

Registered pharmacy inspection report

Pharmacy Name: Grove Pharmacy, 73 Grove Road, Walthamstow,
LONDON, E17 9BU

Pharmacy reference: 1040210

Type of pharmacy: Community

Date of inspection: 14/08/2024

Pharmacy context

The pharmacy is in a row of shops in Walthamstow, London. The pharmacy provides NHS services such as dispensing prescriptions, the New Medicine Service (NMS), Emergency Hormonal Contraception (EHC), COVID and flu vaccinations and the Pharmacy First service under patient group directions (PGDs). 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.

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

The pharmacy adequately manages the risks associated with its services. It uses written procedures to ensure that team members understand their responsibilities and how to carry out activities. 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. 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 in the dispensary for the team to refer to if required. They had been reviewed in 2023 with the next review due in 2025. Team members had signed the SOPs relevant to their roles to show that they understood them. When asked, the dispenser was clear about their role 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.

The superintendent pharmacist (SI) was the RP on the day of the inspection, and the RP notice was correct and visible. The RP record was held electronically and was complete. Documentation for unlicensed medicines supplied and private prescription records were well maintained. The SI said that they did not often give emergency supplies, due to the NHS 111 Emergency Prescriptions service. Of the few records that were checked for emergency supplies, the nature of the emergency was not documented. And this may mean that this information is harder to find out if there was a query.

A random physical check of three controlled drugs (CDs) showed the quantities matched the balance recorded in the register. The SI explained that CD prescriptions were handed out by the pharmacist. The pharmacist would then 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.

The pharmacy had logs available to record dispensing mistakes that were identified before reaching a person (near misses). However, near misses had not been documented since July 2023. The SI explained that some near misses had occurred since then, and if a near miss occurred the team member involved was asked to rectify it immediately and informal feedback was given. The last full review of near misses was in February 2023. The SI and dispenser showed that a few medications with different strengths or those that looked alike, had been separated on the shelf, demonstrating some action taken to minimise mistakes.

There had been no reported dispensing mistakes which had reached the person (dispensing errors). The SI described the steps that they would take in the event that a dispensing error occurred. These included speaking to the person who had received the error and reporting to the person's GP if necessary. And following the SOP, which involved completing an incident report with the team members involved to identify the cause, learnings, any specific outcomes and establish corrections. The SOP for dealing with dispensing errors listed an old website for reporting patient safety incidents to the NHS. The SI gave assurances that the SOP would be updated to include the Learn from patient safety events (LFPSE) service details.

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. 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 on-site. And patient-returned medicines that were to be sent for destruction had patient details removed. Checked medications that were awaiting collection were stored in the dispensary to ensure that people's information was not visible from the counter. The SI said that all team members had completed General Data Protection Regulation (GDPR) and information governance training. Team members were asked to complete a short test to check their understanding and all staff had signed confidentiality agreements. The pharmacy team members had completed safeguarding training and understood safeguarding requirements. Team members 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. The SI said that they had not seen any incidences of safeguarding concerns but were aware they could refer to local safeguarding boards if required.

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 and a dispenser. All team members were qualified through accredited courses. The SI explained that locum staff were employed for business continuity when required to cover any pharmacist absences.

There were no numerical targets set for the services offered and the team was up to date with dispensing prescriptions with no backlog of workload. The dispenser 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 felt comfortable in using their professional judgement when decision making.

Team members did not have a formal appraisal, but the SI said informal discussions were had with individuals to discuss any feedback or concerns. When asked, the dispenser felt able to raise concerns with the SI and described working openly as a team. The SI gave examples of changes that had been made in response to the team's feedback. This included changing the prescription filing system for medicines awaiting collection and creating separate baskets to file prescriptions once they had been handed out. There was no structured process for ongoing development of the team. However, they were able to access online training resources in work hours and discussed any new products. The SI said that all team members completed required training, such as antimicrobial stewardship and infection prevention and control.

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 premises, which allowed team members to see people entering the pharmacy. The dispensary computer screen could not be seen from the shop area. There was a suitably sized consultation room for the provision of services, which was accessible from behind the medicines counter and the retail area. The room allowed people to have a conversation inside at a normal level of volume and not be overheard. Pharmacy-only medicines were kept behind the counter. The counter had a wooden barrier in place to prevent unauthorised access, and a screen to prevent the spread of infection. 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 a staff toilet with separate handwashing facilities was available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely delivers its services in a safe and effective manner, to a range of people with varying needs. It obtains its medicines from reputable sources and generally stores them properly. And people taking higher-risk medicines are identified so that team members have an opportunity to provide them with appropriate advice.

Inspector's evidence

The pharmacy had step-free access available with single door access large enough for people with wheelchairs and pushchairs. Large-print labels were available on request. Some team members were multi-lingual. The pharmacy offered the Pharmacy First service under patient group directions (PGDs) and these were printed in a folder for reference and signed by the SI.

Medicines were sourced from licensed suppliers. The SI said that expiry date checks were carried out every six months and a current record of the short-dated medicines that were on the shelves was seen during the inspection. A random spot check of stock revealed no expired medicines and stickers were used to highlight the short-dated items. The short-dated items were removed monthly as per the records made. Dates of opening for liquid medicines were not written on the bottles and this may make it harder for staff to know if they were still suitable to use. Medicinal waste bins were available and were collected periodically by a waste contractor. During the inspection a medicinal waste bin was stored in the staff toilet, the SI explained that due to space in the dispensary there was not another location it could be moved to. Assurances were provided that it would be moved when the toilet was in use. Temperature records for the pharmaceutical fridges were 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 RP daily. The pharmacy did not have an audit trail of the actioned alerts, and a medication was found on the shelf that related to a recent safety information notice. The notice notified about an issue which presented no threat to patients. The SI immediately marked the packaging of the medication to ensure that an updated version of the patient information leaflet (PIL) was printed when it was dispensed, as per the notice. They gave assurances that an audit trail would be created for future alerts.

Team members were observed following the SOP for dispensing prescriptions and baskets were used to keep items for different people separate. 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. Packs were assembled in a designated area of the dispensary to avoid distractions. The pharmacy used information cards to keep track of regular medications and any changes. The dispenser used the information cards to order repeat prescriptions for these people to help ensure they were ordered in a timely manner for dispensing. The SI said that they contacted the surgery if there are any items missed or any changes made to a person's regular prescription. Medicine warnings were printed on the labels inside of the packs, however descriptions of each of the medicines was not seen. The SI explained that they only added the descriptions for some people but not all. This could make it more difficult for people to

identify the medications inside of the packs. PILs were not routinely provided, which could make it harder for people to have up-to-date information about how to take their medicines safely.

The pharmacy offered a delivery service to a few local people. They did not have designated delivery drivers for this and team members made deliveries within the pharmacy opening hours. No audit trail of what deliveries had been made was kept, however staff obtained peoples signatures on the back of the prescriptions. Medicines were returned to the pharmacy if people were not home, and the pharmacy had contact numbers for people receiving deliveries and would reschedule where necessary.

For uncollected medications, the prescriptions were removed from the shelf every three to six months. 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.

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. Prescriptions for other high-risk medicines were highlighted by the PMR system. The SI explained that prescriptions that listed higher-risk medications were usually dispensed when the patient arrived at the pharmacy, so that the pharmacist did not miss the opportunity to speak to people receiving these. Prescriptions for CD medications were not usually highlighted to encourage the team to check the validity before handing out, however the SI had a stamp available to highlight these prescriptions which they said they would use 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 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 calibrated annually, along with the 24-hour ambulatory blood pressure monitors. A portable telephone enabled the team to ensure conversations were kept private where necessary. All computers were password protected to safeguard information. A fire extinguisher was available in the dispensary.

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.