General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Beckton Pharmacy, 11 Mary Rose Mall, Frobisher Road, LONDON, E6 5LX

Pharmacy reference: 1040054

Type of pharmacy: Community

Date of inspection: 19/02/2024

Pharmacy context

This is an independently owned community pharmacy located in a shopping mall. The pharmacy has been open under the current ownership for over 40 years and provides a range of services including dispensing NHS prescriptions. And it provides medicines in multi-compartment compliance packs for people who need them.

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

The pharmacy uses processes to help identify and manage the risks associated with its services. Pharmacy team members monitor the safety of their services by recording their mistakes and learning from them. The pharmacy safeguards people's private information appropriately. And it maintains the records it needs to by law. It actively protects the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). The SOPs had been signed by members of the team to confirm that they had read and understood them. The second pharmacist said that the pharmacy was looking into introducing another set of SOPs which were more relevant for the services the pharmacy provided. The second pharmacist said that he considered how changes to processes would impact the pharmacy team and involved them in discussions about changes. The pharmacy had made some changes to the prescription retrieval system to enable the team to find people's prescriptions more efficiently.

The pharmacy completed risk assessments before starting a new service. The second pharmacist described some of the areas he had reviewed when conducting a risk assessment for the Covid-19 vaccine service, such as hygiene measures, staff training and the suitability of the premises. The pharmacy had made some changes as a result, and these included creating an additional waiting area by removing some retail stock.

The pharmacy had a system for recording its 'near misses', where a dispensing mistake happened and was identified before the medicine had been handed to a person. The near miss record was easily accessible to team members, and they were all involved in documenting them. The second pharmacist said that the near miss record was audited to help identify why the mistake happened and how it could be prevented in the future. The pharmacy team had implemented some changes as a result, for example, changing the location of medicines that looked or sounded alike. Some medicines were flagged up on the patient medication record (PMR) to help reduce the risk of mistakes. The pharmacy also documented interventions on the PMR, for example, it had contacted the GP after identifying that a person with a penicillin allergy had been prescribed penicillin. Interventions were normally emailed to GP practices to help maintain a clear audit trail. The pharmacy also recorded any dispensing errors, where a mistake happened and the medicine was handed to a person.

The correct responsible pharmacist (RP) sign was displayed. Team members understood their roles and responsibilities. Samples of the RP record checked were in order. The pharmacy had current indemnity insurance cover. Samples of the private prescription and emergency supply records were seen to be in order. Controlled drug (CD) registers were maintained in accordance with requirements. A random stock check of a CD agreed with the recorded balance.

People could give feedback on the quality of the pharmacy's services. The pharmacy encouraged people to leave online reviews and had received positive feedback about its stock levels and waiting times. The superintendent pharmacist (SI) said he regularly reviewed staffing levels and adjusted them to reduce waiting times, for example, he booked additional pharmacist cover when providing the Covid-19 vaccine service.

All team members had completed training about the General Data Protection Regulation. The second pharmacist said he regularly printed out bulletins and updates to help remind team members on the importance of protecting confidentiality. Confidential waste was shredded on site. Computers were password protected and smartcards were used to access the pharmacy's electronic records. Paperwork containing confidential information was stored in lockable cupboards.

Both the SI and second pharmacist had completed the relevant CPPE training on safeguarding vulnerable people. Other team members had been provided with online training about the subject. Team members described contacting GP practices to query about people, for example those with dementia, if they did not attend the pharmacy as expected. They kept a record of these interventions.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services effectively. Members of the pharmacy team are suitably qualified for their roles and they are provided with resources so that they can complete regular and ongoing training. This helps keep their skills and knowledge up to date.

Inspector's evidence

During the inspection, the pharmacy was staffed by the SI, a second pharmacist, a qualified dispenser and two qualified medicine counter assistants (MCAs). The pharmacy team was up to date with its workload and was observed serving customers promptly. The SI said he had good access to locum pharmacists and could request cover as and when needed. The pharmacy's team members worked well together and knew which activities could take place in the absence of the RP. They were observed asking the relevant questions before selling medicines and referring to the pharmacists when needed.

Team members felt supported and were provided with resources for ongoing training, including access to an online training platform. This helped ensure they continually learnt and kept their knowledge up to date. They completed training at home and sometimes at work. Training records were available, but they had not been updated for a few years. Team members also had access to pharmacy magazines and training by company representatives. The second pharmacist said that he had recently attended training by an eye drop manufacturer and this had enabled him to counsel people about the correct use of the drops to reduce product wastage.

Team members were provided with feedback via the use of mystery shoppers. They had received some positive feedback following these interactions. Performance was discussed informally. Meeting and discussions took place regularly and team members felt that they could openly raise concerns or give feedback to the SI. Targets were not set for the team.

The second pharmacist said that he and the SI regularly updated the local GP practice about stock levels and services that were available at the pharmacy. They had recently visited the local practice to share information about the new NHS Pharmacy First service that they were looking to introduce. At times, trainee GPs spent half a day at the pharmacy to learn about more about processes at community pharmacies.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises provide a suitable environment for people to receive its services. The pharmacy is kept clean, it is secure, and professionally presented.

Inspector's evidence

The pharmacy had undergone a full refit in 2017 and was bright, clean, and tidy. Fittings were modern and well maintained. Cleaning tasks were shared by a cleaner and the team. There was ample work and storage space, and designated areas were used for specific tasks. The premises included a spacious retail area, two consultation rooms, a dispensary, additional storage rooms and a staff room. A Post Office was located to one side of the shop unit and there was a barrier to clearly separate the queues for the pharmacy and those for the Post Office. One of the consultation rooms was currently being used for storage. The other was spacious and was kept clean and tidy. Pharmacy-only medicines were stored behind a small medicines counter which was fitted in front of the dispensary. The ambient temperature was suitable for the storage of medicines. The pharmacy was secured against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services in a safe and effective way. People can easily access the pharmacy's services and the pharmacy team makes adjustments when needed. Team members identify people who are prescribed higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly. The pharmacy sources its medicines from reputable suppliers and it stores and manages them well.

Inspector's evidence

The pharmacy's opening hours were displayed on the front window. Posters were used to promote some services and the pharmacy was looking into fitting a television screen to display information about its services. Access into the pharmacy was via a wide automatic door which was kept open during the pharmacy's opening hours. The retail area consisted of clear, open space and helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. A hearing loop was available to help communicate with people who were deaf or partially deaf. Some members of the team were multilingual and described translating for people with language barriers. The SI and second pharmacist were in the process of completing training on the new advanced NHS Pharmacy First service. They were hoping to introduce the service in the coming weeks.

The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Bags of dispensed medicines were stored inside the dispensary and were not visible to people. Prescriptions were filed in alphabetical order. People were asked to confirm their details when collecting medication. There were designated areas to dispense prescriptions and assemble multi-compartment compliance packs. Dispensed and checked-by boxes were used by team members to ensure that there were dispensing audit trails.

Stickers were used to mark 'higher risk' medicines which had been dispensed and bagged. This helped ensure that team members referred people to the pharmacists for additional advice and counselling. The pharmacy team was aware of the updated guidance for dispensing sodium valproate and leaflets were available and stored near the medicine packs. The pharmacists asked details about relevant parameters, such as blood test results for people prescribed these medicines and kept a record of this. Warfarin was not dispensed until the person attended the pharmacy so that their INR could be recorded on the PMR. The pharmacy also routinely highlighted prescriptions for Schedule 3 and 4 CDs, where additional checks may be required.

All members of the team were involved in managing the multi-compartment compliance pack service. The pharmacy had clear audit trails for the service to help keep track of when people were due their packs and when their packs had been assembled. Packs were prepared in advance to allow time for any issues to be rectified. Individual backing sheets were created for each person receiving the packs and these detailed the medicines, their timings, and any additional information. The pharmacists checked the stock that had been picked by the dispenser before the packs were assembled, to help minimise errors. Patient information leaflets were seen to be supplied with the packs.

The pharmacy automatically ordered repeat prescriptions for some people who needed this additional support. A diary was used to keep track of when prescriptions were due. Some medicines were only

ordered when required, such as topical creams and inhalers, to help reduce medicine wastage. The second pharmacist described an arrangement where he checked a person's medicine cupboard when delivering their medicines to help keep track of what was required.

The pharmacy was proactive with regards to informing the local GP practice about stock shortages and emailed them a stock report which included alternative products on a weekly basis. The pharmacy had also recently implemented a new ordering system which flagged up any price changes and stock shortages. This enabled the team to plan ahead and adjust their stock levels accordingly. Stock was ordered from reputable wholesalers and was stored tidily. Expiry date checks were conducted regularly, and records reflected this. The fridge temperatures were monitored and recorded daily. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received electronically, actioned, and retained for reference.

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

Computers were password protected and screens faced away from public view to protect people’s confidentiality. The pharmacy had several glass measures and a plastic measure. The SI said that he would dispose of the plastic measure. There were several clean tablet counting triangles. The pharmacy had two fridges, and these were clean and suitable for the storage of medicines. The blood pressure monitor was new and the second pharmacist said that it would be calibrated annually. 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
✔ 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.