had been a change in shifts which had resulted in their being an overlap. The dispenser worked all week and was able to pass information on to other pharmacists. The team also used an electronic messaging application to share information.

There was no formal process in place for completing ongoing training. The RP passed on information to team members when medication was reclassified such as from prescription-only to pharmacy-only or general sale list. Team members said that the RP also passed on information from emails or pharmacy literature. The RP also discussed topics that he had covered for his Continuing Professional Development with the team. The team discussed informally any advertising campaigns or when seasons changed to discuss what items needed to be stocked. Team members did not get any regular times set aside for ongoing training. And team members on formal courses completed their training at home and would discuss with the RP any areas that they needed help with. The RP said that most team members

had completed their training. There were no numerical targets set for the services offered.

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

The pharmacy was clean and bright. The dispensary was small, with limited storage and dispensing space. Stock was organised in a tidy manner on the shelves in the dispensary. Another small room was also used to hold additional stock. The retail area was well laid out and presented a professional image. A cleaner came in two times a week to carry out a deep clean. In between, team members cleaned up using an antibacterial spray. Hand sanitiser had also been provided for team members. A sink was available for the preparation of medication. Clear plastic screens had been fitted at the medicines counter and only one person was allowed into the pharmacy at any time.

Since the last inspection the pharmacy had built a new consultation room which was easily accessible from the shop floor. A keypad lock had been fitted and the room was clean and was spacious. The RP said that the consultation room was not used for many consultations. A face shield was kept in the room and used when required.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature in the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are delivered in a safe and effective manner. And people with a range of needs can access the pharmacy's services. The pharmacy takes the right action in response to safety alerts. It gets its medicines from reputable suppliers and manages them appropriately to make sure that they are safe to use.

Inspector's evidence

There was step-free access into the pharmacy and there was an automatic door with space in the shop for the movement of pushchairs and mobility aids. There was also easy access to the counter. Team members would help people if they required assistance. Some of the team members were multilingual or the pharmacist used online translation applications. A delivery service was available for patients unable to attend the pharmacy. Team members knew what services were available and described signposting people to other providers if a service was not offered at the pharmacy. Team members used the internet to locate other services. There was a doctor, dentist, podiatrist and physiotherapist nearby.

The RP felt that the delivery service had the most impact as there were a number of housebound and older people. The delivery driver also kept 'an eye out' on regular people and notified the team if he had any concerns. The pharmacy did not provide many services.

The pharmacy had an established workflow in place. Prescriptions were predominantly received electronically. The majority of the prescriptions received were from the surgery situated around the corner. Colour-coded baskets were used to separate prescriptions and to manage the workflow. There were two people including a pharmacist who were involved as part of the dispensing and checking process. The RP said that it was rare that he had to self-check. In the event that he did self-check he described taking a mental break between dispensing and checking. People who wanted to have their medication supplied in multi-compartment compliance packs were signposted to the pharmacy's sister branch. Dispensed and checked-by boxes were available on labels; these were routinely used by the team.

Team members attached a 'see pharmacist' sticker when a prescription was received for sodium valproate for someone who fell in the at-risk group. The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. Since the last inspection the pharmacy had obtained the relevant warning labels and were aware of when these needed to be used.

Warfarin was kept on separate shelves from the rest of dispensing stock to reduce the risk of errors. The RP said that the number of people who were prescribed warfarin had reduced over time. The RP checked people's yellow book and, on some occasions, made an entry onto the person's electronic record. Methotrexate was only ordered as blister packs rather than loose tablets and the pharmacy did not stock the 10mg strength. The RP said that this was done to reduce the risk of error.

The pharmacy provided a delivery service and during the pandemic had increased the number of delivery rounds to three per day. The number of people who the pharmacy delivered medicines to had increased. Signatures were no longer obtained when medicines were delivered and this was to help

infection control. Drivers also stepped back after ringing the doorbell. In the event that someone was not available medicines were returned to the pharmacy. The pharmacy had used volunteer services to help during the peak of the pandemic.

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. There was one date-expired medicine found on the shelves checked. Team members checked expiry dates as part of the dispensing process and dates were also checked by the RP as part of the final check. Out-of-date and other waste medicines were kept separate 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). Drug recalls were received via email and were also forwarded by the owner.

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 separate tablet counting triangle was used for cytotoxic medicines to avoid contamination. Two medical fridges of adequate size were also available.

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 collected by a waste company.

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.