

# Registered pharmacy inspection report

**Pharmacy Name:** Gee Pharm, 36 Plumstead Common Road,  
LONDON, SE18 3TN

**Pharmacy reference:** 1040907

**Type of pharmacy:** Community

**Date of inspection:** 29/04/2019

## Pharmacy context

This is a community pharmacy situated on a busy main road and it serves a diverse local community. The pharmacy dispenses NHS prescriptions. It also supplies medicines in multi-compartment compliance trays. And offers other services including a delivery service, flu and travel vaccines and medicine use reviews.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages the risks associated with its services. The pharmacy records mistakes it makes during the dispensing process. But these are not always reviewed to spot any patterns. This may mean that the pharmacy is missing out on opportunities to learn and improve its services. The pharmacy largely keeps the records it needs to by law. And it generally protects people's personal information.

### Inspector's evidence

A set of standard operating procedures (SOPs) were in place but there was little evidence that these had been reviewed since 2015, so they may not reflect current practices. Some had not been updated following changes in legislation, for example, the SOP covering controlled drug (CD) requisitions. Current members of staff had signed a training sheet in 2018 to confirm they had read and understood the SOPs but the responsibilities sections within each SOP had not been filled in to help ensure all members of staff were clear about their roles. The superintendent pharmacist (SI) had received SOPs covering the Falsified Medicines Directive (FMD) but team members had not yet read these.

A near miss log was in place but there were none recorded between January 2019 and March 2019. The SI said near misses were discussed verbally with the team, but they were not formally reviewed. The team had separated amlodipine 5mg and 10mg tablets to minimise picking errors with this medicine and said they made each other aware of products with similar packaging. Methotrexate tablets were stored in a tub labelled as 'cytotoxic', away from other stock.

The SI said dispensing incidents would be recorded and reported on the National Reporting and Learning System. He said there had not been any incidents for several years. Baskets were used throughout the dispensing process; this helped prevent transfer between patients' prescriptions. A double check was obtained most of the time. The SI said he took a short mental break as he had to self-check a dispensed medicine.

In-date indemnity and public liability insurance was in place. Two responsible pharmacist (RP) signs were displayed; the incorrect one was removed at the time of inspection. The RP log was compliant. Private prescriptions were documented in a book and these were complete. Emergency supply records, which were held electronically, did not always include the nature of the emergency. Specials records were completed in line with MHRA requirements.

CD registers were complete. But, according to the registers, balance audits were not conducted at regular or frequent intervals; some stock had not been checked since 2016. This may mean that errors or loss of medicines are not identified promptly. A random stock check of a CD agreed with the recorded balance. Most date expired CDs were segregated, but two packs were found mixed in with current stock.

Feedback was sought from patients verbally, via a suggestions box or annual community pharmacy patient questionnaires. The SI said he tried to accommodate people's requests for specific brands when possible.

The SI pharmacist said he had received a file from the National Pharmacy Association which contained information about information governance and the General Data Protection Regulation. But the team had not read this, and it was not available at the pharmacy. This means that they may not know how to protect people's information properly. Computers were password protected and were not visible to people. Verbal consent was gained from people when accessing their Summary Care Records. Confidential waste was shredded at the pharmacy and team members described confirming patient names, addresses and dates of birth when handing out dispensed medicines. The SI, dispenser and trainee technician had completed Level 2 training on safeguarding vulnerable people from the Centre of Pharmacy Postgraduate Education (CPPE). Members of the team said they would raise safeguarding concerns to the pharmacist.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for the services it provides, and they work in an open environment where they can make suggestions. Members of the team are provided with training resources, but they do not always have time set aside to complete them. This may reduce the opportunities they have to help keep their skills and knowledge up to date.

### Inspector's evidence

At the time of inspection there was the SI, a dispenser (who mainly covered the medicines counter) and a trainee technician. The pharmacy also employed a delivery driver.

The SI was looking to employ a floating dispenser to cover two branches. He said that this would help the teams cope with the increased workload as some tasks were not always done in a timely manner, for example, date checking and administrative tasks. Staff from another branch covered annual or emergency leave.

The trainee technician mainly completed her course modules at home. She had some opportunities to complete additional training during quieter periods, for example, she had recently done CPPE modules on oral health and safeguarding. She also read information leaflets and booklets from wholesalers. Study time was not routinely provided at the pharmacy.

The dispenser covered the medicines counter. She said she asked a number of questions before selling Pharmacy-only (P) medicines. She described referring back to the pharmacist at times, for example, if a person was taking other medicines, pregnant women or requests for paediatric medicines. She could name products which were open to abuse and was aware of the sale restrictions of some products, such as pseudoephedrine. She said she would not sell P-medicines or hand out dispensed medicines in the absence of the RP. The dispenser read pharmacy magazines to keep up to date, but study time was not provided and there was limited evidence of any ongoing training. She said the SI pharmacist frequently observed her conversations with people and informed her of any issues or areas for improvement.

Performance was reviewed informally. Team meetings were held every few weeks to discuss any issues and workload. Team members were happy to raise concerns to the SI and make suggestions, for example, about stock holding at the pharmacy.

Targets were not set for the team.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are generally suitable for the pharmacy's services.

### Inspector's evidence

The dispensary was located at the back of the shop. Pharmacy-only medicines were stored behind a medicines counter.

There was enough work and storage space, but some workbenches were cluttered. Fittings had not been updated for some time; this detracted from the overall appearance of the pharmacy.

A consultation room was available for private conversations and services. This was only accessible via the medicine counter. The room was generally clean and tidy.

A clean sink, with hot and cold running water, was used for the preparation of medicines. The room temperature and lighting were suitable for the provision of pharmacy services.

A storage room/office was located in the basement, but this was cluttered and disorganised. Staff facilities included a WC and small kitchenette. The premises were secure.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally provides its services safely. But team members are not all aware of what advice to give people taking some higher risk medicines. This means that people might not get all the information they need to take their medicines safely. The pharmacy generally manages medicines well to make sure that they are safe for people to use. But it does not always remove expired medications from shelves. This could increase the chance that people get medicines that are past their 'use-by' date.

### Inspector's evidence

Access into the pharmacy was via a small step; members of the team helped people with wheelchairs into the premises. The SI said he closed the shop for wheelchair users if they needed additional privacy or a vaccine service as they were not able to access the consultation room. A delivery service was also available. Large font labels were printed for blind people and team members said they wrote notes for hearing impaired people.

Some members of the team were multilingual and translated for people who did not speak English well. They also used an online translating service if necessary. Services were advertised on the NHS website.

The pharmacy did not generally maintain audit trails on dispensed items which would help identify team members involved in dispensing and checking prescriptions. Some instructions on dispensing labels were not amended when printing them via the electronic prescription system, for example, instructions were kept as 'nocte/mane'. This meant that people may not receive clear instructions on how to take their medicines. The pharmacist said he checked if people taking higher risk medicines were being monitored but did not routinely provide advice, for example on signs of toxicity and diet. The SI said he recorded INR levels of people taking warfarin but could not bring up previous records. This could make it harder for the pharmacy to know people's previous blood test results.

The pharmacist and trainee technician had read the valproate guidance. The trainee technician could not describe checks she would make with women taking this medicine and what information to provide; information cards were not available to hand. She could not describe how she would label valproate removed from its original pack and supplied to women in the at-risk group.

People receiving multi-compartment compliance trays were either managed automatically by the pharmacy or asked to contact the pharmacy before finishing their final tray. A diary was used to keep track of repeat requests; prescriptions which were not received back in time were followed up with prescribers. The dispenser said she checked prescriptions against the electronic patient medication record (PMR) and repeat request forms; any changes were noted on the PMR. Drug descriptions were provided, and patient information leaflets were routinely supplied. Risedronate tablets were seen to be mixed in with other medicines for one person. This could mean that they were not taken as recommended. Valproate tablets were also supplied in trays for another person; the SI said he had spoken to the prescriber about the medicine's stability in the trays but had not clearly documented this

on the PMR system.

The SI had briefed the delivery driver to check if there had been any changes to a person's medication before handing it over. He also encouraged people to return their used multi-compartment trays so that he could review their compliance.

The pharmacy had ordered and received the equipment needed to meet FMD, but it had not been installed. Stock was obtained from reputable wholesalers, but it was not always stored in an organised manner.

Dispensary date checks were done at regular intervals. Intervals of eight months were seen between some checks. Medicines with short expiry dates were not always flagged up. Some expired medicines were found mixed in with stock. Reconstituted erythromycin suspension was found in the fridge, but it was not annotated with date of reconstitution (and was not labelled).

Fridge temperatures were checked and recorded daily; these were kept within the recommended range of two to eight degrees Celsius. Controlled drugs (CDs) were stored securely.

Waste medicine was disposed of in waste medicine bins which were stored in the dispensary. These bins were collected every 3 months by an approved contractor; invoices were retained at the pharmacy. The pharmacy received drug alerts and recalls directly from the MHRA but did not maintain audit trails of any action taken in response to these. This could make it harder for the pharmacy to show what action it had taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

There were two clean glass measures available. Clean counting triangles were also available, including a separate one for cytotoxic medicine. There was a tablet counting machine, but it was covered with tablet residue. The accuracy of the machine was checked once a month.

Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several reference sources.

### 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.