

Registered pharmacy inspection report

Pharmacy Name: Safedale Ltd, 59 Lower Clapton Road, LONDON, E5
ONS

Pharmacy reference: 1040045

Type of pharmacy: Community

Date of inspection: 12/09/2022

Pharmacy context

This pharmacy is located on a local high street opposite a health centre. As well as dispensing NHS prescriptions the pharmacy provides flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs and provides flu and travel vaccinations and the Community Pharmacy Consultation Service (CPCS).

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 identifies and manages the risks associated with its services. It asks people who use it for their feedback and it largely keeps the records it needs to by law. It protects people's personal information appropriately. Team members know how to protect the welfare of vulnerable people. Team members generally respond appropriately when mistakes happen during the dispensing process. But they don't consistently record near misses. So, this may mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

Standard Operating Procedures (SOPs) were up to date. These were reviewed by head office. Team members had read and signed SOPs relevant to their roles. Recently the SOPs had been moved to an online portal. The responsible pharmacist (RP) was in the process of looking through these and planned to ask all team members to reread the SOPs. Team roles were defined within the SOPs.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and always recorded those where the medicine was handed to a person (dispensing errors). Near misses were recorded on the electronic recording system. However, the last recorded near miss seen on the system was in May 2022. The RP agreed that there had been near misses between then and the inspection and said some had been recorded in a small booklet, which was not seen during the inspection. The RP planned to start recording near misses as more staff had been recruited. There had not been any recent dispensing errors. There was a process in place for investigating and reporting these. Near misses and incidents were reviewed. The last review completed was in March 2022. Findings from the review were discussed with the team. As a result of previous reviews, team members were asked not to answer the phone whilst they were dispensing to avoid distractions. Shelf edges for high-risk medicines and medicines which looked or sounded alike were highlighted prompting team members to double check.

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 complaints procedure and complaints were dealt with by head office. The pharmacy had recently restarted the annual patient satisfaction surveys which had been stopped during the peak of the pandemic. As a result of previous feedback a waiting area with a bench had been made.

Records for emergency supplies, RP and controlled drug (CD) registers were well maintained. Private prescription records were generally well maintained but the prescriber details were incorrect on some of the entries. Records for unlicensed medicines dispensed did not always have all the required details. The RP provided an assurance that he would ask all team members to ensure this was done. Controlled drugs (CDs) that people had returned were recorded in a register. A random check of a CD medicine quantity complied with the balance recorded in the register. CD balance checks were carried out regularly.

Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy. Confidential waste was segregated and collected for shredding by an

external company. The pharmacy had an information governance policy available and team members had received training on this. Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR) and consent to access these was gained verbally.

Team members had completed safeguarding training. The RP had completed the level two training. Details were available for the local safeguarding boards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely. They have completed or are doing the required accredited training for their roles. They do ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP who was also the pharmacy manager, a trained dispenser, the trainee pharmacist who had just started on that day and a trained medicines counter assistant (MCA) who was covering from another branch. Staff who were not present included a trained dispenser. The RP explained that the team had been short staffed and an advert was seen in the window for an MCA. The RP explained that they were in the process of recruiting someone for the position and once the MCA started it would make things easier. The team were observed to manage the workload at the time of the inspection and were up to date with dispensing and other tasks.

The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. He was aware of the maximum quantities of certain medicines which could be sold over the counter.

Individual performance and development were monitored by the RP, who held one-to-one meetings with team members at least annually. However, recently this had been difficult due to the turnover of staff. The RP said the pharmacy would also be recruiting for another dispenser soon. Team members were provided with on-the-spot feedback.

To keep the team's knowledge up to date team members were enrolled on an online learning portal. The RP was able track the training modules completed by each team member. Team members were provided with time in store to complete their training. The trainee pharmacist had just started working at the branch on the day of the inspection. He had been signed up with a training provider to complete his training. As part of the training course, trainees needed to attend a face-to-face session each month.

As the team was small and worked closely together, things were discussed as they arose. The group manager visited the store regularly and team members felt that the head office team were easy to reach and open to feedback and suggestions. There were no numerical targets set for pharmacists.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises was spacious, bright and organised. It was generally clean although some of the shelves under the workbenches were dusty and required cleaning. There was ample workbench space which was clutter-free and roughly allocated for certain tasks. A sink was available for the preparation of medicines. Cleaning was carried out by team members.

A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The door leading into the room was lockable and the room was locked when not in use. The room was slightly disorganised and had not been cleaned for a while. There was also some information with people's private information kept in the room. The RP said he would move this following the inspection. 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. 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 so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was step-free access into the pharmacy and automatic doors. Services offered by the pharmacy were advertised on window and the team were aware of the need to signpost people to other providers if a service was not available at the pharmacy. A list of languages spoken by colleagues in all the branches and their contact numbers was available. The pharmacy team was able to produce large print labels.

The RP felt that the emergency hormonal contraception (EHC) service had the most impact on the local population particularly during the pandemic. He described how pharmacies were easily accessible and many local pharmacies who were providing the covid vaccination service were providing limited additional services and many GP surgeries were not seeing patients face to face.

The pharmacy had an established workflow. Baskets were used to separate prescriptions, preventing transfer of items between people. Most prescriptions were received electronically. These were checked by the RP before they were processed. Prescriptions were then dispensed by the team and left to check by the RP. On the rare occasion that the RP had to dispense he asked one of the dispensers to double-check his work. Dispensed and checked by boxes were available on labels and these were routinely used by the team.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The team generally dispensed sodium valproate in its original pack and warning cards were supplied. Label placement was discussed with the team. In the event that a person had not had any contact with their GP they were referred back. Additional checks were carried out when people collected medicines which required ongoing monitoring. On some occasions a record of people's INR reading was made on their electronic record.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. Individual record sheets were available for each person. Any changes or missing items were queried with the surgery. The pharmacy team received calls from the local hospital when people were admitted and team members asked the surgery to notify and update them if there were any changes to medicines on discharge. Due to the staffing levels packs were prepared earlier in the week in which they were due to go out. Team members provided an assurance that people's medicines were prepared and supplied before they were due to start their next pack.

Assembled multi-compartment compliance packs seen were labelled with product details and there was an audit trail in place to show who had dispensed the pack but the checker's initials were missing. The RP provided an assurance that he would start initialling the box. Mandatory warnings were missing from the pack seen, but the dispenser said that she had noticed the warnings had printed on the recent

sheets she had printed. Information leaflets were supplied monthly.

Deliveries of medicines to people's home were carried out by a designated driver. People were called before delivery to ensure they were home. In the event that someone was not home medicines were returned to the pharmacy.

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 held securely. Expiry date checks were carried out by the team. Short-dated stock was highlighted. There were no date-expired medicines found on the shelves checked. A date-checking matrix was available but this had not been updated recently. Drug recalls were received on the computer system and via email. The system was updated once an alert was had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready for use. A separate measure was used for liquid CDs. An electronic tablet counter was used which was calibrated each morning by the team. A fridge of adequate size was available. A blood pressure monitor was used as part of the services provided. This was calibrated by an external company. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

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.