

Registered pharmacy inspection report

Pharmacy Name: Forest Dispensing Chemists, 615 Forest Road,
LONDON, E17 4PP

Pharmacy reference: 1040208

Type of pharmacy: Community

Date of inspection: 09/10/2024

Pharmacy context

This pharmacy is located on a local high street in Walthamstow, London. The pharmacy provides NHS services such as dispensing prescriptions, the New Medicine Service (NMS), COVID and flu vaccinations and the Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to people who need this support to manage their medicines at home, and it offers a limited delivery service. The pharmacy also runs a travel clinic and offers some other private services using patient group directions (PGDs). The superintendent pharmacist (SI) is an independent prescriber and provides a private face-to-face prescribing service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met | 1.1 | Standard not met | The pharmacy cannot sufficiently demonstrate that it appropriately identifies and manages the risks associated with its prescribing service. For example, it has not undertaken a risk assessment for the service and does not have a prescribing procedure. And it does not routinely share information with people's regular prescribers about medicines that have been prescribed. |
| | | 1.6 | Standard not met | The pharmacy does not keep all the appropriate records necessary to demonstrate that its prescribing services are provided safely and effectively. |
| 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 not all met | N/A | N/A | N/A |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy cannot demonstrate that it appropriately manages the risks associated with its prescribing service. For example, it does not have a prescribing procedure or risk assessment for the service. And it does not keep all the records it needs to, particularly in relation to its prescribing service. However, the people using the pharmacy's services can easily provide feedback. Team members protect people's information well and have the relevant training to safeguard the welfare of people using their services. And the pharmacy has written procedures to help team members understand their responsibilities and how to carry out activities. But they do not always record mistakes, which could make it harder to review them and identify any patterns or trends.

Inspector's evidence

Standard operating procedures (SOPs) were available for the team to refer to if required. The superintendent pharmacist (SI) was in the process of updating them, and team members were in the process of reading the SOPs relevant to their roles. When asked, the trainee technician, trainee dispenser and medicine counter assistant (MCA) were clear about their roles and knew when to refer to the responsible pharmacist (RP). They knew what activities could and could not be done in the absence of an RP and to contact the SI if a pharmacist was not present when the pharmacy was due to open.

The RP notice was correct and visible at the time of inspection. The RP record was held electronically and was complete. Records about the vaccinations were complete, with the relevant points that had been discussed with people receiving the service. Documentation for unlicensed medicines supplied and emergency supplies were well maintained. Private prescription records were held electronically. Those records inspected did not include the correct prescriber's details. This may mean that this information is harder to find out if there is a query.

The pharmacy did not have a prescribing procedure or risk assessment in place for the prescribing service. The SI had issued three private prescriptions since August 2024 which were seen in the private prescription folder. When asked, the SI said that face-to-face consultations had been carried out for the private prescriptions they had issued. However, they did not have consultation records for these. No records were kept for information about the symptoms, differential diagnosis, medical history, or advice and counselling provided. When asked about individual prescriptions, the SI confirmed that information about the medicines they had prescribed had not been shared with the person's regular prescriber. The SI said that they would share this information in future. No audit of the service had been completed yet, but only a very small number of prescriptions appeared to have been issued.

A random physical check of three controlled drugs (CDs) showed the quantities matched the balance recorded in the register. The dispenser said they would complete the relevant checks, including confirming the identity of the person or representative, checking the relationship to the patient, and obtaining a signature for proof of collection upon handout of a CD. Expired CDs were separated from the stock medicines and the SI was aware of the need to contact the local Controlled Drugs Accountable Officer to obtain authorisation for destruction.

The pharmacy did not have logs available to record dispensing mistakes that were identified before reaching a person (near misses). Informal discussions with the pharmacist were had at the time the

mistake was made to address any feedback and generate ideas to prevent future mistakes. The SI showed that a few medications with different strengths or those that looked alike, had been separated on the shelf or in stock drawers, demonstrating some action taken to minimise mistakes. The SI said that they had not had a dispensing mistake which had reached the person (dispensing error). There was an SOP available for dealing with dispensing errors which included the Learn from patient safety events (LFPSE) service details to ensure any errors were reported to the national system.

The pharmacy had current indemnity insurance. Feedback or complaints from people using the pharmacy's services could be received verbally in person or by telephone, or via online platforms. If a complaint was received, team members had an SOP to refer to and they could escalate issues to the SI.

Confidential paper waste was shredded. Checked medications that were awaiting collection were stored in the dispensary and people's information was not visible from the counter. Team members had completed General Data Protection Regulation (GDPR) and information governance training through their accredited courses. All pharmacy team members understood safeguarding requirements and were able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. The dispenser explained that they would discuss any safeguarding concerns with the RP. And they knew of local safeguarding boards to contact if necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members can raise concerns if needed, in an open environment. Learning resources are available to the team for ongoing training, and team members can access these during work hours.

Inspector's evidence

The team present during the inspection consisted of the SI, a trainee pharmacy technician, a trainee dispenser and a medicines counter assistant (MCA) who had recently been employed. All team members that were required to be on an accredited course, were enrolled. The SI explained that locum staff were employed for business continuity when required to cover any pharmacist absences. The team was up to date with dispensing prescriptions with no backlog of workload. When asked, the trainee technician was able to demonstrate an awareness of medicines with the potential for misuse and could identify people making repeat purchases. They knew questions to ask when selling medicines or providing advice and knew when to refer to the pharmacist.

The SI said that team members had an annual appraisal, and the dispenser said informal discussions were had regularly to discuss any feedback or concerns. There were some numerical targets set for the services offered, for example one of the team members was set the objective of leading on the blood pressure service and had a target figure to aim for each month. When asked, the dispenser felt able to raise concerns with the SI and described working openly as a team. There was no structured process for ongoing development of the team. However, they were able to access online training resources in work hours. The SI said that their area of prescribing competence was in respiratory conditions. Following the inspection, the SI provided their certificate of prescribing but did not provide further evidence about their prescribing scope.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, with adequate space for providing its services safely. It keeps its premises safe and people visiting the pharmacy can have a conversation with a team member in private. The premises are secure from unauthorised access when closed.

Inspector's evidence

The dispensary was located at the rear of the retail area, which allowed team members to see people entering the pharmacy. The dispensary computer screens could not be seen from the shop area. And there was seating available for people waiting for pharmacy services. Pharmacy-only medicines were kept behind the counter, and there was a barrier in place to prevent unauthorised access.

There was a suitably sized consultation room for the provision of services which was accessible from the shop area and dispensary. The room allowed people to have a conversation inside at a normal level of volume and not be overheard. However, there was CCTV in the consultation room which recorded visual and audio footage. The SI said that all people requesting services that required using the consultation room were made aware of the CCTV. And were signposted to other services if they did not want to proceed. A sign had been ordered to put in the consultation room to make people aware that they were being recorded.

The premises were well-lit, and there was air conditioning available to maintain a suitable temperature for the storage of medicines. Handwashing facilities were available in the dispensary and kitchenette. Team members cleaned high-touch areas during quieter times, and the SI said that a deeper clean of the shelves was completed every two to four months.

Principle 4 - Services Standards not all met

Summary findings

As described in Principle 1, the pharmacy cannot demonstrate that it appropriately manages the risks associated with its prescribing service. But the pharmacy generally provides its other services in a safe way. And it uses valid patient group directions for its travel clinic and other private services. It is accessible to a range of people with varying needs. It obtains its medicines from reputable sources and generally stores them properly.

Inspector's evidence

The pharmacy had step-free access available with a door large enough for people with wheelchairs and pushchairs. Large-print labels were available on request. Some team members were multi-lingual.

Medicines were sourced from licensed suppliers. The SI said that expiry-date checks were carried out every four months and team members confirmed that a date checking matrix was in use, however this was not seen at the time of inspection. A random spot check of stock revealed no expired medicines. And dates were written on the packaging for liquid medicines that had been opened so that team members knew if they were still suitable to use. Temperature records for the pharmaceutical fridges were mostly completed daily and showed no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius.

The pharmacy received safety alerts and drug recalls, or information about other problems with medicines or medical devices, through the pharmacy's email. The SI said that the emails were checked by the team daily. The pharmacy did not have a current audit trail of the actioned alerts, the SI gave assurances that an audit trail would be created for future alerts.

Dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks. The pharmacy dispensed some medicines in multi-compartment compliance packs for people who needed help to manage their medicines. The pharmacy used individual information sheets to keep track of ordering regular medications in a timely manner and any changes were clearly documented on the sheets and patient's PMR. The dispenser showed some emails where they had contacted the surgery to confirm any changes made to a person's regular prescription. They also said that they used the summary care record to check any changes if appropriate. Medicine warnings were printed inside the packs, alongside descriptions of each of the medicines. PILs were routinely provided, to ensure people have up-to-date information about how to take their medicines safely.

For uncollected medications, the prescriptions were removed from the shelf periodically. Those prescriptions that people did not come in to collect were returned to the prescriber or marked as not dispensed on the system. Stock for these prescriptions was returned to the shelf where appropriate. Prescriptions for CD medications were highlighted and removed from the shelf after 28-days to ensure they were not handed out to people past their validity.

When asked, the dispenser was aware of the risks involved when supplying valproate products to people who could become pregnant. They also knew about the guidance to supply these products in complete original manufacturer's packs, and to ensure they didn't cover any of the warnings with dispensing labels. The importance of undertaking individual risk assessments if valproate was not

dispensed in the original manufacturer's pack was discussed with the SI who gave assurances that this would be completed where appropriate. Prescriptions for other higher-risk medicines were not usually highlighted to remind the team to refer to the pharmacist when handing out these medicines. This may mean that opportunities to provide counselling to people about these medicines could be missed.

Valid PGDs were seen for the services offered. The SI explained that people requiring the Pharmacy First service were signposted by the reception team from local surgeries. They said that they had established a working relationship with the closest GP practice to ensure referrals were appropriate. They confirmed they had completed training to provide the service and had communicated key points to the rest of the team to ensure they understood when to refer to the pharmacist. A sharps bin was available in the consultation room for correct disposal of vaccinations. Adrenaline auto-injectors (AAIs) were available but not stored in the consultation room, the SI moved two AAIs to the consultation room during the inspection to ensure anaphylaxis treatment was close by if needed when administering vaccinations.

The pharmacy offered a limited delivery service and team members mostly made the deliveries within the pharmacy's opening hours. Medicines were generally returned to the pharmacy if people were not home, and the pharmacy had contact numbers for people receiving deliveries and would reschedule where necessary. The SI said that they did not have an audit trail for deliveries made but would create a delivery log going forward.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable standardised conical measures for measuring liquids and clean triangle tablet counters were available for dispensing loose medication. Separate conical measures and triangle counters were available for certain substances that were marked to avoid cross-contamination. A new otoscope with disposable specula covers was available for providing the Pharmacy First services. There was a blood pressure monitor in the consultation room, the SI said that this was replaced annually. A 24-hour ambulatory blood pressure monitor was available, and the SI said it was calibrated annually. A portable telephone enabled the team to ensure conversations were kept private where necessary. All computers were not visible from the shop area, and they were password protected to safeguard information. Team members had their own NHS smartcards, for accessing electronic prescriptions. Fire extinguishers were available in the kitchenette area.

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. |