

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: 06/03/2024

Pharmacy context

This pharmacy is located on a busy local high street in East London. The pharmacy serves people of all age ranges and backgrounds. It dispenses both NHS and private prescriptions and provides a range of services. The services it provides include the New Medicines Service (NMS), flu vaccines, travel vaccines and multi-compartment compliance packs for people needing help taking their medicines.

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 generally operates safely and effectively. Team members record and respond appropriately when mistakes happen during the dispensing process. People who use the pharmacy can provide feedback. But the pharmacy team could do more to make sure that people's confidential information is always disposed of appropriately.

Inspector's evidence

Standard operating procedures (SOPs) were available. The responsible pharmacist (RP) was in the process of updating the procedures. He said that he would be asking all team members to read and sign the relevant SOPs to confirm that they had understood them.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were seen to be routinely recorded. The RP said these were discussed with the team. He described some changes the pharmacy team had made in response to near misses, for example, rearranging stock on the shelves. He had also briefed team members to read the label back to themselves to minimise labelling errors. A procedure was in place for dealing with dispensing mistakes which had reached a person (dispensing errors), which included documenting and reviewing the mistake.

The pharmacy had current indemnity insurance cover. 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 and were generally in order. The supply of unlicensed medicines record was well maintained. The pharmacy kept running balances in all the CD registers and checked these regularly, though not in line with the pharmacy's SOPs. A random check of a product showed the recorded stock and physical stock were the same.

People were able to give feedback or raise concerns online or verbally. The pharmacy also displayed leaflets with its contact details, including an email address where they could send feedback.

The RP was in the process of creating information governance policies for the pharmacy. The pharmacy team members understood the principles of data protection and confidentiality. Confidential waste was normally shredded at the pharmacy, but a sheet of labels containing confidential information was found inside the general waste bin. This was removed for shredding during the inspection. The RP said that he would be providing additional, more formalised training to the team. He was also looking into arranging confidential waste disposal with an approved contractor. The RP had access to National Care Records and obtained written consent from people before accessing these.

Some members of the team had not completed training on safeguarding children and vulnerable adults. The RP said that most members had recently started working at the pharmacy and that he would be providing them with some in-house training. The RP had completed level 3 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload. Team members are provided with some training for their roles. But the pharmacy does not always enrol its team members onto suitable courses in a timely manner.

Inspector's evidence

During the inspection, the pharmacy was staffed by a regular RP, a trainee dispenser, three assistants and three work experience students. The trainee dispenser had started on the day of the inspection. Two of the assistants worked in the dispensary and the third worked at the medicines counter. The RP said that the pharmacy had struggled with short staffing for many months and had previously not been able to find suitable candidates when advertising the vacant positions. Staffing levels had only recently improved and most team members had recently started working at the pharmacy.

Both assistants in the dispensary were on their probation period and had been informed that they would be enrolled onto a dispensing course if they successfully completed their probation. The third assistant, who was covering the medicines counter, had been working at the pharmacy for over eight months. She had not been enrolled onto a suitable course, although she was involved in selling Pharmacy-only medicines (P-medicines). She was observed asking the relevant questions when selling P-medicines and providing additional advice. Following the inspection, the RP sent evidence of her enrolment onto a suitable course.

Team members were provided with in-house training at the start of their employment, and this covered the electronic system, sale of medicines, and dispensing process. They had access to product leaflets and counter medicine booklets, but team members said the pharmacy was too busy to complete additional training during working hours. Performance was discussed informally. Team members were happy to raise concerns directly to the RP.

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 not always kept clean and tidy.

Inspector's evidence

The pharmacy had a large retail area which was generally clean and tidy. The medicines counter and dispensary were located to the back of the shop floor. A consultation room was available and was located beside the medicines counter. The room could be accessed from the retail area and the dispensary. It was big enough for wheelchair users and conversations could not be heard outside of the consultation room. The dispensary had sufficient work and storage space, but shelves were dusty. The dispensary floor was littered with bits of paper and dust. There was a sink in the dispensary available for preparing medicines, but it was not clean. A cleaning rota was displayed but the RP said that he did most of the cleaning. Following the inspection, the RP sent evidence showing that the dispensary floors and shelves had been cleaned.

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 premises could be protected against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources and largely stores them properly. It generally manages and delivers its services safely and effectively and makes its services accessible to people. But it does not always 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. There was step-free access and ample space for people with wheelchairs or pushchairs.

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 New Medicine Service when dispensing their prescriptions. Team members were observed confirming people's details before handing medicines out, and checked the medicines with them.

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, but these were not always updated with drug descriptions to help people identify their medicines. People were not always provided with patient information leaflets routinely. This may mean they do not have up to date information about their medicines. 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 pharmacy had recently started the Pharmacy First service. It was providing all pathways except treatment for otitis media as the RP was still awaiting training on the otoscope. The RP assessed people and if they did not meet the criteria for the supply of antibiotics, he would provide them with advice on over-the-counter remedies. The RP described referring some people to their GP, for example, if a person had already received a course of antibiotics from another pharmacy. Consultations and supplies were documented on the Sonar system.

Members of the dispensary team, including the RP, were not aware of the updated guidance on the supply of valproate. The RP said that the pharmacy team was relatively new and that he would ensure that all team members familiarised themselves with the guidance. People taking other high-risk medicines were not routinely identified and provided with additional counselling. The pharmacy would also introduce a system to highlight prescriptions for high-risk medicines to make sure people were provided with the relevant advice.

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. 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. The pharmacy had a backlog in some tasks, including its date checking, due to previous staff shortages. The RP said that the team had recently restarted checking expiry dates of medicines. A medicine which had expired on 01/24 was found still on the shelf. Drug alerts and recalls were received electronically. The RP said that he actioned alerts but did not keep any audit trails to confirm this. He said that he would start keeping records.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

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.