General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Spring Pharmacy, 233-235 Hoxton Street, LONDON, N1 5LG

Pharmacy reference: 1040300

Type of pharmacy: Community

Date of inspection: 03/09/2024

Pharmacy context

This pharmacy is located on a local high street in close proximity to a GP practice. The pharmacy provides NHS services such as dispensing prescriptions, the New Medicine Service (NMS), Emergency Hormonal Contraception (EHC), COVID and flu vaccinations and the Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to people who need this support to manage their medicines at home, and it offers a delivery service. The pharmacy also runs a travel clinic using patient group directions (PGDs).

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	4.2	Standard not met	The pharmacy does not ensure that it has valid patient group directions (PGDs) when providing its travel clinic service.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy keeps the records it needs to by law, and it uses written procedures to ensure that team members understand their responsibilities and how to carry out activities. Team members respond appropriately when a mistake happens during the dispensing process, and they make records to identify learnings. People using the pharmacy's services can easily provide feedback. Team members protect people's information well and have the relevant training to safeguard the welfare of people using their services.

Inspector's evidence

Standard operating procedures (SOPs) were available for the team to refer to if required. The superintendent pharmacist (SI) was in the process of updating them. Not all team members had signed the SOPs relevant to their roles but they confirmed that they had read them. When asked, the dispensers and medicine counter assistants (MCAs) were clear about their roles and knew when to refer to the responsible pharmacist (RP). They knew what activities could and could not be done in the absence of an RP and to contact the SI if a pharmacist is not available upon opening of the pharmacy.

The RP notice was correct and visible at the time of inspection. The RP record was held electronically and was largely complete, with some sign out times missing. Records about the vaccinations were complete, with a record made about people's relevant medical history and the relevant points that had been discussed with people receiving the service. Documentation for unlicenced medicines supplied and private prescription records were well maintained. The RP said that they did not often give emergency supplies. However, they often used the emergency supply function on the patient medication record (PMR) system to record private prescriptions which were emailed to the pharmacy from clinics. This helped the pharmacy to process these prescriptions quickly but keep a record that they were awaiting receipt of the original prescription. Of the few records that were checked for emergency supplies, the nature of the emergency was not always documented. And this may mean that this information is harder to find out if there was a query.

A random physical check of three controlled drugs (CDs) showed the quantities matched the balance recorded in the register. And regular balance checks were recorded as per the pharmacy's SOP. The RP explained that CD prescriptions were double checked by a pharmacist prior to being handed out by another team member. The dispenser said they would complete the relevant checks, including confirming the identity of the person or representative, checking the relationship to the patient, and obtaining a signature for proof of collection upon handout of a CD. Expired CDs were separated from the stock medicines and the RP was aware of the need to contact the local Controlled Drugs Accountable Officer to obtain authorisation for destruction.

The pharmacy had logs available to record dispensing mistakes that were identified before reaching a person (near misses). And near misses were usually recorded by the person who made the mistake, to encourage ownership and learning. Each team member had a near miss log to identify trends and patterns, which helped the individual to identify learning points and document action taken to rectify the mistake. Informal discussions with the pharmacist were had at the time the mistake was made to address any feedback and generate ideas to prevent future mistakes. The SI and RP showed that a few medications with different strengths or those that looked alike, had been separated on the shelf or in

stock drawers, demonstrating some action taken to minimise mistakes. There were also stickers on the shelves which highlighted different formulations and reminded staff to double check to help reduce picking mistakes.

The RP and SI said that in the past they had experienced dispensing mistakes which had reached the person (dispensing errors), however they had not had a dispensing error occur in the last few years. Team members reported all dispensing errors to the SI. The SI described the steps that they would take in the event that a dispensing error occurred. These included speaking to the person who had received the error and reporting to the person's GP if necessary. And following the SOP, which involved completing a root cause analysis with the team members involved to identify the cause, learnings, any specific outcomes and establish corrections. There was an SOP available for dealing with dispensing errors which included an incident reporting form. The SI gave assurances that the SOP would be updated to include the Learn from patient safety events (LFPSE) service details to ensure any errors are reported to the national system.

The pharmacy had current indemnity insurance. Feedback or complaints from people using the pharmacy's services could be received verbally in person or by telephone. If a complaint was received, team members had an SOP to refer to and they could escalate issues to the SI. The SI said that people sometimes gave feedback via online platforms and where possible they responded to these to drive improvements.

Confidential paper waste was collected by an external contractor for appropriate destruction. And checked medications that were awaiting collection were stored in the dispensary to ensure that people's information was not visible from the counter. Patient-returned medicines that were to be sent for destruction had patient details still attached, the SI gave assurances that these would be removed or redacted appropriately in the future. Team members had completed General Data Protection Regulation (GDPR) and information governance training through the NHS Data Security and Protection Toolkit. A privacy notice and chaperone policy were displayed in the retail area for people's information. All pharmacy team members had completed safeguarding training and understood safeguarding requirements. Team members were able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. The dispenser explained that they would discuss any safeguarding concerns with the RP. And the contacts of local safeguarding boards were displayed in the staff kitchen for ease of reference if necessary.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members can raise concerns if needed, in an open environment. Learning resources are available to the team for ongoing training, and team members can access these during work hours.

Inspector's evidence

The team present during the inspection consisted of the SI, the RP, a trainee foundation pharmacist, two dispensers and two MCAs. All team members were qualified or enrolled on accredited courses. The SI explained that locum staff were employed for business continuity when required to cover any pharmacist absences.

There were no numerical targets set for the services offered and the team was up to date with dispensing prescriptions with no backlog of workload. When asked, the MCA was able to demonstrate an awareness of medicines with the potential for misuse and could identify people making repeat purchases. They knew questions to ask when selling medicines or providing advice and knew when to refer to the pharmacist.

Team members did not have a formal appraisal, but the dispenser said informal discussions were had to discuss any feedback or concerns. When asked, the dispenser felt able to raise concerns with the SI and RP, and described working openly as a team. There was no structured process for ongoing development of the team. However, they were able to access, pharmacy magazines and leaflets, and online training resources in work hours. Any new products or processes were discussed in team huddles.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy, with adequate space for providing its services safely. It keeps its premises safe and people visiting the pharmacy can have a conversation with a team member in private. The premises are secure from unauthorised access when closed.

Inspector's evidence

The dispensary was located at the rear of the retail area, which allowed team members to see people entering the pharmacy. The dispensary computer screens could not be seen from the shop area. There was a suitably sized consultation room to the right of the retail area for the provision of services. The room allowed people to have a conversation inside at a normal level of volume and not be overheard. Pharmacy-only medicines were kept behind the counter. The premises were well-lit, and there was air conditioning available to maintain a suitable temperature for the storage of medicines. Handwashing facilities were available in the dispensary and kitchenette. And a staff toilet was available with separate handwashing facilities.

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

Summary findings

The pharmacy does not have valid PGDs in place for its private travel clinic services. However, it provides its other services it a generally safe way, and it is accessible to a range of people with varying needs. It obtains its medicines from reputable sources and generally stores them properly. And people taking higher-risk medicines are identified so that team members have an opportunity to provide them with appropriate advice.

Inspector's evidence

The pharmacy had step-free access available via a small ramp with an automatic door large enough for people with wheelchairs and pushchairs. Large-print labels were available on request and healthcare leaflets were available in front of the counter. Some team members were multi-lingual.

Medicines were sourced from licensed suppliers. The RP said that expiry-date checks were carried out every three months and team members confirmed that a date checking matrix was in use, however this was not seen at the time of inspection. A random spot check of stock revealed no expired medicines and stickers were used to highlight the short-dated items. Medicinal waste bins were available and were collected periodically by a waste contractor. And a sharps bin was available in the consultation room for correct disposal of vaccinations. Temperature records for the pharmaceutical fridges were completed daily and showed no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius.

The pharmacy received safety alerts and drug recalls, or information about other problems with medicines or medical devices, through the pharmacy's email. The SI said that the emails were checked by the team daily. The pharmacy did not have a current audit trail of the actioned alerts, the SI gave assurances that an audit trail would be created for future alerts.

Team members were observed following the SOP for dispensing prescriptions and baskets were used to keep items for different people separate. Dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks. The pharmacy dispensed some medicines in multi-compartment compliance packs for people who needed help to manage their medicines. Packs were assembled in a designated area of the dispensary to avoid distractions. The pharmacy used spreadsheets to keep track of ordering regular medications in a timely manner and any changes were clearly documented on the patient's PMR. The dispenser said that they contacted the surgery if there are any items missed or any changes made to a person's regular prescription. And discharge letters from other healthcare settings were uploaded to people's PMR for ease of access to this information. Medicine warnings were printed on the sheets inside of the packs, alongside descriptions of each of the medicines. PILs were routinely provided, to ensure people have up-to-date information about how to take their medicines safely.

The pharmacy offered a delivery service and had a designated delivery driver, all deliveries were made within the pharmacy opening hours. The pharmacy used an app to obtain signatures from people once they had received their deliveries. CDs were bagged separately, and the driver obtained peoples signatures on the back of the prescriptions for these medicines. Medicines were returned to the pharmacy if people were not home, and the pharmacy had contact numbers for people receiving

deliveries and would reschedule where necessary.

For uncollected medications, the prescriptions were removed from the shelf every three months. Those prescriptions that people did not come in to collect were returned to the prescriber or marked as not dispensed on the system. Stock for these prescriptions was returned to the shelf where appropriate.

When asked, the dispenser was aware of the risks involved when supplying valproate products to people who could become pregnant. They also knew about the guidance to supply these products in complete original manufacturer's packs, and to ensure they didn't cover any of the warnings with dispensing labels. Leaflets were available to give to people if needed. They explained that they had some people that received valproate medications in compliance packs. Individual risk assessments had not been undertaken for these people, but none of them fell within the at-risk group. The SI gave assurances that risk assessments would be completed for these people. Prescriptions for other high-risk medicines were highlighted by the PMR system. Team members used a highlighter pen to further draw attention to these prescriptions, so that they had an opportunity to counsel people about their medications upon collection. Prescriptions for CD medications were also highlighted to encourage the team to check the validity before handing out.

In-date PGDs were seen for the Pharmacy First service. The SI explained that people requiring the Pharmacy First service were usually self-referred or signposted by the reception team from local surgeries. Both pharmacists confirmed they had completed face-to-face training to provide the service and had communicated key points to the rest of the team to ensure they understood when to refer to the pharmacist. The SI was able to give an example of a positive outcome for a person who used the service.

The SI said that the PGDs for the private travel clinic had been signed and dated by the pharmacists providing the services, and the PGDs were stored electronically. The pharmacy was not able to produce the PGDs during the inspection. A copy of one PGD was provided following the inspection, however this was dated after the date of the inspection. When queried with the SI, they explained that a long period of time had elapsed between the last PGDs which had expired and the new PGDs. And confirmed that supplies under the PGDs had been made in this time period.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable standardised conical measures for measuring liquids and clean triangle tablet counters were available for dispensing loose medication. Separate triangle counters were available for certain substances that were marked to avoid cross-contamination. A new otoscope with disposable specula covers was available for providing the Pharmacy First services. There was a blood pressure monitor in the consultation room, the RP said that this was replaced annually. The 24-hour ambulatory blood pressure monitors were available and the SI said they were in the process of organising for these to be calibrated. A portable telephone enabled the team to ensure conversations were kept private were necessary. All computers were not visible from the shop area and they were password protected to safeguard information. Fire extinguishers were available in the dispensary.

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.