

# Registered pharmacy inspection report

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

**Pharmacy reference:** 1031441

**Type of pharmacy:** Community

**Date of inspection:** 14/09/2020

## 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. The pharmacy was inspected 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services to help provide them safely. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

### Inspector's evidence

The pharmacy kept some records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (error logs). There was a near miss book for the assembly of multi-compartment compliance packs and this was correctly filled in. The last recorded near miss for the main dispensary was in December 2018. The pharmacist routinely checked his own dispensing after taking a mental break. . When near misses were spotted in the final accuracy check, the team member responsible was sometimes given the opportunity to discern what was wrong and make the necessary changes themselves. The pharmacist did not give any examples of changes made after a near miss or any patterns identified.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present. The pharmacy had current professional indemnity insurance. People were encouraged to complete an annual satisfaction survey to provide feedback on the pharmacy

The pharmacy had a range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs). There was evidence that members of staff had read and signed SOPs relevant to their roles. The folder did not contain procedures around some of the key processes in the pharmacy such as the assembly of multi-compartment compliance packs and checks related to high-risk medicines. It also contained older versions of some SOPs and this could cause confusion. There was no formal SOP present for operating in a pandemic but guidance had been given about washing hands and the use of personal protective equipment (PPE). The pharmacist said that he would review the content and scope of the SOPs. The pharmacy had not yet carried out Covid-19 related risk assessments for each member of staff and the pharmacist said that he would do this as a matter of urgency.

The records examined were maintained in accordance with legal and professional requirements. This included the private prescription register (for private prescriptions and emergency supplies). The CD registers were appropriately maintained. There were several historic register inserts present which the pharmacist said he would remove and archive. CD balance checks were done each week. There was also a book where patient-returned CDs were recorded.

Assembled prescriptions were stored under the medicines counter and were not visible to people using the pharmacy. The pharmacy had an information governance policy, 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 placed into 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 (NPA) training pack on The General Data Protection Regulation, and this had included multiple-choice questions at the end.

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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. They do the right training for their roles and have a good understanding about their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have appraisals to identify any opportunities for development or learning.

### Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a trained dispenser who worked three days a week, a part-time trainee dispenser and six part-time trained medicines counter assistants (MCA). The dispenser mainly helped with the management of the multi-compartment compliance packs service. The RP predominantly dispensed and self-checked all other prescriptions. Staffing had been arranged using split-shifts to minimise the risk of Covid transmission during the pandemic. The pharmacy also employed a cleaner and a delivery driver. The RP described how there were peaks and troughs in how busy it was. The anticoagulant clinic was run daily according to demand. The pharmacy team was up to date with dispensing prescriptions and other routine tasks.

All the staff had annual appraisals organised by the HR department which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. 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, but this had decreased during the pandemic. The pharmacist was keen to restart ongoing learning for team members and said that the review of the SOPs would be an ideal opportunity for staff to become involved in shaping the way the pharmacy operated.

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 Medicines Use Reviews. These were linked to the bonus payment. Targets did not affect the RP's professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy had laminated floors throughout the shop area (with carpet in the consultation room), laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature. There were plastic screens fitted on the pharmacy counter. The pharmacy premises were kept secure from unauthorised access.

There were two clean, bright and well-maintained consultation rooms with hand washing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The first room was used for the storage of medicines and assembled multi-compartment compliance packs and was kept locked. The second room was used for the provision of services and was kept locked when not in use. The pharmacist sprayed the room with antiseptic spray before each use and maintained a two-metre distance when holding conversation in there. People using the consultation room had their temperature checked using an infrared thermometer.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely and effectively. It gets its medicines from reputable suppliers and largely stores them properly. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed appropriately. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use.

### Inspector's evidence

The pharmacy was accessed via a wide door with a shallow ramp. The pharmacy could generate large-print labels on request and also stocked a range of living aids. Services were advertised in the window and there was a range of leaflets available for customers. During the pandemic the number of customers allowed in the pharmacy at any one time was restricted to two.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was generally stored in a neat and tidy manner in the dispensary. There were a few containers of medicines which contained stock from more than one batch number, and this could make it harder to identify expired tablets. The pharmacist said that these would be removed. Stock was date checked and there were records to support this. The pharmacy kept medicines requiring cold storage in two pharmaceutical fridges. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. The pharmacy staff were aware of the Falsified Medicines Directive and had hardware in place to comply with this, but it had not yet been activated. The pharmacist said he would investigate this.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood tests related to these medicines. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were sometimes recorded on the patient medication record (PMR). The pharmacy team members were aware of the risks associated with dispensing valproate-containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all the people they had dispensed valproate containing medication for and issued the published support materials. The RP felt that the INR clinic had a beneficial 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 reducing as people were being swapped to other medicines which did not require such rigorous monitoring. The pharmacists had undertaken anaphylaxis training.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. The packs were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. The pharmacy routinely supplied patient information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had

record sheets to record any changes to medication in the packs and to help with effective team communication. The person's GP requested when people should receive their medication in compliance packs. Mandatory warnings which would give people required information on taking their medicine were missing. The pharmacist said that he would talk to the software provider to ask if these could be automatically added to the sheets within the packs and confirmed a couple of days after the inspection that this had been successfully done. Packs were sometimes left unsealed until they had been checked by the pharmacist and this could increase the risk of mistakes. The pharmacist said that this process would be reviewed while implementing an SOP for this activity.

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered. Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it well. The pharmacy uses its equipment to help protect people's personal information.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for certain liquids), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. The Coagu-chek meter was subject to external quality control checks and additional occasional internal checks with a control solution. The blood pressure monitor was not in routine use. The team used appropriate PPE to reduce the risk of Covid transmission.

Fire extinguishers were serviced under an annual contract although due to the pandemic the latest checks were slightly overdue. Electrical equipment largely appeared to be in good working order and had been safety tested. One electrical lead was still in use despite failing the safety testing but this was replaced as soon as it was pointed out during the inspection. Sensitive records were stored securely in the locked consultation room and the patient medication record was password protected. Confidential waste was disposed of using bags for secure disposal offsite.

### 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.