General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Govani, 64 Station Road, UPMINSTER, Essex, RM14 2TD

Pharmacy reference: 1031441

Type of pharmacy: Community

Date of inspection: 03/12/2019

Pharmacy context

This pharmacy is located on a busy high street, near the local train station. And serves people who live locally. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides an anticoagulant clinic, Medicines Use Reviews, the New Medicine Service and provides flu vaccinations.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy doesn't protect people's personal information properly. And people using the pharmacy can potentially see other people's personal information.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy is cluttered and disorganised in places including the dispensary. And this could increase the risk of dispensing errors.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always keep its medicines securely or in appropriately labelled containers. And it cannot show that it always stores medicines which require refrigeration appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy doesn't always protect people's personal information properly. But otherwise, the pharmacy adequately identifies and manages most of 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. But team members do not always record or review mistakes that happen during the dispensing process. This may mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

Standard Operating Procedures (SOPs) were up to date. However, core dispensing SOPs had not been updated to include additional information following the introduction of the Falsified Medicine Directive (FMD). Team members had read and signed SOPs relevant to their roles. The folder also contained older versions of some SOPs; this could cause confusion as to which SOPs were current and in place.

Near misses had not been recorded since December 2018. The dispenser who prepared multi-compartment compliance packs used an individual book to record some of her own near misses and had made three entries in 2019. A regular review of near misses was also not carried out.

Dispensing incidents were said to be recorded on the electronic patient record system. However, there were no entries observed. As a result of an incident with sertraline and sumatriptan, the responsible pharmacist (RP) had investigated the error, apologised to the person and separated both medicines on the shelves.
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 on the seating area an additional chair was added. Feedback received was generally positive.

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 and controlled drug (CD) registers were well maintained. However, the pharmacy was using the old version of CD registers for some medicines. The RP gave assurances that the old registers would be closed and new, compliant registers started. 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 before they were destroyed. RP records were well maintained but the RP was not recording absences. The RP had not been on the premises at the start of the inspection; however, this was not recorded on the log.

Assembled prescriptions were stored under the medicines counter and were not visible to people using the pharmacy. The pharmacy had an information governance policy in place, and this was reviewed by the superintendent pharmacist (SI). Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was collected in a designated bag and collected by a contractor for destruction. All team members had signed a confidentiality agreement. Team members had also completed The National Pharmacy Association's (NPA) training pack on The General Data Protection Regulation, this had included multiple-choice questions at the end. There was a box containing

dispensed medicines on the shop floor which had a person's private details visible. Peoples' confidential information was also visible to other people using the pharmacy from the dispensary counter situated at the back of the pharmacy which. Some people's personal information was kept in an unlocked area and was potentially accessible.

The RP had completed level two safeguarding training. Other team members had attended a training session held for one of the sexual health services provided which had briefly covered safeguarding. The RP would contact one of the sexual health co-ordinators if there was any issue.

Principle 2 - Staffing ✔ Standards met

Summary findings

Team members have done the right training for their roles. And they feel comfortable about raising any concerns. They are given ongoing training, but they are not given time set aside to complete this. This could make it harder for them to keep their knowledge and skills up to date. The pharmacy has an adequate number of staff to provide its services safely. But it arranges the team member's shifts in a way that there are sometimes not enough staff to always keep its workload up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a second pharmacist (owner), a trained dispenser who worked three days a week and two trained medicines counter assistants (MCA). The second pharmacist usually only worked one morning each week. The dispenser mainly helped with the management of the multi-compartment compliance packs service. The pharmacy had three trainee dispensers who worked part time and also helped in the preparation on the packs. The RP predominantly self-checked all other prescriptions. The RP described how there was usually a rush of people when trains came in, and he added that there were peaks and troughs in how busy it was. Although the anti-coagulant clinic was run on a set day when second pharmacist cover was available, people still had the option to walk-in. On days that the second pharmacist was not working the RP worked on his own in the dispensary and at the same time provided additional services. The pharmacy was generally up to date with its workload at the time of the inspection. But team members described how on days when the second pharmacist was not working they would fall behind with some of the work. But they were able to catch up again when there were more staff present.

As part of the anti-coagulant service the RP also carried out home-visits. These were done on the day that the owner was covering or during the RP's lunch hour.

Staff performance was managed informally. The RP worked closely with the team and provided team members with feedback. As part of the feedback he would talk them through the correct way of doing something and would then observe them and give pointers on how they could improve. The owner also came in and spoke to the team, and issues particularly those relating to pay were discussed with the owners.

Team members asked appropriate questions before recommending treatment and counselled people on the use of their medicines. They were aware of the legal limits and age restrictions on the sale of certain medicines such as pseudoephedrine.

Team members undergoing formal training courses completed their training at home and would come to the RP if they had any questions or were stuck on any areas. The RP encouraged the team to complete ongoing training. In the past team members had completed training on dementia, weight management and training provided by La Roche Posay. Team members were also encouraged to attend Perrigo training sessions. Team members attended training sessions out of their work hours.

Team members also received emails from the owner with information on what was new and seasonal topics (latest had covered influenza). The RP also passed team members leaflets or magazines if it contained information relevant to their roles.

Formal meetings were not held and the team discussed things as they came up. Due to the different shifts that people worked the RP briefed team members as they started their shift. Information was also shared on the electronic messaging application group chat. The RP felt able to share concerns and give suggestions to the owner and SI. Team members would speak to the RP in the first instance but also felt able to share concerns with the owner.

Targets were set for pharmacists for the services provided such as MURs. These were linked to the bonus payment. Targets did not affect the RP's professional judgement.

Principle 3 - Premises **Standards not all met**

Summary findings

Some areas of the pharmacy including the dispensary are untidy and disorganised. And this increases the risk of mistakes being made when dispensing or picking medicines. People can have a conversation with a team member in a private area and the pharmacy's premises themselves are kept secure.

Inspector's evidence

Although there was plenty of bench space, the work benches were cluttered and disorganised at the time of inspection. With the exception of the counter used to prepare multi-compartment compliance packs, the rest of the counters had very little free space for dispensing and checking. Medicines were arranged on shelves in the dispensary, some of these shelves were disorganised with different medicines mixed up. This increased the risk of team members picking the wrong medication. The dispensary fridge was also full and medicines inside were disorganised. Cleaning was carried out by a cleaner once a week. The retail area was generally clean. There was a clean sink in the dispensary.

There were two consultation rooms available. Only the first room was used for providing services and it was kept locked when not in use This room was untidy and disorganised and had unnecessary items inside. The second room was used for storage, and items inside were not kept securely. This room was unlocked and could be accessed from the shop floor.

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 not all met**

Summary findings

The pharmacy does not store all its medicines properly or keep all of them secure. The team members do not regularly record the fridge temperature. This means that they are less able to show that the medicines inside have been kept at the right temperatures and are still safe to use. The pharmacy does not always keep its medicines securely or keep them in appropriately labelled containers. However, the pharmacy otherwise largely manages its services adequately. It gets its stock from reputable sources. 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. But the pharmacy does not always provide people with the information leaflets that come with their medicines. This means that people may not always have all the information they need to take their medicines safely.

Inspector's evidence

There was step-free access in to the pharmacy and a ramp was available. There was easy access to the medicines counter. The pharmacy had the ability to produce large print labels. The pharmacy also stocked a large range of living aids. Services were advertised in the window and there was a small range of information leaflets available for customers. Team members described signposting people to other service providers if a service was not available at the pharmacy. Signposting information was displayed in the dispensary, the RP was familiar with services offered locally as were the team. And the team could also use the internet.

The RP felt that the INR clinic had the most impact on the local population. The RP said that this was due to accessibility and being able to come in when it was convenient for them. He added that the number of people using this service was dropping as people were being swapped to other medicines. The RP would suggest to the owner if there was a need to provide any services, however he would look at the returns and also if he could manage the workload.

Most prescriptions were received by the pharmacy electronically. The pharmacy also received a large number of dental prescriptions as there was a dental clinic nearby. The RP dispensed and checked prescriptions before bagging them and handing them out. As he self-checked predominantly all prescriptions he described double-checking his work and if people tried to ask questions, he asked them to hold on until he had finished. He did not multi-task to avoid the risk of errors. The benefits of taking a mental-break in between dispensing and checking were discussed with the RP.

Dispensed and checked-by boxes were available on labels; these were routinely used by the team. The team also used baskets to keep people's prescriptions separate. Following an inspection at another branch the pharmacy had implemented annotating all CD prescriptions.

The RP had some awareness of the change in guidance for dispensing sodium valproate. However, he was not aware of the need to use the warning stickers. The inspector reminded the RP of the requirements. The pharmacy also did not have any warning cards available. When dispensing other high-risk medicines such as warfarin the RP checked the person's yellow book. Information was added to people's electronic record.

People were initially referred to the anti-coagulant service from Queen's hospital or their previous

pharmacy if they were moving areas. The RP initially contacted people to schedule the first appointment. Warfarin was supplied against a patient group direction. People needed to come in for follow-up appointments depending on how stable their condition was being managed. The maximum duration in between appointments was 84 days and the least was seven. If a reading of higher than eight was obtained the RP carried out a second check and made a direct referral to the urgent care centre. Information was added to the 'INR Star' system.

The multi-compartment compliance pack service was well managed with a clear audit trail of when people were due to receive their medicines. Folders were in place for each day of the week. The dispenser monitored if people collected one week at a time or four weeks at a time. Information was also recorded in a book to double check. Prescriptions were received electronically, marked off and backing sheets were prepared. The dispenser prepared packs which were then checked by the RP. Most prescriptions were received from a nearby surgery who notified the pharmacy via fax of any changes. The dispenser usually spoke to this surgery daily. Confirmed changes were recorded on the person's individual record. People were initiated on the service by their GP, in some cases the pharmacy would make a referral to the GP if they identified someone who would benefit from the service. The pharmacy did not carry out any reviews to see if the service was still appropriate for people over time. In the past a person had requested to be put back on original packs.

Assembled multi-compartment compliance packs seen were labelled with product descriptions and there was an audit trail in place to show who had dispensed and checked the packs. Mandatory warnings which would give people more information on taking their medicines were missing. Information leaflets were supplied occasionally. Backing sheets were also placed loosely in the tray. There was a risk that these could be lost or misplaced. The dispenser said that she would start sticking these down.

Deliveries were carried out by a driver. Signatures were obtained when CD's were delivered. In the event that someone was unavailable medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded for the fridge in the dispensary; these were observed to be within the required range for the storage of medicines. The temperature for the fridge in the basement which was used to store insulin was not monitored and team members could not demonstrate that the medicines had been consistently stored at the right temperature. Medicines were found to be stored on the shelves in mixed batches. Some of the blisters found within some of the original packs had no indication of expiry date or batch numbers. This could mean that medicines could be missed in the event that there was a drug recall. A number of medicines were also found to be stored loose in the original box where the tablets or capsules had been removed from their blisters. This exposed the medicines to air, moisture and contaminants. Some dispensed medicines were found in an unsecured location, and they were potentially accessible to people using the pharmacy.

There was no set interval for carrying out expiry-date checks. Checks were generally carried out when it was quiet by the dispenser or dispenser trainees. The date-checking matrix had last been updated in July 2017. The RP checked expiry dates as part of his final check. There were no date-expired medicines found on the shelves checked. 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). However, this was not used. The RP had attended a webinar on FMD but was unsure as to how to incorporate this as part of the workflow. SOPs had not incorporated FMD.

Drug recalls were received via email or from wholesalers. The RP forwarded information of recalls to team members via the team's electronic group chat. The last actioned recalls had been for paracetamol and Emerade.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was mainly clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines to avoid contamination. An electronic tablet counter was available, this had a function to self-calibrate. A fridge of adequate size was available. A second larger fridge in the basement was used to store insulins.

A blood pressure monitor was available, this was fairly new. The pharmacist did not carry out internal control checks on the CoaguCheck XS monitor which was used for the anticoagulant clinic, however, quarterly external checks were done. The pharmacist agreed to look through the Service Level Agreement and see what the requirements were. The dispensary fridge was small and full of stock which was stored in a disorganised manner.

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 contractor for destruction.

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.