

Registered pharmacy inspection report

Pharmacy Name: Osbon Pharmacy, 133 George Lane, LONDON, E18
1AN

Pharmacy reference: 1040233

Type of pharmacy: Community

Date of inspection: 17/05/2023

Pharmacy context

The pharmacy is located in a small parade of shops on a busy main road. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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's working practices are largely safe and effective. The pharmacy generally keeps the records it needs to by law so that medicines are supplied safely and legally. It protects people's personal information well and people who use the pharmacy can provide feedback. Team members understand their role in protecting vulnerable people. Team members respond appropriately when mistakes happen during the dispensing process.

Inspector's evidence

Standard operating procedures (SOPs) were available which had been prepared in 2019 but there was no record of a review since then. Team members said the regular pharmacist was in the process of going through the SOPs. Team members had read SOPs which were relevant to their roles.

Team members have been briefed to check with the RP before selling any medicines that are liable to abuse and misuse. The pharmacy only ordered liquid codeine preparations if they had received an NHS prescription, which the responsible pharmacist (RP) said was rare.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Team members described how near misses were rectified when they were identified by the pharmacist and a record was made on the near miss log. Near misses were reviewed by the regular pharmacist weekly and findings were discussed with the dispenser. As a result of past reviews different formulations of mirtazapine had been separated as well as different strengths of amlodipine, bisoprolol and zopiclone. Near misses were observed to be recorded consistently. The RP said there had not been any reported dispensing errors whilst he had worked at the pharmacy. He was able to describe the action that he would take in the event that there was one including reporting the error. The dispenser described a previous instance where there was an error with the delivery and the wrong person's medicines had been placed into someone else's bag. Following this incident, controlled drugs (CDs) were always packed in a different bag and team members checked all deliveries before handing them over to the driver and signatures were obtained on delivery of the medicines.

An incorrect RP notice was initially displayed, this was changed during the inspection. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. People also left reviews online.

Records for emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained. A random check of a CD medicine quantity complied with the balance recorded in the register. Private prescription records were also generally well maintained but the prescriber details recorded on some of the entries were incorrect. Controlled drugs (CDs) that people had returned were recorded in a register.

Team members had a smartcard to access the NHS electronic systems. An information governance policy was available which had been discussed with team members. Confidential waste with people's private information on was shredded. The pharmacy's computers were password protected and screens

faced away from people using the pharmacy. Team members logged out of the computer in the consultation room before taking people into the room. Assembled medicines which were due to be collected were stored on shelves in the dispensary. Summary Care Records were accessible to pharmacists and consent to access them was gained verbally.

The RP had completed level two safeguarding training and was in the process of completing level three and most team members had been verbally briefed. Team members would raise any concerns with the pharmacist, the pharmacist was aware of where to find information for the local safeguarding contacts.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services provided. And it supports its team members with ongoing training. This helps them keep their knowledge and skills up to date. However, the pharmacy does not always ensure that its team members are enrolled on appropriate training courses in a timely manner.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP who was a locum pharmacist and worked at the pharmacy one day each week. There was a dispenser who was an overseas pharmacist who had not completed or been enrolled on any formal accredited training despite having started working at the pharmacy in September 2022. Shortly after the inspection the regular pharmacist confirmed that the team member had been enrolled onto the dispenser training course. A trainee medicines counter assistant (MCA) covering the counter was in the process of completing the combined counter assistant and dispenser training course. Team members were able to manage their workload during the inspection. The superintendent pharmacist (SI) worked at the one of the pharmacy's other branches.

The MCA asked appropriate questions before recommending treatment and counselled people on the use of over-the-counter medicines. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Staff performance was managed informally by the regular pharmacist who provided team members with ongoing feedback. The RP was in regular contact with the director of the company, and he would ask team members to pass on information to the regular pharmacist or leave notes. The RP and team members felt able to give feedback and share concerns with the director.

To keep up to date team members completed training in accordance with NHS requirements. In the past they had completed training on domestic abuse, inhaler technique, weight management, infection prevention, antimicrobial resistance and cancer diagnosis and prevention. Team members were provided with time at work to complete their training. Team members were not set targets for the services provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was bright, and the retail area was clean and organised. The dispensary was tidy and organised. There was ample workspace available for dispensing and checking which was clear and organised. Cleaning was carried out by team members at regular intervals. A clean sink was available for the preparation of medicines. The pharmacy had a consultation room which was easily accessible from behind the medicines counter. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. There was no confidential information held within the room. Since the last inspection the location of where assembled prescriptions were kept had been moved and people's private information was no longer visible to those accessing the consultation room. The room temperature and lighting were adequate for the provision of pharmacy services and the safe storage of medicines. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services

Inspector's evidence

The range of services offered by the pharmacy was adequately promoted. Access into the premises was via a flat entrance from the street, team members would go and help people who required assistance. Aisles were also wide and clear with easy access to the counter. Team members were aware that signposting may be necessary where people required an additional or alternative service. The pharmacy had the ability to produce large-print labels when needed. The RP described how the pharmacy received a number of referrals from local GPs for the hypertension service.

The pharmacy had an established workflow. Prescriptions were received electronically, then printed out and labels were processed. Prescriptions with less than two items were dispensed and checked in advance of people coming in to collect. Those with two items were processed and stock was ordered, and the prescription was assembled when the person presented to collect. Prescriptions were dispensed by a dispenser and checked by the RP. Dispensed and checked-by boxes were available and were routinely used. Baskets were used to separate prescriptions, preventing transfer of items between people.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The team generally dispensed sodium valproate in its original pack and the RP ensured any warnings were not covered with the labels. Additional checks were carried out when people collected medicines which required ongoing monitoring. The RP ensured people were supplied with leaflets for these medicines. In addition, for methotrexate the pharmacy did not dispense the 10mg strength and the RP checked that people were having their regular blood tests. When people collected warfarin, if they had their yellow book this was checked, and the RP would document information on the computer system.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. The pharmacy worked one week in advance to ensure people's medicines were ready for when they were needed. Prescriptions were compared against the person's electronic record and any changes were queried with the person or the surgery. Packs were prepared by a dispenser once the prescriptions were received and checked by the RP. In the event that someone was admitted into hospital the pharmacy was usually sent a copy of the discharge summary. Assembled packs seen included product descriptions and patient information leaflets (PILs) were routinely supplied. However, mandatory warnings were missing from the backing sheet. The RP and dispenser gave an assurance that they would speak to the system provider to change the settings and ensure these were automatically printed.

Deliveries were carried out by a designated driver who was shared with other branches. driver obtained signatures when delivering medicines. The pharmacy team prepared an audit sheet of deliveries for the

driver and marked any fridge lines or CDs. In the event that someone was not available a note was left for them, and medicines were returned to the pharmacy.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly every three months and kept records of when this had happened. Short-dated medicines were identified and marked and recorded on a list. There were no date-expired medicines found on the shelves checked. Fridge temperatures were checked daily and recorded. These were observed to be within the required range for the storage of medicines. Out-of-date and other waste medicines were disposed of in the appropriate containers which were kept separate from stock and collected by a licensed waste carrier. CDs were held securely. Drug recalls were received via email or directly from the wholesalers. These were checked and processed by the team.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had glass measures and tablet counting equipment. Equipment was clean and ready for use. A fridge of adequate size was available in the dispensary. A blood pressure monitor was available which was used as part of the services provided. The RP was unsure of the arrangements for calibration and provided an assurance that he would check with the regular pharmacist. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

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.