General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Clockwork Pharmacy, 215/217 Victoria Park Road, Hackney, LONDON, E9 7HD

Pharmacy reference: 1040105

Type of pharmacy: Community

Date of inspection: 11/12/2019

Pharmacy context

The pharmacy is located within a parade of shops on a busy main road. The pharmacy provides a travel vaccination clinic (including yellow fever) and supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides Medicines Use Reviews (MUR), the New Medicine Service (NMS), emergency hormonal contraception and provides flu vaccinations.

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 adequately identifies and manages the risks associated with providing its services. It largely keeps the records it is required to by law. Team members work to written procedures to help provide the pharmacy's services safely. Team members know how to safeguard vulnerable people. They respond appropriately when mistakes happen during the dispensing process. This helps them prevent similar mistakes from happening in the future and makes the services safer.

Inspector's evidence

Standard Operating Procedures (SOPs) were available electronically and were up to date. SOPs were reviewed by head office. SOPs had been read and signed by relevant team members with an overarching tracker in place for each individual. Team roles were defined in most SOPs.

Near misses were discussed with the team as they occurred and recorded. A review was completed either at the end of each month or every couple of months. Details of the review including any actions which needed to be taken were recorded at the bottom of the near miss record sheet. On completion of the review the responsible pharmacist (RP) discussed this with the team. As a result of past reviews different strengths of gabapentin were separated on the shelves. The team also added prompts on shelf-edges to prompt them to be careful. There were no near misses recorded between April and December 2019. The RP said that the near misses that had occurred during this time period had been discussed with the team as they occurred, the RP preferred not to record near misses when the new pre-registration (pre-reg) trainee started. Near misses were discussed with the pre-reg or dispenser with changes made. The pharmacy would start recording the near misses again in the new year. An annual patient safety review was also completed which looked at near misses and dispensing incidents.

Dispensing incidents were investigated and reported on The National Reporting and Learning System (NRLS). There had not been any reported incidents recently. As a result of a previous incident, the pharmacy had started attaching prescription forms to the front of the bag. The team referred to the prescription at the point of handing out the medication. The team had also separated 'look-alike, sound-alike' (LASA) medicines on the shelves. This had included amlodipine and amitriptyline and some other medicines. LASA errors had to be identified as such when submitted on the NRLS website.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure in place with a notice displayed, this explained to people how they could make a complaint. Annual patient satisfaction surveys were also carried out. The pharmacy had received some feedback on the front door and step which had been passed onto the owners.

The correct RP notice was displayed. Team members were aware of the tasks that could and could not be carried out in the absence of the RP. RP records had not been completed since 3 December 2019, these were retrospectively completed by the RP during the inspection.

Records for private prescription, unlicensed medicines supplied and controlled drug (CD) registers were well maintained. Emergency supply records did not always contain the reason as to why the supply had been made. CD balances were checked regularly. 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 as they were received.

Assembled prescriptions were stored securely and were not visible to people using the pharmacy. The pharmacy had an information governance policy. Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR); consent to access these was gained verbally. The pharmacy team used an online training portal 'Virtual Outcomes' on which team members had completed training. The team had also read booklets to cover the General Data Protection Regulation (GDPR).

All team members had completed level one safeguarding training and the RP and pre-reg had completed level two training. Contact details were available for safeguarding contacts. Team members were able to describe the steps that they would take in the event that they had any concerns.

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 get time set aside for ongoing structured training. This helps them 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 pre-reg trainee and a trained medicines counter assistant (MCA). One of the directors (a pharmacist) was also providing cover. The pharmacy also had an accredited checking technician (ACT) who worked on Mondays and Fridays. The technician helped assemble compliance packs and also checked those that had been prepared by others. Saturday staffing included the RP and two trained MCAs. The RP felt that there were an adequate number of staff for the services provided.

At the time of the inspection staff performance was managed informally with the RP providing team members with feedback and also asking them to give him feedback. The RP wanted to start implementing annual reviews and carry out 13-week reviews for each team member similarly to how he did for the pre-reg.

Team members counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. A team member asked was aware of the maximum quantities of medicines that could be sold over-the-counter and was aware of medicines which were contra-indicated in some conditions.

The pre-reg attended monthly training sessions held by ProPharmace and was given study time in store. She said that her tutor was supportive the pre-reg had her 13-week review and worked closely with her tutor. She felt able to give suggestions and feedback.

Team members were provided with dedicated time to complete ongoing training. Team members had access to training modules on the electronic training portal Virtual Outcomes. In the past training sessions had covered: antibiotic resistance, GDPR, flu, and sepsis. The RP completed some modules and discussed what he had learnt with the team. Training also related to new things happening in pharmacy. Team members also looked through information received in the post from manufacturers and in pharmacy magazines.

Meetings were held at the end of each month. The team discussed targets, figures and incidents. Team members were also part of two group chats on an electronic messaging application, one for the store and the other for the whole company. Any information was shared via this route. The team also received emails or calls from managers and if there were any big changes, a meeting was held by management. The RP felt able to share ideas and give feedback. The company's head office was based at the store, and the RP was able to speak to the management team, owners and directors. Other branches would channel information to be passed on via the RP.

Targets were in place for services provided. The RP said that there was no pressure from management to meet these targets and branches competed against each other. Targets did not affect the RP's

professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are clean and tidy. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was professional and bright. The premises were spacious and clean with plenty of work bench space to dispense on. Medicines were arranged in an organised and tidy manner. The cleaning was carried out daily by team members; a cleaning rota was displayed in the dispensary. There were clean sinks in the dispensary and both consultation rooms, with hot and cold running water. A clean consultation room was available for private consultations and counselling. A second, smaller consultation room was also available but there was a step leading to this room. Both rooms had adrenaline pens kept in them, storing these securely was discussed with the RP. Both rooms allowed a conversation to take place inside which would not be overheard.

The pharmacy also housed the company's head office and had a room which was used by an osteopath. A medicines fridge was kept in a shared area which could be accessed by the head office team and osteopath. Confirmation was sent following the inspection that a lock had been fitted to the fridge.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner. It gets its stock from reputable sources and mostly stores it properly. 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.

Inspector's evidence

There was a small step at the entrance to the pharmacy; the pharmacy did not have portable ramps available but team members would assist people who required help. There was easy access to the medicines counter. The shop had been designed with wide aisles for wheelchairs and push-chairs. The team was multilingual and members spoke a number of languages between them. The company also had several branches which had multilingual teams, the RP would call them and ask them to translate if people did not speak the language spoken. The team could also use online translation applications. The pharmacy had the ability to produce large print labels. Services were advertised and there was a small range of information leaflets available for customers. Team members described signposting people to other service providers if a service was not available at the pharmacy. The pharmacy had a health promotion zone with details of local and national services and an osteopath held clinics in one of the downstairs rooms. The RP described that a few local schools visited the pharmacy to have talks on what the pharmacy did.

The RP felt that the Emergency Hormonal Contraception (EHC) service and travel clinics were the most popular services provided. He said that the area was affluent and many people travelled frequently. New services to be offered were decided by head office; the team were able to make suggestions if they had identified a need for a particular service. The RP had discussed with the owners and directors offering the private flu vaccination service for children and norethisterone for period delay.

The pharmacy had an established workflow in place. Prescriptions were mainly received electronically and were downloaded, dispensed by the pre-reg or dispenser and checked by the RP. People were sent a text message when their prescription was ready to collect. The RP rarely self-checked and described taking a mental break in between dispensing and checking when he did. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy team also used baskets to ensure that people's prescriptions were separated.

The pharmacist and team were aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. Prompts had been stuck on the shelves and a poster was displayed in the dispensary. The pharmacy had received the 'Prevent' pack when the guidance had changed. An audit had been recently completed and the team had identified one person who fell in the at-risk group. The RP had spoken to this person and made a note on their electronic record. The RP was aware of the need to use the warning labels.

The pharmacy had completed an audit for lithium and other higher-risk medicines. Team members checked if people had treatment cards available, confirmed the dose they were taking, if they were experiencing any side effects and if they were having regular monitoring. People were also made aware of what they needed to do if they experienced side-effects. This information was usually only recorded

if it was discussed during the MUR.

The pharmacy requested prescriptions for people who were supplied their medicines in multi-compartment compliance packs. Individual records were in place for each person and these were used to record any changes. Stock was checked by the RP before it was placed into packs by the pre-reg or dispenser. Once the pack was ready it was checked by RP. Medicine Administration Record (MAR) charts were provided to care homes. Care homes were also visited by the pharmacy. If there was an incident the pharmacy would carry out an audit such as if a care home resident had not received their medication. The RP said that there had not been any major incidents. The pharmacy had started adding key notes and key information to the MAR charts. In the event that the team had any concerns about individual residents they would refer to the care home manager and CQC. MAR charts were also supplied with acute medicines.

The company were in the process of discussing carrying out reviews with people before they were enrolled on the multi-compartment compliance pack service and planned to speak to them from time to time to see if the service was still appropriate. In the past as a result of feedback given by people about blister pack types the packs had been changed.

Assembled multi-compartment compliance packs seen were labelled with product descriptions. There was an incomplete audit trail to show who had dispensed and checked the packs; this would make it difficult to identify people involved in the dispensing and checking process in the event that there was a mistake made. Mandatory warnings which gave people additional information about their medication including directions on how to take were missing. The RP said that he would speak to the systems provider and ask them to change the settings so that the warnings would be printed. Information leaflets were supplied monthly.

The travel service was usually offered on a walk-in basis. In some cases, the RP carried out a risk assessment over the telephone before the person came into the pharmacy. The pharmacy was also a yellow fever centre. Training was arranged by the company and accredited pharmacists were required to complete a first aid training course every two years alongside travel health training. Yellow fever training was completed via NaTHNac. The pharmacy sent information to NaTHNac annually. Registered branches collated information and sent this to head office who then submitted this to NaTHNac. Signed and in date patient group directions were in place for the PGDs provided. The group had other accredited pharmacists who provided pharmacy cover when the regular pharmacist was away.

The pharmacy had a delivery driver, signatures were obtained from people when their medicines were delivered. In the event that a person was not home a note was left by the driver and the medicines bag was 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.

Two bottles containing co-careldopa were found on one of the shelves in the dispensary. Both contained tablets which had been halved. The RP was unsure as to why they were there and thought that they may have been returned. The RP confirmed that these would not be used.

Expiry date checks were carried out every three months. Short-dated stock was marked and information was shared with other branches. A record of stock expiring within the next three months was kept. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD) at the time of the inspection. SOPs were in place and the pharmacy also had the equipment available. Following the inspection conformation was received that the pharmacy planned to start using FMD before Christmas.

Drug recalls were received via email and could be accessed by all team members. These were printed, actioned, signed and dated and kept in a folder. The last actioned alert had been for 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 all the necessary facilities and equipment for the services offered. Equipment was in good order. Tablet and capsule counting equipment was clean and ready for use. A separate tray was available and used for cytotoxic medication to avoid cross contamination. There were several clean glass measures available; including a clearly marked measure for methadone. Up-to-date reference sources were available including access to the internet.

The pharmacy had two fridges, both were clean and appropriate for the storage of medicines. The blood pressure meter was replaced annually. A record of replacement dates was maintained.

Confidentiality was maintained through the appropriate use of equipment and facilities. Computers were password protected. The computer screens were out of view of people using the pharmacy. People’s private information was stored out of public view. Confidential waste was shredded, the bins were labelled with reminders prompting team members to not dispose of any confidential waste.

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.