

Registered pharmacy inspection report

Pharmacy Name: Panchem Pharmacy, 160 St.Marys Lane,
UPMINSTER, Essex, RM14 3BS

Pharmacy reference: 1031440

Type of pharmacy: Community

Date of inspection: 11/04/2019

Pharmacy context

This is an independent pharmacy situated in a parade of shops on a busy main road, next door to a primary school. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to a small number of people. Many local surgeries have recently closed down.

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 safe and effective. The pharmacy manages risks well and keeps people's private information safe. It generally keeps the records it is required to by law. The pharmacy asks its customers and staff for their views. Team members use the procedures in place to safeguard vulnerable people.

Inspector's evidence

Standard operating procedures (SOPs) were in place and were up to date. Members of the team had read SOPs relevant to their roles but had not signed all to say that they had read and understood them, including the SOP for operating in the absence of the responsible pharmacist (RP). Team roles were defined within the SOPs. The RP had implemented a new safeguarding SOP which the team were yet to read.

Near misses were recorded on the patient medication record (PMR) or on a near miss log. The RP said that the folder which was used to hold these had been taken home by the RP. Blank review sheets were available. The RP said that there were not many near misses. The RP said that he completed patient safety reviews on a monthly basis but records of completed reviews were in the folder that had been taken home. In the past, items with similar packaging had been separated on the shelves; this included different strengths of amlodipine, paracetamol, and co-codamol tablets.

The RP said that there had been no reported dispensing incidents. He said that because prescriptions were double and triple checked anything incorrect was picked up before being handed out. In the event that there was an incident the RP would make a record on the dispensing incident template.

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.

Professional Indemnity insurance was in place with the NPA, expiring on 31 December 2019.

The pharmacy had a complaints procedure in place. The pharmacy also completed an annual patient satisfaction survey and had obtained approximately 93% positive feedback in the last survey completed. Past feedback had been in relation to new team members not knowing certain things due to a lack of experience. This had been overcome as they gained more experience.

Records for private prescriptions, emergency supplies, unlicensed specials, RP records and controlled drug (CD) registers were well maintained.

CD balance checks were carried out monthly.

A random check of a CD medicine complied with the balance recorded in the register.

CD patient returns were recorded in a register as they were received.

Assembled prescriptions were stored away from the view of people. An information governance policy was in place which the RP had recently reviewed. Team members had been verbally briefed on confidentiality by the RP and advised to use the consultation room when needed. The RP and locum

pharmacist had their own smartcards and both had access to summary care records; consent was gained verbally and a record was made in the folder.

The RP and locum pharmacist had completed safeguarding level 2 training. Details for the local safeguarding contacts were available. An SOP was in place for safeguarding which had recently been updated.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services provided. They have the appropriate skills, qualifications and training to deliver its services safely.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, (who was also the superintendent pharmacist) and a trained medicines counter assistant (MCA). Other team members who were not present included two part-time trained MCAs and a trainee MCA. A regular locum pharmacist covered the RP's day off.

The RP said that there were enough staff for the services provided. He said that three local surgeries had closed down which had decreased the number of items dispensed and online pharmacies had also taken the trade.

Staff performance was informally managed by the RP on a one to one basis. The RP worked closely with the team and was able to overhear all conversations held on the counter and would intervene where needed as well as giving team members feedback.

The MCA counselled patients on the use of over the counter medicines and asked appropriate questions before recommending treatment. She was also aware of the legal limits and age restrictions on the sale of certain medicines like pseudoephedrine and would always refer to the pharmacist if unsure or for any requests for multiple sales.

The trainee MCA was not present during the inspection. The RP said that she was enrolled on the NPA course and worked through her modules during quiet periods. The RP supported her with any questions and reviewed her training.

The team were briefed on changes verbally by the RP. The last discussion had covered the change in schedule of gabapentin and pregabalin.

No numerical targets were set for the services provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure, and maintained to a level of hygiene appropriate for the pharmacy's services.

Inspector's evidence

The dispensary was clean and organised. The workbenches were kept clear and clutter free. Medicines on the shelves were tidy and organised. There was a clean sink in the dispensary which was used for the preparation of medicines.

The consultation room had a wide door suitable for wheelchair users and was clean and tidy. The door leading in from the shop floor was locked when not in use.

The premises were kept secure from unauthorised access

The room temperature and lighting were adequate for the provision of healthcare.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are generally delivered in a safe and effective manner. The pharmacy obtains medicines from reputable sources, and generally manages them appropriately so that they are safe for people to use. But it does not always give people information leaflets that come with their medicines and does not securely attach backing sheets to people's compliance aids. It does not use some of the safety materials (such as warning stickers) for the supply of valproate. This means that people may not always have the information they need to take their medicines safely.

Inspector's evidence

There was step free access into the pharmacy and easy access to the medicines counter. Team members would assist people who required help. The pharmacy was able to produce large print labels for visually impaired people. The RP was multilingual but the local population mainly spoke English.

The pharmacy's services were advertised on the window and there was a wide range of leaflets in the consultation room and throughout the pharmacy. Team members were aware of the need to signpost people to other providers, e.g. local clinics or pharmacies, if a service was not available at the pharmacy.

The RP felt that all services had an impact on the local population but particularly the MUR service as GPs did not always have time to go over medication with people. So, it allowed the RP to explain what medicines were for and to improve compliance. The RP also used this opportunity to improve inhaler technique and had a range of placebo inhalers available which were used as part of the service.

The majority of prescriptions were received electronically. The RP downloaded all prescriptions first thing in the morning and a team member would then separate them and group together multiple prescriptions for the same person. The RP then dispensed and checked all prescriptions. Once dispensed the RP would leave prescriptions aside, do something else and then recheck the prescription later. The RP said that there was also a large number of walk in prescriptions which were brought in by people working locally.

Dispensed and checked by boxes were available on the labels; these were initialled by the locum pharmacist to help maintain an audit trail. The pharmacy team also used baskets for prescriptions with multiple items to ensure that people's prescriptions were separated and to reduce the risk of errors.

Prescriptions for schedule 3 and 4 controlled drugs were not dispensed until someone presented to collect these. Prescription forms were not filed with the assembled bags. The RP said that these bags were checked every week and any expired prescriptions were removed from the shelves.

The RP said that the pharmacy occasionally dispensed prescriptions for warfarin and people on this were monitored by the clinic. The RP checked with people who regularly used the pharmacy if they had been to the clinic and if everything was fine. Methotrexate was segregated from other medicines.

The RP was aware of the change in guidance for dispensing sodium valproate. Patients who may become pregnant were handed out the information leaflet. The pharmacy had received the 'Prevent pack' but the RP was not aware of the need to use the warning stickers when sodium valproate was not

dispensed in its original pack. The RP had completed the audit for sodium valproate as part of which one or two patients who may become pregnant had been identified. The RP said that they would always check when dispensing sodium valproate to these people.

People were referred for the compliance pack service by their GP. The RP usually prepared four packs at a time but for some people dispensed a tray per week. Prescriptions were ordered a week in advance by the RP and checked against the patient medication record when they were received. Any changes or missing items were queried with the GP. When people were admitted into hospital, the pharmacy got a call from the hospital for a medication history. Following this, when the RP requested a new prescription he asked the surgery to send a prescription with any changes.

Assembled packs observed were labelled with product descriptions and mandatory warnings. Patient information leaflets were not routinely handed out and the backing sheets were loose.

Deliveries were carried out by the RP. Signatures were obtained when people's controlled drugs were delivered. In the event that someone was unavailable, medicines were returned to the pharmacy. The RP usually called people before attempting delivery.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. CDs were kept securely.

Medicines removed from their original packs were seen to be stored on shelves loosely. Medicines were found stored in a brown bottle with no indication of batch numbers or expiry date. This could mean that date expired medicines may be accidentally supplied or the pharmacy may not be able to identify all stock affected by drug recalls or safety alerts. The RP assured that these would not have been used.

Date checking was done randomly by the RP when he got time; he made a record of any short-dated stock and at the point of dispensing checked the date on medicines. No date expired medicines were observed on the shelves sampled.

The pharmacy was compliant with the Falsified Medicines Directive (FMD), the RP said that at the point of dispensing he checked the compatibility of stock which was decommissioned. The system produced a bag label with a barcode which was scanned. The RP said that this introduced a third check.

Out of date and other waste medicines were segregated at the back and then collected by licensed waste collectors.

Drug recalls were received electronically and actioned as appropriate.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services.

Inspector's evidence

Several clean, crown stamped measures were available and amber medicines bottles were capped when stored to keep dust and dirt out. A separate, clearly labelled, tablet counting triangle for cytotoxic drugs was available for use.

A fridge of adequate size and a legally compliant CD cabinet was also available. Medicine destruction bins, destruction kits and sharps bins were available for use and stored appropriately.

Up to date reference sources were available including access to the internet. Confidential waste was shredded. Computers were password protected and faced away from the public.

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.