General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: F A Strange Chemists, 185 Lower Clapton Road, LONDON, E5 8EQ

Pharmacy reference: 1040043

Type of pharmacy: Community

Date of inspection: 19/11/2019

Pharmacy context

This pharmacy is located on a busy main road 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 Medicines Use Reviews, the New Medicine Service and provides flu vaccinations. The pharmacy is also part of the local end of life care service.

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
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 adequately identifies and 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 know how to safeguard vulnerable people. They work to written procedures to help provide the pharmacy's services safely. But team members do not always record or review mistakes that happen during the dispensing process. This may make it harder for team members to learn and improve the safety of the pharmacy's services.

Inspector's evidence

Standard Operating Procedures (SOPs) were available and up to date. Team members had read and signed SOPs which were relevant to their roles. Team roles were defined within the SOPs.Near misses were brought to the attention of the dispenser by the Responsible Pharmacist (RP) and a record was made in the near miss book. Items with similar names or packs such as losartan were separated on the shelves. Some warning stickers had been attached on shelf edges near were 'look-alike sound-alike' (LASA) medicines were stored. There was a gap in near miss records in between July 2019 and October 2019, team members said that there may have been near-misses that were not recorded. The RP said that reviews were not carried out on a regular basis.

Dispensing incidents were recorded in a book. The RP who was also the superintendent pharmacist (SI) investigated and reported dispensing incidents. Two recent incidents recorded had been with medicines supplied in multi-compartment compliance packs. As a result of this the RP had briefed the team members involved and the pharmacist who had been involved with checking had also been notified. Details and learning from the incident were shared with on the group's messaging application chat. Team members had been asked to take care and check for any changes before preparing the packs. And to take more time when preparing the packs.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure in place. Annual patient satisfaction surveys were also carried out. Most feedback received was about waiting times and the lack of parking nearby. The pharmacy received a large proportion of prescriptions electronically which made it easier and quicker. Prescriptions were printed and dispensed on the day they were received and people were sent a text when their prescription was ready to collect. This reduced the waiting time for them but also meant that the team could prioritise walk-in prescriptions which also reduced the waiting time.

Initially there were two RP notices displayed one of which was correct. The second RP notice was removed at the start of the inspection. Team members were aware of the tasks that could and could not be carried out in the absence of the RP.

Records for private prescriptions, emergency supplies, unlicensed medicines supplied and the RP log were largely well maintained. Although some pharmacists were routinely not signing out of the RP log. CD registers were largely well maintained but in some registers the running balance had not always been completed in the past, and there was some over-writing and obliterations seen. 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 at the point of destruction.

Assembled prescriptions were stored in the dispensary and were not visible to people using the pharmacy. Computers were password protected and screens also faced away from people. The pharmacy had an information governance policy in place. Relevant team members who accessed NHS systems had smartcards. The regular pharmacist had access to Summary Care Records (SCR); consent to access these was gained verbally. Team members had read and signed a confidentiality agreement and there was a confidentiality notice for people displayed in the consultation room.

The RP and one of the dispensers had completed level 2 safeguarding training. Other team members had read and signed the SOP and attended a training session held for one of the sexual health services provided which had briefly covered safeguarding. Contact details were available for local safeguarding contacts and team members would refer any concerns to the RP.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively. Team members are given some ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a trained dispenser, a trained medicines counter assistant (MCA) and a team member who had recently joined. The RP felt that there was an adequate number of staff for the services provided. Team members were observed to manage the workflow during the course of the inspection. The pharmacy had a dispenser who was employed on a zero-hour contract and covered any leave of absence.

Most team members had been with the pharmacy for a long time. Staff performance was managed informally, conversations were held by the RP with team members on a one-to-one basis when needed. The RP said that due to time constraints this was not done formally or recorded. The RP would give the team members feedback if he was not happy with anything.

The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She checked with the RP before selling medicines or when someone wanted to purchase multiple items.

The pharmacy was a Healthy Living Pharmacy and as part of this they ran campaigns every two months. There was no campaign ongoing at the time of the inspection. Team members and the RP planned what to do at the beginning of the month. Campaigns run were in line with national campaigns and the RP ordered leaflets where needed.

Team members completed online training with Perrigo. The last module done had been on alcohol. The team member had not completed any training in the last two months. Time was not given at work to do ongoing training. The RP verbally informed the team of any changes in guidance for dispensing certain medicines or changes in legalisation. This was also shared on the electronic messaging application. An example of a change recently shared included pharmacies receiving CD prescriptions electronically. All team members were also enrolled on Virtual Outcomes.

Meetings had not been held for some time. Information was shared via an electronic messaging application. Team members felt able to share concerns and give suggestions and feedback to the RP, they said that he was approachable and listened. The team had suggested using the group on the electronic messaging application and this had been actioned. Other changes which had been made included organising stock in the dispensary and moving bulky stock to the back to make more space in the dispensary.

There were no numerical targets in place for team members. The locum pharmacist was accredited to provide the emergency hormonal contraception and was set targets for MURs. The RP completed NMS consultations himself.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are mostly clean and tidy. People can have a conversation with a team member in a private area. But the pharmacy could do more to ensure that items in the consultation room are secured properly.

Inspector's evidence

The pharmacy was clean, bright and well laid out. It was maintained to a level of hygiene appropriate for the provision of healthcare. Cleaning was usually carried out by staff. Workbench space were clear of clutter and organised. Workbenches were allocated for certain tasks. There was a clean sink in the dispensary which was used for the preparation of medicines. Medicines were arranged in the dispensary on shelves in a tidy and organised manner. The pharmacy had undergone a refit in 2012.

A consultation room was available for private conversations; the room was clean, tidy and spacious. There was a step leading into the consultation room. A portable ramp was available. There was a computer in the room which needed a password to access. Adrenaline pens were found in the room, the RP said that these would be taken into the dispensary.

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 met

Summary findings

The pharmacy generally provides its services safely and effectively. 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 gets its stock from reputable sources and mostly stores it properly. However, the pharmacy does not always label multi-compartment compliance packs with a description of the medicines inside. So, patients and carers may not always be able to identify which medicines are which.

Inspector's evidence

There was step-free access in to the pharmacy and an automatic door. There was easy access to the medicines counter, the team were multilingual and spoke a number of south-Asian languages between them. The RP said that he had not encountered any issues with languages in the past. The pharmacy had the ability to produce large print labels and, in the past, had used this for some people. Leaflets were available in different languages. 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 local pharmacies or other service providers if a service was not available at the pharmacy.

The RP felt that the stop smoking service had the most impact on people, as the North East part of London had a higher than average number of smokers. Team members asked people if they smoked when they came in to purchase over-the-counter treatments for a cough. The RP was accredited to provide the smoking cessation service and appointments were made on Thursdays or Saturdays when it was quiet.

The pharmacy was a part of a group of pharmacies in City and Hackney who offered the end of life service. This was co-ordinated by the Local Pharmaceutical Committee (LPC). There were 10 to 12 pharmacies who were part of this group. All pharmacies were issued with a list of medicines they were required to keep and if they did not have something in stock they would call the other pharmacies on the list to check. There was also a rota in place as part of the service. As part of this the pharmacy had to be on call three times a year. The pharmacist had attended once out of hours and delivered medicines to the person. Pharmacies on call were notified via a beeper and a message sent on via an electronic messaging application. There was an order of pharmacies who would be contacted if a response was not received.

The pharmacy had an established workflow in place, most prescriptions were received electronically. Team members downloaded and printed out prescriptions throughout the day, the dispensers then dispensed these and left them in baskets for the RP to check. Any messages were recorded on the bag so that these could be passed on to people when they came in to collect. On some occasions such as if team members were late arriving into work, the RP had to self-check. He would take his time when dispensing and checking and ensured that all medicines were double checked. The pharmacy kept most prescriptions prepared and if the RP was working on his own he would ask people with large prescriptions to come back later to collect. Some assembled prescriptions were bagged and left in allocated boxes and baskets by dispensers, these were opened and checked by the RP and then filed. 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.

The RP was aware of the change on guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). Alert cards and patient information booklets were available. The RP was not aware of the need to use the warning stickers. The inspector reminded the RP of the requirements.

For people who collected high-risk medicines the RP checked to make sure that people had cards associated with the medicine and checked that they were having regular monitoring and were aware of their dosage. For warfarin prescriptions, the RP checked people's yellow book for their INR reading and the dosage they had been recommended to take. He then checked this against the prescription to ensure that the prescribed tablets would be able to make up the strength needed. This information was not recorded. When the pharmacy was ordering the prescriptions for people, a photocopy of the yellow book was taken and sent to the GP. This was not retained.

The multi-compartment compliance pack service was well managed with a clear audit trail of the due date, prescription request date, when packs were assembled, and details of team members involved in assembling and checking the packs and the collection date. Prescriptions were ordered by the pharmacy; people were mainly registered to two nearby GP practices. Dispensers alerted the RP if there were any discrepancies. People had given the pharmacy consent to check SCR and if the RP was still not satisfied he would query the matter with the GP. Any changes were noted on the person's electronic record. Two people's assembled packs were seen which needed to be checked by the RP, the dispensers had not left all the original packs of the medicines for the RP to check. This could mean that if the wrong medication had been picked it may be harder for the pharmacist to identify this during the final check.This was discussed with the RP during the inspection.

The pharmacy team carried out a review of people enrolled on the multi-compartment compliance packs service every six months. An assessment was completed to see how people were managing with the service. As part of these reviews one or two people had been switched to having their medicines supplied in original patient packs.

Assembled multi-compartment compliance packs seen were labelled with mandatory warnings and there was an audit trail in place to show who had dispensed and checked the packs. Product descriptions which would help people identify what each medicine was were missing. Information leaflets were supplied monthly.

Deliveries were carried out by the medicines counter assistant. Signatures were obtained when people's medicines were delivered. In the event that someone was unavailable medicines were returned to the pharmacy. Signed and in date Patient Group Directions (PGD) were in place for the services provided.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. CDs were not all held securely initially, but this was rectified during the inspection and the pharmacist said that he would ensure they were kept securely in the future.

Expiry date checks were generally carried out. There was no date checking matrix in place, but a record was made of medicines expiring each month. Short dated stock was also marked. Date-expired medicines were found on the shelves checked. These had expired in August, September and October 2019, some of these had been marked to indicate that they were short dated. This could increase the chance that people may inadvertently be supplied with medicines that are past their 'use-by' date. 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). This was used for all FMD compliant medicine packs when dispensing walk-in prescriptions. The team had been trained by the RP when the system was initially launched.

Drug recalls were received via email to a shared NHS mailbox. Some recalls were printed out and others were actioned but not printed. There was no robust audit trail to show what action had been taken. This was discussed with the RP during the inspection. The last actioned recalls had been for paracetamol and ranitidine.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready to use. A separate tablet counting triangle was used for cytotoxic medicines and separate measures were used for methadone to avoid cross-contamination. The pharmacy also had an electronic tablet counter. This was calibrated each morning with a known number of tablets. A fridge of adequate size was also available.

A blood pressure monitor was available. The RP said that it was a year old and would be replaced in-line with the manufacturer's recommendation.

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 collected in a segregated box and 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.