

Registered pharmacy inspection report

Pharmacy Name: Eclipse Pharmacy, 220-222 High Street,
Walthamstow, LONDON, E17 7JH

Pharmacy reference: 1040213

Type of pharmacy: Community

Date of inspection: 26/09/2022

Pharmacy context

The pharmacy is on a busy high street in the town centre in Walthamstow alongside a row of shops. The pharmacy team members dispense NHS and private prescriptions and sell a range of over-the-counter medicines. They provide a range of NHS services such as flu vaccinations and also provide a number of private services under patient group directions (PGDs) including travel vaccination clinics and treatment for urinary tract infections.

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	Members of staff carry out activities for which they are not appropriately trained.
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 its risks to make sure its services are safe. Members of the pharmacy team understand their role in helping to protect vulnerable people and they suitably protect people's private information. People can use the pharmacy as a safe space and the team responds appropriately to any concerns raised.

Inspector's evidence

The pharmacy had set of standard operating procedures (SOPs) in the dispensary. Some members of the team had not yet indicated that they had read and accepted them, so there was a risk that they might not fully understand the pharmacy's procedures. The responsible pharmacist (RP) confirmed this and would ensure this was completed as soon as possible. Roles and responsibilities were set out in the SOPs and the pharmacy team members were performing duties which were in line with their role. The name of the responsible pharmacist (RP) on duty during the inspection was displayed. When asked, the team members could confidently explain what they could and couldn't do in the absence of a RP.

The pharmacy team members highlighted and recorded mistakes they made during the dispensing process. This activity included mistakes which were spotted before the medicine had been handed to a person (near misses). And those where a mistake had happened, and the medicine had been handed to a person (dispensing errors). The pharmacy could show that it recorded near misses regularly, every month. But the pharmacy did not analyse this information to find any patterns or trends. This meant team members might miss out on some opportunities to learn and make improvements to the pharmacy's services. The team members said that they would separate medicines that looked alike or had similar names to prevent the wrong medicine from being selected.

The pharmacy team members described how they would deal with a customer complaint. They would attempt to resolve the situation themselves but would involve the pharmacist or manager if necessary. If the complaint couldn't be resolved at the time, then it would be escalated to head office. There was a written procedure on the pharmacy leaflet telling people how they could raise their complaints or concerns.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy team maintained appropriate records including controlled drugs (CD) registers, RP records and private prescription records. The pharmacy kept running balances in all the CD registers and checked these regularly. A random check of three products showed the recorded stock and physical stock were the same. Records about prescriptions and emergency supplies were held electronically in date order. Some records about unlicensed medicines did not include the date the medicine had been supplied to a person.

The pharmacy did not have signed information governance policies at the branch; the RP advised these were kept at the other branch. However, the pharmacy team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste prior to collection and disposal by a licensed contractor. The pharmacist had completed level 2 safeguarding training. The pharmacy team members were trained through a local initiative Violence against women and girls (VAWG). The RP was in the process of updating the safeguarding SOP to include information about the initiative. Details for local support agencies were

available so concerns could be reported promptly. The pharmacy team members knew how to report concerns and were aware of safe space initiatives. A consultation room was available and pharmacy team members were aware this was an option which could be offered to people.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy team works well together and feel well-supported at work. There are generally enough team members to manage the workload. But some of the pharmacy's team members are not enrolled onto an appropriate course for their role or for the services they provide.

Inspector's evidence

At the time of the inspection, there was the pharmacist manager (who was the RP), one trainee pharmacist, one trainee dispenser and two counter staff present. The team coped with their workload during the inspection and worked well together. The pharmacist felt the branch was adequately staffed and workload was manageable. Absences were generally covered by re-arranging staff hours and the RP would reach out to head office if more staff were needed. Though the team did sometimes struggle if no additional cover for staff absence could be found.

Most of the pharmacy team members were up-to date with their training and those members of staff enrolled on accredited courses were on track with these. But there were two counter staff who had not been enrolled on an accredited course within three months of starting in their role. And a member of the team who was working as a dispenser had not been put on a dispenser training course. The RP said they had advised head office to enrol the staff members but for reasons unknown this had not happened.

The RP had records of training they had done to deliver several services via PGDs. These services included a travel vaccination clinic, weight loss, malaria prophylaxis and yellow fever vaccinations, flu vaccinations, treatment for urinary tract infections and treatment for erectile dysfunction.

Team members were happy to raise any concerns and were comfortable sharing ideas with the store manager. The team members provided positive feedback about the working environment and about the store manager. They felt listened to and said how supportive the store manager was. The pharmacy did have targets in place, but team members did not feel they were pressured in achieving them. There was no whistleblowing policy available during the inspection. The pharmacy team explained that if they had a concern and could not raise internally, they would contact the GPhC for advice.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy maintains its premises adequately and they are suitable for the services the pharmacy provides. The pharmacy has facilities to meet the needs of people requiring privacy when using its services. The pharmacy has a live website, but it does not make medicines sales through it. The way the website is currently set out may not give people all the information they need about the pharmacy.

Inspector's evidence

The pharmacy premises were clean, organised and well maintained throughout and can be protected against unauthorised access. The pharmacy was accessible for wheelchair users and the pharmacy floor and passageways were generally free of clutter and obstruction. The dispensary had sufficient work and storage space. There were designated areas for dispensing and checking prescriptions. The pharmacy had a private consultation room available, and it was kept locked when not in use. The room was big enough for wheelchair users and conversations could not be heard outside of the consultation room. There were chairs available for people wanting to wait for a service or waiting whilst their medicines were being assembled.

There was a clean, well-maintained sink in the side room used for medicines preparation and it had a cold running water. The dispensary sink was not clean, however the RP explained this was not used for medicine preparation and this would be cleaned immediately. There were toilets with a sink which provided cold running water. Room temperature was controllable, and levels of ventilation and lighting were appropriate during the visit. The premises were secure from unauthorised access.

The pharmacy had a website where it advertised general sale listed (GSL) and pharmacy (P) medicines. Details about the superintendent or other pharmacy professionals providing services were not listed. The RP commented the website didn't allow sales of any medicines to take place and the website was being reviewed to ensure it was fit for purpose when selling medicines online in the future.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and delivers its services safely and effectively in the pharmacy. It gets its medicines from reputable suppliers, and it stores them securely. Team members identify people receiving higher-risk medicines and carry out appropriate checks. And they provide these people with relevant information so they can take their medicines safely.

Inspector's evidence

People accessed the pharmacy via an automatic door. Opening hours were clearly displayed as people entered the pharmacy. There was some information about the services provided at the front of the shop. And the pharmacy leaflet included a more comprehensive list of services the pharmacy provided. The pharmacy had a clear flow for dispensing and checking activities. Dispensing audit trails were maintained to help identify who was involved in the dispensing, checking and handing out of prescriptions. Additional notes were added to the patient medication record (PMR) as appropriate. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy supplied medicines daily to some people, as supervised and unsupervised doses. The pharmacy routinely checked for people's eligibility for certain services such as the hypertension case-finding service when dispensing their prescriptions, but the team didn't routinely talk to people about the service when handing out the prescriptions. So, the pharmacy may be missing some opportunities to help people improve their health. Medicines awaiting collection were stored appropriately and patient-identifiable details were not in view of people from the shop floor. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions about how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. And on their electronic PMR. The pharmacy also provided medicines in packs to people living in care and nursing homes in the local community. There was a home delivery service with associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The pharmacy supplied some prescription-only medicines, such as travel vaccines and treatments for urinary tract infections, via a private PGD. The RP went through a comprehensive checklist to safely supply or administer the medicine. There was evidence where the RP had refused a supply and referred the person to their GP if the person did not meet the inclusion criteria. If the person consented for information about treatment provided to be shared with their usual GP, then their GP would be informed of this by the RP so the GP could keep the person's records up to date.

The pharmacy had SOPs in place when dealing with higher-risk medicines. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of

the risks if they became pregnant while taking the medicine. They also checked if the person was on a pregnancy prevention programme. The pharmacy team asked people receiving warfarin for their latest blood test results each time they received a prescription for warfarin. This was to check that their results were within the expected safe range.

The pharmacy obtained medicines from licensed wholesalers and stored them on the shelves. It kept all stock in restricted areas of the premises where necessary. The pharmacy had medicinal waste bins to store out-of-date stock and patient-returned medication. It stored out-of-date and patient-returned CDs separate from in-date stock. But it did not record patient-returned CDs. The RP said they would start documenting patient-returned CDs moving forward. The pharmacy kept its CDs securely. Pharmacy team members had a robust system in place to check medicine expiry dates every three months. A short-dated sticker was attached to these medicines that were due to expire. Pharmacy team members monitored the minimum and maximum temperatures of the medicine's fridge daily and the temperatures recorded were within acceptable limits.

Over-the-counter medicines were stored appropriately, and staff were aware of higher-risk over-the-counter medicines such as painkillers containing codeine. Team members asked relevant questions and referred to the RP if they had concerns. On observation during the inspection, they were only selling one packet per person and referring to the RP if people wanted more.

The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The RP said they would action any alerts and inform staff if any actions were needed. But there was no evidence of this documented. This could make it harder for the pharmacy to show how they had protected people's health and wellbeing in the event of a product safety alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely and to protect people's confidentiality.

Inspector's evidence

The pharmacy had a range of up-to-date references sources available, and the RP explained that he used the online BNF on his phone for ease of access and for more up-to-date information. The pharmacy had equipment available to help prevent the risk of transmission of Covid-19. This included hand sanitisers, cleaning equipment and masks. The pharmacy had a set of clean, well-maintained measures available for measuring liquids. This included separate measures for different medicines, to help avoid cross-contamination. The pharmacy computers were password protected and access to peoples' records was suitably restricted. The computer terminals were kept in a secure area of the pharmacy away from public view. The fridge was clean and suitable for storing medicines. The equipment was tested regularly to make sure it was safe and functional.

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.