General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Essex Chemist & Optician, 41 Essex Road, Islington, LONDON, N1 2SF

Pharmacy reference: 1040295

Type of pharmacy: Community

Date of inspection: 30/10/2019

Pharmacy context

This pharmacy is located off a busy main road. The pharmacy previously had an optician within the same premises but this no longer exists. The pharmacy dispenses medicines predominantly to people residing locally. The pharmacy provides Medicines Use Reviews and New Medicine Service checks to people. And it offers an emergency hormonal contraception service.

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 not all met	1.6	Standard not met	The pharmacy does not keep all its records fully in line with legal requirements.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have enough suitably qualified staff to ensure that its services and workload are managed safely.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy does not keep a reliable audit trail for when medicines are 'owing'. And this could mean that the pharmacy cannot show what was supplied.
		4.3	Standard not met	The pharmacy does not always keep its medicines securely and in accordance with legislation. And it does not have a robust date-checking process in place.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy's records that it must keep by law are not all complete or accurate. The pharmacy does not have up-to-date written procedures for all the services it provides. So, these may not reflect current practices. The team members generally respond appropriately when mistakes happen during the dispensing process. But they don't always record these mistakes. So, they might be missing opportunities to learn and make the services safer. The pharmacy protects people's personal information adequately. But it could do more to ensure that the information is protected at all times.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available, these had been prepared in 2015 and there was no record to show that they had been reviewed since then. The SOP for controlled drug (CD) requisitions had still not been updated to take into consideration legislative changes and core dispensing SOPs had similarly not been updated following the introduction of the Falsified Medicines Directive (FMD) despite previous advice by an inspector. Team members had not signed the SOPs relevant to their roles to confirm that they had read and understood the SOPs.

No near misses had been recorded since 2018. The responsible pharmacist (RP) said that previously she had used a book to record near misses but had misplaced this and could not locate it.

Dispensing incidents were recorded in the same book as near misses. The RP said that there had not been any reported incidents in September or October 2019. She described an incident where the wrong strength of amlodipine was dispensed but this was picked up at the counter before being supplied. She explained that the different strengths of amlodipine had previously come in similar packs. She said that she was thinking of recording dispensing errors electronically.

The correct RP notice was displayed but this was not visible to people. The RP log, which was held electronically, was not compliant as the time the pharmacist ceased responsibility was not recorded on most occasions.

Private prescription records did not always have the correct date recorded of when the prescription had been issued. Emergency supply records were well maintained. The RP said that the pharmacy had not supplied any unlicensed medicines for some time. Entries in the CD register were not always made within the required time limit, and they were not always accurate. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received.

The pharmacy had current professional indemnity insurance. Feedback from people accessing services was sought via annual questionnaires. A complaints procedure in place. The RP who was also the owner said she mainly obtained positive feedback. She said that there had not been much feedback which had required changes to be made.

An information governance policy was in place. The previous team member had been trained on data protection and confidentiality by the RP. Only the RP had an NHS smartcard to access NHS systems. She also had access to Summary Care Records and consent to access these was gained verbally form people.

Not all people's personal information was properly protected against unauthorised access, but the RP said that this would be done and started resolving this during the inspection.

The RP had completed level two safeguarding training and described that she would access the safeguarding Islington page if she had any concerns.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy does not have enough staff and are struggling to cope with its workload and tasks such as date-checking. The pharmacist completes ongoing training to keep her skills and knowledge up to date.

Inspector's evidence

At the time of inspection, the pharmacy team comprised of the RP, and a trained medicines counter assistant (MCA) who had been asked to temporarily cover after the regular MCA had left at short notice the previous week. Another trained MCA was due to return to work the following week and the RP planned to enrol her on the dispenser training programme. The RP said that she was looking to employ a trained dispenser and had advertised for the position. Following the inspection the RP said that a number of people had applied and she was due to interview people for the position.

The RP said that she was managing the workload by taking steps such as reducing the amount of extra work taken on, and refusing delivery. She was trained to provide flu vaccinations but had not started offering them. The RP appeared to struggle with the workload during the course of the inspection and this was also apparent in the record-keeping and cleaning. The RP agreed that the pharmacy did not have enough dispensary staff. Previously a locum pharmacist had worked alongside the RP once or twice a week to support the RP. However, since the beginning of September the RP had worked on her own. At the time of the inspection other than the RP there were no other permanent members of staff. The RP was the sole-trader and owner of the pharmacist and worked at the pharmacy as the regular pharmacist.

The MCA mainly covered the medicine counter and retail area. She asked appropriate questions and always referred to the pharmacist before selling any medicines. She said she would not sell medicines or hand out dispensed medicines in the absence of the RP. Targets were not set for the MCA.

To keep up to date and as part of her revalidation, the RP carried out independent reading from pharmaceutical magazines. She had also attended a one day training course held by Greenlight pharmacy. She had completed training online on the Sonar platform for her flu accreditation and was due to refresh her safeguarding training using The Centre for Pharmacy Postgraduate Education (CPPE) online training course.

The RP said that previously when she had permanent staff, when information was received from manufacturers or if there was an article in any of the pharmacy magazines half an hour was dedicated in the morning to read and look through this information.

The pharmacy did not have a whistleblowing procedure in place. Team members would speak to the RP if they had any concerns. The RP planned to speak to the NPA and look into setting up a procedure.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are mostly clean. People can have a conversation with a team member in a private area. But the pharmacy could do more to make sure that it keeps its consultation room tidy and free from clutter.

Inspector's evidence

This was a small pharmacy; the dispensary was located at the back of the shop and had limited work and storage space. Workbenches were roughly allocated and were relatively clear. The RP was self-checking and described taking a mental break between dispensing and checking she also went through people's medicines with them before handing their medicines out; this acted as a third check. The fittings in the pharmacy had not been updated for some time and shelves were dusty. There was a sink in the dispensary which was used for the preparation of medicines and hand washing. The sink area was cluttered with food and cups and cutlery.

A small consultation room was available but it was cluttered. The RP said that it would be cleared, and asked the MCA to help her do this. The RP was due to provide flu vaccinations from the room in the near future. A second room, located behind the consultation room, was used by an osteopath twice a week. This room was clean and tidy.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy does not always keep its medicines securely and in accordance with legislation. This increases the risk of these medicines being removed from the pharmacy without it knowing. The pharmacy orders its medicines from reputable sources but it does not have a robust date-checking process in place. This may mean that people may inadvertently be supplied with expired medicines. The pharmacy does not keep a reliable audit trail for when medicines are 'owing'. And this could mean that the pharmacy cannot show what was supplied. And there is a risk that people get the wrong quantities of medicines. The pharmacy does not always provide people with detailed descriptions of their medicines when they pack these in multi-compartment compliance packs. So, patients and carers may not always be able to identify which medicines are which. It does not always provide people with the information leaflets that come with their medicines. This means that people may not always have the information they need to take their medicines safely.

Inspector's evidence

Access into the pharmacy was via a step; team members helped people who required assistance. Services were advertised on the NHS UK website.

The RP self-checked all medicines dispensed including multi-compartment compliance packs. She described taking a mental break in between dispensing and checking. She also showed people their medicines before handing them out to them. Individual labels were not attached to all boxes of medicines dispensed. Three packs of ramipril capsules had a single label attached across all three packs as did three boxes of clopidogrel and simvastatin. This could mean that the labelling information is misplaced if a person separated a pack from the bundle. Dispensing audit trails were not maintained to help identify pharmacist involved in dispensing and checking a prescription. There was limited workspace and benches were cluttered. But this was mitigated to some extent by the pharmacy using baskets during the dispensing process to prevent the mixing of people's prescriptions. Prescriptions were not attached to medicines awaiting collection which meant the pharmacy team was relying on bag labels to conduct checks at hand out. There was a risk that medicines could be handed out after a prescription was no longer valid. Owings slips were not generated to help the pharmacist keep track of owed items. For example, part-dispensed medicines for one person were found bagged up. This bag contained a box of 84 tablets which had been dispensed and another label for 56 which had a 'P' written on it; the RP said this meant paid. It was unclear as to what had already been supplied.

There was no system in place to highlight prescriptions for higher-risk medicines. the RP checked INR levels for people taking warfarin but these were not recorded for reference. The SI had read the valproate guidance and said she would check if there was risk of pregnancy when dispensing this medicine to women. She said she would provide the information cards but these were not available to hand. She did not know how to label valproate removed from its original pack. The inspector informed her of the requirements. The pharmacy did not have anyone who fell in the at-risk group who collected valproate on a regular basis.

Prescriptions for people receiving their medicines in multi-compartment compliance packs were either received automatically or managed by the pharmacy. Repeat slips were annotated with due date and filed accordingly; these were then sent electronically to the GP surgery. Prescriptions were cross-checked with individual record sheets and the patient medication record (PMR) system to confirm all

items ordered had been prescribed and to identify any changes. Individual record sheets were redone if several changes were made; this helped reduce confusion. Medicine descriptions were not provided for medicines placed in the packs and patient information leaflets (PILs) were not seen to be supplied.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. Medicines were seen to be stored loosely in blisters on the shelf outside of their original packs. Some of these had no indication of batch number or expiry date. There was also a number of original packs which had mixed batches inside. CDs were not all kept in accordance with legislation.

The RP said she conducted expiry date checks regularly but was not keeping records. A medicine was found on the shelf which had expired in June 2017 and another medication in August 2019. Out-of-date and other waste medicines which had been identified by team members were segregated from stock and then collected by licensed waste collectors.

The RP had spoken to the patient medication record supplier about the Falsified Medicines Directive (FMD). She had been told that they did not provide the service. This had not been followed up and the RP was due to find another company who provided this.

The RP received drug alerts and recalls electronically but did not keep a record of action taken in response to these. This could make it harder for the pharmacy to show what action it had taken in response.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines and separate measures were used for liquid controlled drugs to avoid contamination. A medical fridge of adequate size was also available.

Up-to-date reference sources were available including access to the internet. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was shredded.

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.