

# Registered pharmacy inspection report

**Pharmacy Name:** Regal Pharmacy, 48-50 Chatsworth Road, Clapton,  
LONDON, E5 0LP

**Pharmacy reference:** 1040041

**Type of pharmacy:** Community

**Date of inspection:** 24/04/2024

## Pharmacy context

This pharmacy is located on a busy main road and serves a mixed local population. It is open Monday to Saturday. The pharmacy's main activity is dispensing NHS prescriptions. It also offers other services such as the NHS Pharmacy First scheme, substance misuse treatment, and multi-compartment compliance packs to people who need help managing their medicines.

## 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 adequately manages the risks associated with its services. And it largely keeps the records it needs to by law, so it can show that supplies are made safely and legally. People who use the pharmacy can provide feedback. And team members are provided with some training about data protection to make sure they protect people's personal information. Team members generally respond appropriately when mistakes happen during the dispensing process. But the pharmacy does not always keep a record of mistakes. So it may be missing on opportunities to learn from them.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were held electronically and were accessible to all team members. But some of the SOPs had not been reviewed since 2017 and had not been updated to take into consideration some changes, for example, how to report dispensing mistakes. The pharmacy manager said that he was in the process of updating the SOPs. There was some evidence that the SOPs were not always followed. For example, team members were not using the near miss log to record dispensing mistakes identified before the medicine was handed to a person (known as near misses). The pharmacy manager said that near misses were recorded electronically on the patient medication record (PMR) but could not show any examples. They agreed that near misses were not always recorded but said that they were discussed with all team members, and not just the person involved in making the mistake. The pharmacy manager said that they would create a new system to record near misses and make sure they were reviewed to identify any patterns. They described some changes made in response to dispensing mistakes, such as placing shelf-end stickers to highlight medicines that looked and sounded alike. Dispensing mistakes which had reached a person (known as dispensing errors), were also recorded on the person's PMR, which meant that team members had to remember the person's details to access the records.

The correct responsible pharmacist (RP) sign was displayed. Team members understood their roles and responsibilities. RP and emergency supply records were kept in order. Samples of the private prescription record did not always include the correct prescriber details or the date on which the prescription was written. The pharmacy had current indemnity insurance cover. Controlled drug (CD) registers were maintained in accordance with requirements. Random stock checks of two CDs agreed with the recorded balance.

People were able to give feedback or raise concerns verbally or by leaving reviews online. The pharmacy had received over 40 five-star reviews online.

The pharmacy manager said that team meetings were held every few months to reinforce team members' understanding about confidentiality. They said that all members of the team had completed training on data protection, but certificates or training records were not available. Confidential waste was shredded at the pharmacy. Computers were password protected and smartcards were used to access the pharmacy's electronic records.

Some members of the team had completed safeguarding training with City and Hackney Council, whilst others had been provided with some basic training about the subject. Team members said they would raise concerns to the pharmacist. The contact details of the local safeguarding board were not kept in

the dispensary. The pharmacy manager said that they would provide more formalised safeguarding training and make sure that the relevant contact details were accessible to the team.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to help manage its workload. Team members feel comfortable about raising concerns and they have access to some ongoing training. But the pharmacy does not always ensure that team members start relevant accredited training in a timely manner.

### Inspector's evidence

During the inspection there was a locum pharmacist, a pharmacy manager, two trainee pharmacy technicians, one qualified medicine counter assistant (MCA), one trainee MCA and an assistant, who was an overseas pharmacist. The regular pharmacist was on leave at the time. The assistant had been working at the pharmacy for two years and was involved in selling pharmacy-only medicines (P-medicines). They had not been enrolled onto an accredited course. Following the inspection, the pharmacy sent evidence to confirm that the assistant had been enrolled onto an appropriate course.

The pharmacy team felt that staffing levels were appropriate for the services provided. Team members worked well together and had good rapport with their customers. Team meetings were held once a month to discuss any issues, changes, and training needs. Members of the team had annual appraisals with the pharmacy manager and said that they were happy to raise concerns or give feedback to the manager. Targets were not set for the team.

Team members had access to leaflets and booklets, and sometimes completed online training, for example on the NHS Come Correct service. But training records were generally not maintained. The trainee MCA described instances of referring to the pharmacist and sharing information with the rest of the team, for example, to prevent the inappropriate supply of medicines which were open to abuse. The trainee dispenser said that they completed their training modules at home but had opportunities to ask questions and discuss their progress with the pharmacist on an ongoing basis. They felt they had the right support to complete their training.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure, clean, and suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using its services

### Inspector's evidence

This was a spacious pharmacy. Fixtures and fittings were generally well maintained. The medicines counter and dispensary were located towards the back of the premises. The dispensary had sufficient work and storage space. An office space and two spacious consultation rooms were located to one side of the dispensary. The consultation rooms were also used by a chiropodist and an osteopath at times. Confidential information was not stored inside the rooms. Another room, used for storage and dispensing, and a staff room were located to the other side of the dispensary. The storage and dispensing room was used to assemble and store multi-compartment compliance packs.

The cleaning was shared by the team as well as a cleaner, who attended once a week. Screens were fitted at the medicines counter and dispensary. A hatch was fitted at one end of the dispensary, and this provided more privacy to people collecting certain medicines. The pharmacy had adequate lighting, and the ambient temperature was suitable for storing medicines. It was secured from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

People can access the pharmacy's services. The pharmacy generally provides its services in a safe way. It orders its medicines from reputable sources and largely manages them properly. But it does not routinely highlight prescriptions for higher-risk medicines, so it may be missing out on opportunities to provide additional counselling.

### Inspector's evidence

A wide ramp was fitted at the main entrance allowing for step-free access into the pharmacy. The pharmacy was fitted with an automatic door and there was sufficient space in the retail area which assisted people with restricted mobility or using wheelchairs. Some services were promoted in the window and via a television monitor fitted at the medicines counter.

Dispensing audit trails were maintained to help identify who was involved in dispensing and checking a prescription. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines. Baskets were used throughout the dispensing process to help prevent the mixing of people's prescriptions.

The pharmacy had recently started the NHS Pharmacy First service. People were asked to complete a slip with details of their referral. The pharmacist then conducted a face-to-face consultation and followed the flow chart provided when deciding on the treatment. The pharmacist said that some medicine supplies had been made though these were mainly over-the-counter medicines. The pharmacy kept a record of any advice provided and medicines supplied on the relevant computer system, which was accessible to the person's GP practice.

Some members of the team said that they had not read the guidance on dispensing sodium valproate and could not describe checks they would make when dispensing this medicine. They were aware of the need to dispense the medicine in its original pack. The pharmacy manager said that he would make sure that all team members involved in dispensing would familiarise themselves with the guidance. There was no system in place to highlight prescriptions for higher-risk medicines, such as valproate, lithium, and methotrexate, to help make sure people taking these medicines were provided with up-to-date advice. Two prescriptions for lithium, one dated March 2024 and another dated April 2024, for the same person were found in the retrieval system. This could increase the risk of supplying both prescriptions at the same time. The pharmacy team generally did not carry out any checks to make sure that people taking this medicine were being monitored. And additional counselling advice about these medicines was not routinely provided.

There were clear audit trails for the multi-compartment compliance pack service. Dockets were created for each person receiving packs and these contained their prescriptions, master backing sheet, and any additional information. Packs were assembled in a separate room to minimise distractions. Prepared packs observed were labelled with product descriptions and patient information leaflets were seen to be supplied. Packs were sometimes prepared by the MCAs. The pharmacy manager said that moving forward, only suitably trained members of the team will be involved in this service.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and

medical devices tidily on the shelves within their original manufacturer's packaging. Fridge temperatures were checked and documented daily. The pharmacy team members said that they checked the expiry dates of medicines every three months but did not maintain any records. No expired medicines were found on the shelves in a random check in the dispensary. The pharmacy received drug alerts and recalls electronically and checked if their stock was affected, but did not keep a record of any action taken. The pharmacy manager said that they would start maintaining records for expiry date checks and drug alerts. Waste medicine was stored appropriately, in suitable containers.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had several glass measures and one plastic measure. The plastic measure was disposed of during the inspection. There were clean tablet counting triangles. There was a large pharmaceutical fridge, and this was clean and suitable for the storage of medicines. A blood pressure monitor was in use. The pharmacy said that the monitor was three years old and had a five-year warranty. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.