General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Macol Ltd., 696/702 Chigwell Road, Woodford Bridge, WOODFORD GREEN, Essex, IG8 8AL

Pharmacy reference: 1031455

Type of pharmacy: Community

Date of inspection: 28/01/2020

Pharmacy context

This pharmacy is in a parade of shops in a residential area. The signage at the front of the shop is for 'Hamlets' and the pharmacy is also known locally as Bridge pharmacy. A nail bar is situated in the pharmacy and a private GP practice and spa is situated upstairs. The pharmacy dispenses NHS prescriptions and offers a number of sexual health services including chlamydia testing and treatment. It supplies medicines in multi-compartment compliance packs to a number of people to help them take their medicines safely.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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

Overall, the pharmacy largely manages 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 protect people's private information. And they know how to safeguard vulnerable people. When things go wrong, the pharmacy team responds well. But the team members always don't record all the mistakes picked up during the dispensing process. So, they may be missing opportunities to learn.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which had been read and signed by team members. The dates of when the reviews had been carried out had not been annotated on the SOPs. This could make it harder for team members to know if the SOPs had been reviewed and were up to date. Although at the previous inspection team members had confirmed that these had been put into place in 2018 following a review. Team roles were listed on individual SOPs. The core dispensing SOPs did not incorporate the Falsified Medicines Directive (FMD).

In the event that a near miss was identified, the responsible pharmacist (RP) said that he would find out what had caused the mistake and brief the team including the team member who had made the mistake. This would then be recorded in a near miss log book. Records made in the book showed that there had been no recorded entries made since October 2019. Team members said that there had been near misses in between then and the inspection. The RP had briefed the team on 'look-alike sound-alike' (LASA) medicines and advised the team to separate medicines on shelves when these were identified.

In the event that a dispensing incident was reported the RP said that he would investigate, check if the person had taken the incorrect medication, inform the team and report the incident. The RP had not had to report an incident so was unsure of where this would need to be recorded. He said that he would also notify the superintendent pharmacist (SI) and the person's GP if needed.

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 complaint procedure and also completed an annual patient satisfaction survey. People were able to complain to the RP or to the SI. As a result of feedback, the stock holding in the retail area had been changed.

Records for unlicensed medicines supplied were well maintained. Private prescription records did not always have the correct date on the prescription recorded and emergency supply records did not always have the nature of the emergency recorded. RP records were largely well maintained but the pharmacist had signed out ahead of time on the day of the inspection. Controlled drug (CD) registers were generally well maintained but some registers were loose sheets. The RP said that she would ensure these were stapled together. CD running balance checks were carried out regularly. 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.

Assembled prescriptions were stored in the dispensary. An information governance policy in place, and

colleagues had read and signed the SOP for confidentiality. Pharmacists had access to Summary Care Records and gained consent from people verbally to access these. Team members who needed to access systems had smartcards. A team member's smartcard was being used despite them not being present. This was discussed with the RP.

The RP, other pharmacists and pre-registration trainee had completed the level 2 safeguarding training and were aware of where to locate the contact details for the local safeguarding boards. The RP was unaware if the team had done any formal safeguarding training. Team members said that they would speak to the RP if they had any concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members for its services. And they undertake the right training for the jobs that they do. They work closely together and share information with each other to ensure services are provided safely. They undertake some ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, a pre-reg and a trained dispenser. The counter staff were away on the day of the inspection, and the dispensary team members were covering the counter. The RP said that there were enough staff. The team were trained, competent and knew what they were doing which helped to manage the workflow. The SI was the pre-reg's tutor and worked at the pharmacy four days a week.

Staff performance was managed by the SI who held an annual review with each team member. The pharmacists also provided team members with feedback.

The pre-reg counselled patients on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was enrolled on the 'Propharmace' training programme and attended external training days once a month. In addition to this she was also given set-aside training time in the pharmacy. She was well supported by her tutor and colleagues and felt able to give feedback and raise concerns.

Team members said that there was no formal procedure in place for ongoing training. The SI and RPs trained the team if there were any new changes and asked team members to attend external training courses. The SI and RP were due to attend a training session and would brief the team after they had completed the training. The team received training material from suppliers for new over-the-counter products which they read through and were given additional information about them by the pharmacists.

As the team was small, there were no formal meetings and things were discussed as they came up. The RP communicated with the SI via telephone. Team members said that the SI was receptive to suggestions and feedback.

Targets were in place for services offered including MUR and NMS. The SI checked with the RP if services were being provided. The RP said that targets did not affect his professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are mostly clean. People can have a conversation with a team member in a private area. But the pharmacy could do more to make sure that it keeps all areas tidy and free from clutter.

Inspector's evidence

The pharmacy was modern, bright and spacious. The walk-in dispensary was largely clean at the time of inspection, work bench space was limited in the main dispensary area and an adjoining room was used to prepare multi-compartment compliance packs. This room had additional storage and bench space. The room was cluttered and untidy. Medicines were arranged on shelves in a tidy and organised manner. Some baskets with medicines that had been dispensed were stored on the floor next to the shelves that were used to store medicines. So, there could be a chance that medicines could fall in to the baskets from the shelves and be inadvertently supplied to people. There was a clean sink in the back room which was used for the preparation of medicines.

The consultation room was not signposted. The room contained a couch and stools. There was no confidential information or any medicines stored in the room. The room was used to store show material and stands and appeared cluttered and untidy. The pharmacy also had an area on the shop floor used by nail technicians. The nail technicians did not have access to the pharmacy when it was closed. The SI confirmed that the technicians had read and signed a confidentiality agreement.

The technicians did not access the dispensary and used the toilets upstairs. People using the sexual health services were provided with the test kits which were taken away and needed to send off samples directly to be tested.

The premises were kept secure from unauthorised access when the pharmacy was closed. The room temperature was appropriate for the for the provision of pharmacy services. And lighting was good throughout the pharmacy. Air conditioning was available to help regulate the temperature.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy largely delivers its services in a safe and effective manner. It obtains its medicines from reputable sources. And it manages them appropriately so that they are safe for people to use. 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. The pharmacy does not always keep its medicines in appropriately labelled containers. And this could make it harder for the pharmacy to date-check these medicines or to respond to safety alerts properly.

Inspector's evidence

The pharmacy was easily accessible and had a step-free, wide front entrance. There was easy access to the medicines counter. The team members said that there were a number of elderly people using the pharmacy and they would assist them if they needed help. There was a seating area at the front for people waiting for their prescriptions. The pharmacy had some medicine packs with braille and had the ability to produce large print dispensing labels. The team were multilingual, speaking a range of South-Asian languages and Romanian. The team also used translation applications were necessary if people did not speak English. A private GP practice was situated upstairs and was accessible through the pharmacy or via a separate side entrance. The practice was registered with the Care Quality Commission.

A list of the services provided by the pharmacy was displayed in the window of the pharmacy. Team members were aware of the need to signpost people to other providers. Team members used the internet to find other services if they were not familiar with the details.

The RP said that the Medicines use reviews (MUR) and the sexual health services had the most impact on the local population as there was a large uptake of these services and a lot of people were asking for this. There was a large demand for the sexual health services particularly emergency hormonal contraception (EHC) and chlamydia testing. The MUR service was also useful as some people were not aware of the side-effects of their medicines and the pharmacists used the opportunity to educate them.

Services were offered on a walk-in basis. Some people called up and were advised of when to come in. For the chlamydia testing service, the person needed to meet the criteria and complete a form. A urine sample had to be provided which the patient took at home then sent off for testing.

Most prescriptions were received by the pharmacy electronically and were part of a repeat prescription service. The team had a reminder list of whose prescriptions need to be ordered. A log was used to audit when prescriptions were due back and received. When the prescription was received electronically it was labelled on the same day and the stock was ordered. Team members made specific notes for some people to call them when their prescriptions were ready. All prescriptions were printed and labelled at the same time. Team members notified people if something was out of stock. Dispensing was usually done by the pre-reg or dispenser. The RP occasionally self-checked and described taking a mental break between dispensing and checking.

Dispensed and checked-by boxes were available on labels; these were not always initialled by team members when they were dispensing or checking. This could make it harder for the pharmacy to show who had done these tasks if there was a query. The pharmacy team used baskets to ensure that

people's prescriptions were separated, to reduce the risk of errors.

When the pharmacy received a prescription for high-risk medicines such as warfarin or lithium, the RP asked the person for their treatment book and provided them with counselling. The INR levels were checked but not recorded. The RP was aware of the change in guidance for dispensing sodium valproate and the Pregnancy Prevention Programme. He was aware of the need to use the warning stickers for valproate but needed to order these in.

People who were supplied their medicines in compliance packs were organised into weeks. The pharmacy ordered prescriptions a week in advance from the surgery. Each person on the service had an individual record which listed all the medicines they were taking. This was used to compare against the prescription when it was received. The dispenser called the surgery if there were any missing or new items after which a record was made on the person's electronic record and on the individual record sheet. Packs were prepared by the dispenser after the pharmacist had checked the medicines which had been picked. The dispenser said she sealed the packs if there were a small number of tablets in each compartment; if this was not the case the packs were left unsealed for a short time until the pharmacist checked them. In the event that someone was admitted into hospital the pharmacy team were called by the hospital and waited until the person's discharge information was received before new packs were prepared.

Assembled packs observed were labelled with mandatory warnings and product descriptions. There was no audit trail to show who had prepared and checked the packs. And this could make it harder for the pharmacy to show who had done these tasks if there was a query. Patient information leaflets were supplied on a monthly basis.

Deliveries were carried out by a designated driver two days a week. The driver obtained signatures on the prescription forms from people when their CD medication was successfully delivered. Taking the prescriptions on deliveries could increase the chance that these could become misplaced. In the event that someone was unavailable, medicines were returned to the pharmacy.

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

A small number of medicines were seen to be stored on shelves in loose blisters out of their original packs. In the area used to prepare compliance packs, medicines were found stored in brown bottles. Some of these had no labels and another had no indication of batch number or expiry date. This could make it harder for the pharmacy to date-check these medicines or respond to safety alerts appropriately. The RP gave an assurance that these would not be used.

Date checking was completed every six months. Short-dated stock was logged and marked with a black dot. No date-expired medicines were observed on the shelves checked. A date-checking matrix was in place. Out-of-date and other waste medicines were segregated at the back of the pharmacy away from stock and then collected by licensed waste collectors.

The pharmacy had the equipment and software in place for the Falsified Medicines Directive (FMD). But they had not yet started using this. The SI gave an assurance that the pharmacy was due to start using the system later that week.

Drug recalls were received via emails, these could be accessed by all team members. Alerts were printed and stored in a folder in the dispensary. The last actioned alert was for Ranitidine.

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

Several calibrated glass measures were available and clearly marked for use with methadone or antibiotics. Tablet triangles were available. A separate counter for use with cytotoxic medicines was available to avoid cross-contamination.

A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet. The computers were password protected and most members of staff had individual smartcards to access the PMR system. Confidential waste was shredded.

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.