

# Registered pharmacy inspection report

**Pharmacy Name:** Globe Pharmacy (Chiswell), 196 Watford Road,  
Chiswell Green, ST. ALBANS, Hertfordshire, AL2 3EB

**Pharmacy reference:** 1032348

**Type of pharmacy:** Community

**Date of inspection:** 02/03/2023

## Pharmacy context

The pharmacy is in a residential area of St Albans in Hertfordshire. The pharmacy dispenses NHS and private prescriptions and provides health advice. Services provided by the pharmacy include Community Pharmacist Consultation Service (CPCS), delivery, discharge medicines service (DMS), new medicines service (NMS), and flu vaccination service. The pharmacy supplies medicines in multi-compartment compliance aids for people who have difficulty managing their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	Some team members have not been enrolled onto accredited training courses which are relevant to their roles and in line with GPhC minimum training requirements
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not manage all its medicines adequately. It doesn't keep some of its medicines in the original manufacturer's packs and remove date-expired medicines from dispensing stock. Sometimes the pharmacy does not record the fridge temperatures. The pharmacy does not always record the actions taken when it receives a concern about a product. So it may not be able to show its medicines are safe to use.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy's working practices are safe and effective. It has adequate standard operating procedures in place to manage risks and make sure its team members work safely. But these are due for review and may not reflect current best practice. The pharmacy team members satisfactorily record their mistakes while dispensing medicines to learn from them and help stop the same mistake happening again. The team members do mark dispensing labels but do not always initial them clearly so they can easily show who completed each step of the process if there is a query. The pharmacy mostly keeps the records it needs to by law. So it can show the pharmacy is generally providing safe services. Members of the pharmacy team protect people's private information, and the pharmacist is appropriately trained in how to safeguard the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chances of them happening again. They recorded details of the mistakes and the responsible pharmacist (RP) completed a patient safety review (PSR). The RP explained that medicines involved in incidents, or were similar in some way, such as amlodipine and amitriptyline, were generally separated from each other in the dispensary. The dispensary bench was a bit cluttered in places and limited the available workspace which could be a risk to the safe provision of some of the pharmacy's services. The RP described the process for reporting incidents via the National Pharmacy Association (NPA) which fed into the NHS 'learning from patient safety events' service. The process included reporting the incident to the person's doctor, adding a note to the patient medication record (PMR) and explaining the actions taken to the patient.

The pharmacy had standard operating procedures (SOPs) for most of the services it provided and included a complaints procedure and RP SOPs. These were due for review and for members of the pharmacy team members to read and sign the updated SOPs relevant to their roles. And help make sure they know how to work safely. A member of the pharmacy team described the over-the-counter (OTC) medicines sales protocol and knew when to seek help. She explained that they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist. The pharmacy's controlled drug (CD) SOP stated that the CDs should be balance checked more frequently than they actually were.

The pharmacy had risk-assessed the impact of COVID-19 upon its services and the people who used the pharmacy. The COVID-19 risk assessment and the COVID-19 SOP were filed together. Members of the team wore face masks and there was a screen at the counter to help reduce the risks associated with the virus. And they washed their hands regularly and used hand sanitising gel.

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help organise their workload. They referred to prescriptions when labelling and picking products. The RP usually generated dispensing labels and checked interactions which the pharmacy computer identified between medicines prescribed for the same

person. Assembled prescriptions were not handed out until they were checked by the RP. The RP explained an intervention which he had made and recorded for someone over 55 years old taking anti-inflammatory medicines. Dispensing labels were marked to show the prescription had been checked. But initialling the labels would help make a clearer audit trail of who dispensed, checked and gave out the medicines. There was a process for dealing with outstanding medicines which were owed to people.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy displayed a notice that told people who the RP was and it kept a record to show which pharmacist was the RP and when. People could leave feedback about the pharmacy which was, generally verbal, and the RP tried to connect with people who had left feedback which was not positive. The pharmacy had an electronic CD register which had restricted access to designated people. And a random check of the actual stock of a CD matched the recorded amount in the CD register. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. The pharmacy recorded the private prescriptions it supplied. And these generally were in order.

The pharmacy was registered with the Information Commissioner's Office (it had a Data Protection Registration Certificate). The privacy notice needed to be re-printed telling people how their personal information was gathered, used and shared by the pharmacy and its team members. They tried to make sure people's personal information could not be seen by other people and was disposed of securely. The pharmacy was using an NHS card of a staff member who was not working at that time, so the card was replaced. The RP had completed a safeguarding level 3 training course. Members of the pharmacy team would make the RP aware if they had concerns about the safety of a child or a vulnerable person. The RP was signposted to the NHS safeguarding App.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy's team members work well together managing their workload. The pharmacy supports them in completing ongoing training and gives them protected learning time. But some team members have not yet been enrolled onto courses which are relevant to their roles. Members of the team are able to raise concerns.

### Inspector's evidence

The pharmacy team consisted of the RP, four part-time dispensing assistants, and a part-time delivery driver. The pharmacy relied upon its team to cover absences and the RP could call on a family member to cover staff absence if needed. The RP was supported at the time of the inspection by two team members. The RP explained that some members of the pharmacy team had not yet undertaken accredited training relevant to their roles. The RP was signposted to GPhC requirements for education and training for pharmacy support staff (Oct 2020). And the GPhC Knowledge Hub.

The pharmacy team members worked well together serving people and processing their prescriptions. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had an OTC sales and self-care SOP for the team to follow. This described the questions the team needed to ask people when making OTC recommendations. During the visit, one of the pharmacy team identified 'P' medicines liable to misuse and when to refer these requests to a pharmacist was discussed.

The RP had continuing professional development (CPD) records and was able to show that he had most recently completed safeguarding training which was one of the competencies required to deliver the flu vaccination service. The team members had their own log-in to undertake pharmacy quality scheme (PQS) training via elearning for healthcare (eLfh healthcare) support staff. Team members had protected learning time to study in the consultation room and topics included domestic abuse prevention and cancer awareness. The RP explained that he would speak to a staff member if he was not happy with their performance ongoing rather than at set intervals. The RP had a team meeting to prepare for changes in the pharmacy such as preparation to set up the flu vaccination service. The pharmacy team could raise a concern with the superintendent pharmacist if they had one.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are bright, secure and suitable for the provision of healthcare services. The pharmacy prevents people accessing its premises when it is closed so its medicines stock is safe, and people's private information is protected.

### Inspector's evidence

The registered pharmacy premises were bright and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy had a retail area, a counter, and a small dispensary. It had a consultation room where people could have a private conversation with a team member. The dispensary had limited workspace and storage available. So, worksurfaces in the dispensary could become cluttered when the pharmacy was busy. The pharmacy had a sink and potable water. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not manage all its medicines adequately. It doesn't keep all of its medicines in the original manufacturer's packs so some stock packs contain medicines from different manufacturers and batches with different expiry dates. This means it may miss them when checking stock in response to an alert or when date-checking stock. The pharmacy does not always remove date-expired medicines from dispensing stock and sometimes the fridge temperatures are not recorded. The pharmacy does not always record the actions taken when it receives a concern about a product. So it may not be able to show its medicines are safe to use. The pharmacy team members make sure people with different needs can easily access the available services. They give advice to people about where they can get other support. The pharmacy obtains its medicines from reputable suppliers and stores them securely. The pharmacy team members make sure people who are supplied medicines in multi-compartment compliance aids have the information they need to use their medicines safely.

### Inspector's evidence

The pharmacy's entrance was not level with the outside pavement. This made it harder for someone who used a wheelchair, to enter the building. But the pharmacy team went to the entrance to help make sure these people could use the pharmacy services. The pharmacy had a notice that told people when it was open. And another notice restricting numbers of people in the pharmacy during lockdown.

Members of the pharmacy team were helpful and could speak or understand other languages such as Creole, to help people whose first language was not English. They were able to print large font labels which some people found easier to read. And they signposted people to another provider if a service was not available at the pharmacy. The pharmacy provided a delivery service to people who could not attend its premises in person. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person.

The pharmacy team members used disposable packs for people who received their medicines in compliance aids, and they managed re-ordering of prescriptions according to a matrix on behalf of these people. They compared prescriptions with what had been issued previously for changes in medication. And checked whether a medicine was suitable to be re-packaged. The pharmacy provided a brief description identifying each medicine contained within the compliance aids. And it provided patient information leaflets (PILs). So, people had the information they needed to make sure they took their medicines safely.

The pharmacy received referrals from NHS 111 for the CPCS on PharmOutcomes. The RP provided the new medicines service and followed up the first consultation by telephone to help people get the most from new medicines they had been prescribed. The RP had provided the seasonal flu vaccination service via patient group direction (PGD). He had completed a risk assessment form identifying and managing risks when providing the service such as cleaning to control infection. And the RP kept records for each vaccine to be injected, checked people had no flu-like symptoms and which arm they

preferred to be injected. Then the RP administered the vaccine and gave the person a PIL for the vaccine. Used sharps were disposed of safely in the sharps bin.

Members of the pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting or if other items needed to be added. They highlighted prescription bags containing CDs to remind members of the team to check that the prescription was still valid before giving the CD to the person collecting it. And it was not more than 28 days since the date the prescription was issued. The RP was aware of the valproate pregnancy prevention programme (PPP). And the RP knew that girls or women in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer's packaging but there were some loose tablets in containers and manufacturer's packs which contained mixed strips of tablets which were all the same medicine but made by different manufacturers. The dispensary bench was untidy in places. Some expired medicines were found on the shelves amongst in-date stock. These were removed during the inspection. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. There were gaps in the records, but the RP demonstrated how the thermometer operated and the 'hi' and 'lo' temperatures were seen to be within range. The pharmacy stored its CDs securely in line with safe custody requirements. Obsolete medicines, such as unwanted medicines people had returned, were kept separate from stock in pharmaceutical waste containers. These were in the lavatory due to limited space in the dispensary and were removed by the contractor every three months. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took but records were not seen to show actions taken when the pharmacy received a concern about a product.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately and keeps people's private information safe.

### Inspector's evidence

The pharmacy had hand sanitisers for people to use. And team members had the personal protective equipment they needed. The pharmacy had measures for use with liquids. The pharmacy team had access to up-to-date reference sources for information and guidance. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team members regularly checked the maximum and minimum temperatures of the refrigerator. But they did not always record these. The pharmacy team members disposed of confidential waste appropriately. The pharmacy restricted access to its computers and patient medication record system. So authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. Ensuring the team members' NHS smartcards were stored securely when they were not in use was discussed.

### 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.