

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: 26/07/2023

Pharmacy context

The pharmacy is on a busy high street in Walthamstow. It dispenses both NHS and private prescriptions and provides a range of services. The services it provides include the hypertension service, the contraception service, New Medicines Service (NMS), Community Pharmacists Consultation Service (CPCS) and other services under Patient Group Directions (PGDs). The pharmacy also provides medicines in multi-compartment compliance packs to support people with taking their medicines.

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 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	4.3	Standard not met	The pharmacy does not always store its medicines securely and in accordance with legislation.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally operates safely and effectively. It maintains the records required by law for the safe provision of services. The pharmacy team knows how to help protect the welfare of vulnerable people and it suitably protects people's private information. Team members record and respond appropriately when mistakes happen during the dispensing process, but there are some gaps in the recording, which could make it harder for them to learn from mistakes.

Inspector's evidence

The pharmacy had a set of Standard Operating Procedures (SOPs) and these were signed by team members. The pharmacy had SOPs available for drug alerts and recalls, dispensing errors, and changeover of the responsible pharmacist (RP), which covered tasks which could be carried out in the absence of a pharmacist. The name of the 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 an RP.

Team members recorded mistakes they made during the dispensing process that had not gone out to the people (near misses) in a near-miss register. However, there were gaps seen in the records. And the pharmacy could not show that it analysed 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 explained that they would separate medicines that looked similar or sounded alike to reduce the risk of dispensing errors. The RP explained any incidents or dispensing errors that go out to patients would be rectified, recorded in the pharmacy, and reported.

A complaints policy was not available on inspection, but team members explained how they would deal with a complaint. They would attempt to resolve the issue themselves where possible and if they couldn't, they would escalate to the RP or superintendent (SI). 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 RP register was held on the patient medical record (PMR) system, and the RP signed in daily. However, the RP did not always sign out at the end of the day. Private prescriptions were recorded in a register, but the prescriber details were not always recorded accurately. Emergency supply records were available but the reason for supply was not always entered. The supply of unlicensed medicines record was well maintained. The pharmacy kept running balances in all the CD registers and checked these regularly. A random check of a product showed the recorded stock and physical stock were the same.

The pharmacy did not have signed IG policies at the branch; the RP advised these were kept at the other branch and that staff had read them. The pharmacy team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and separated confidential waste prior to disposal. The RP had access to summary care records (SCR) and obtained written consent from people before accessing.

The pharmacist had completed level 3 safeguarding training. The pharmacy team members had completed level 2 safeguarding training. The pharmacy team members could recognise red flags and

knew how to report concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together and are supported in promoting the services they offer. They have the right training for their roles and are provided with ongoing training as new services develop. The pharmacy has an adequate number of staff to manage its workload. But there has been a significant increase in workload recently. And to help address this, the pharmacy is attempting to recruit additional team members.

Inspector's evidence

At the time of the inspection, the team comprised of the RP, two trained dispensers, one trained medicines counter assistant (MCA) and one trainee MCA. There were also two trainee pharmacists, one at the start of their training and one towards the end of their training. The trainee MCA was recently employed and not yet enrolled onto a course, but the RP confirmed they would be enrolled within three months of starting once they had completed their probationary period. The RP reported that there had been a significant increase in workload over the last seven months, however the number of staff had not increased to help manage the workload. The pharmacy was in the process of recruiting new team members. The RP described how there had been an issue with retaining team members and the pharmacy was finding it difficult to recruit experienced staff.

Pharmacy team members completed training for relevant services provided. Trainee pharmacists were enrolled on a foundation training programme. Performance reviews were carried by the SI and the RP would feedback to staff regularly to provide them with updates and areas for development.

The RP set targets for the team members to engage people onto the services they provided. The RP received targets from the SI to maintain prescriptions numbers but did not feel they compromised their professional judgement in achieving those targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure, and they are suitable for the services the pharmacy provides. People can have conversations with team members privately. The public area is clean and organised. But the dispensary is cluttered, and the team could do more to ensure it is kept organised.

Inspector's evidence

The pharmacy shop floor was clean, organised and well maintained. The pharmacy premises could 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. It had a private consultation room available, which was lockable to prevent unauthorised access. The room was big enough for wheelchair users and conversations could not be heard outside of the consultation room.

The dispensary was situated behind a wall to provide privacy for confidential conversations. The dispensary was cluttered, and workbenches and floor space were not clear. There was a sink in the dispensary available for preparing medicines.

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 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. This could make it harder for people using the website to know these details. The RP said the website was under development at the time and provided an assurance that he would inform the SI of the information which needed to be included.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always keep its medicines secure or store them properly. However, it obtains its medicines from reputable sources and otherwise stores them properly. It generally manages and delivers its services safely and effectively and makes its services accessible to people. Team members make the right checks for people who are taking high-risk medicines and provide them with the relevant information so they can take their medicines safely.

Inspector's evidence

People accessed the pharmacy via an automatic door. The pharmacy had an established workflow for preparing prescriptions and multi-compartment compliance packs. Prescriptions waiting to be collected were prepared by the dispenser and the RP used a bell system to alert counter staff when the medicine was ready to be handed out. 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 service and contraception service when dispensing their prescriptions.

The pharmacy supplied medicines in multi-compartment compliance packs to support people in taking their medicines. The dispenser had a process to help track when the packs were due. The packs were provided with a backing sheet, which included details of the medicines and instructions about how to take them. 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. Team members raised any changes in medicines with the pharmacist, who also managed packs for people who were in hospital. The pharmacy offered a home delivery service. Team members highlighted any medicines containing fridge items or CD items. The delivery driver kept an audit trail of what was delivered using a delivery book. The confidentiality of the service users was maintained by returning the delivery book to the pharmacy.

The pharmacy also provided medicines in packs to people living in care homes in the local community. It conducted audits and regular visits at the care home to support with safeguarding the care home residents. The pharmacy supplied medicine administration record (MAR) charts with the medicines to support the care home staff members in administering medicines.

The pharmacy supplied some prescription-only medicines, such as travel vaccines, treatments for urinary tract infections and salbutamol, via private PGDs. The PGDs were held electronically and those checked were in date. The RP carried out clinical checks on prescriptions for high-risk medicines. They ensured cytotoxic drugs such as methotrexate were handled with gloves. They provided relevant material to patients such as lithium monitoring books and alert cards, anticoagulant alert cards and valproate pregnancy prevention literature. The RP explained that for prescriptions of valproate, they would conduct the relevant checks and refer to the GP if patients were in the at-risk group and not enrolled on the Pregnancy Prevention Programme (PPP).

The pharmacy obtained medicines from licensed wholesalers and stored them on the shelves. The pharmacy had medicinal waste bins to store out-of-date stock and medicines people had returned.

Team members removed dispensing labels and shredded them before disposal. However, the pharmacy did not store all its medicines securely and in accordance with legislation. Loose medicine blisters and tablets decanted into bottles with no expiry dates or batch numbers were found on the dispensary shelves. These were removed during the inspection.

Pharmacy team members used a robust system to check medicine expiry dates regularly and kept a record of this. 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. The fridge temperatures during the inspection were within range.

Over-the-counter medicines were stored appropriately, and staff were aware of higher-risk over-the-counter medicines such as painkillers containing codeine and the decongestant Sudafed. Team members asked relevant questions and referred to the RP if they had concerns. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. Team members explained how they would action medicine recalls and provided an example of the most recent recall they had actioned. The RP explained they would print the relevant alerts for the team to action and inform staff where needed. But there was no evidence found during the inspection of this being 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 equipment and facilities it needs to provide its services safely. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources available. The pharmacy had a set of clean, calibrated glass measures for measuring liquids. Separate measures were available for liquid CD preparations to 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. Medicines awaiting collection were stored appropriately and patient-identifiable details were not in view of people from the shop floor.

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.