

Registered pharmacy inspection report

Pharmacy Name: Whinchat Chemist, 1 Whinchat Road, Broadwaters Green, Thamesmead West, LONDON, SE28 0DZ

Pharmacy reference: 1040971

Type of pharmacy: Community

Date of inspection: 30/06/2021

Pharmacy context

This pharmacy is located within a parade of shops in a residential area. The pharmacy provides the New Medicine Service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. The inspection took place during the Covid-19 pandemic.

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 adequately manages the risks associated with its services. People who use the pharmacy can provide feedback and the pharmacy team receives some training to help protect the welfare of vulnerable people. When a dispensing mistake occurs, team members generally react appropriately. But they do not always make a record of dispensing mistakes. So, they might be missing opportunities to learn and make the services safer.

Inspector's evidence

Standard operating procedures (SOPs) were available at the pharmacy. Not all current members of the team had signed the relevant procedures to confirm that they had read and understood them. The responsible pharmacist (RP) said that the SOPs had been reviewed in 2020 but the SOPs were not annotated to reflect this. Responsibilities of team members were listed on individual SOPs.

The pharmacy had made some changes as a result of the Covid-19 pandemic. Signage was displayed to help remind people of the restrictions and plastic screens had been fitted at the front counters. Personal protective equipment (PPE) and hand sanitizers were available for the team and members of the public. A staff risk assessment had been done.

There were record sheets to document dispensing mistakes which were identified before the medicine was handed to a person (near misses). The last near miss recorded was in October 2020. The RP and medicine counter assistant (MCA) said that there had been other near misses since then, but they had not been recorded due to staff shortages during the pandemic. The pharmacist said that near misses were discussed with the team. Some changes had been made to reduce the likelihood of the mistake, for example, some medicines which sounded alike or looked alike were highlighted with shelf-edge labels. Medicines were seen to be stored in a disorganised manner on the shelves, with various medicines, strengths and formulations mixed. This could increase the likelihood of picking errors.

Dispensing mistakes which reached people (dispensing errors) were recorded and reported on the National Reporting and Learning System. Copies of the records were retained at the pharmacy. A recent dispensing error was seen where metoprolol tablets were dispensed instead of sertraline tablets. The RP said that the MCA had dispensed the incorrect item, which had the same packaging as the correct medicine. The MCA had not been enrolled onto the dispensing course although he had been dispensing occasionally over the past year. The General Pharmaceutical Council's guidance on minimum training requirements for staff were discussed. The RP said that he would enrol MCAs involved in dispensing onto the dispensing course and sent evidence of this following the inspection.

The correct RP notice was displayed. Samples of the electronic RP record were seen to be well maintained. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for emergency supplies and private prescriptions. The RP said that the pharmacy had not dispensed unlicensed medicines for some time. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance. The pharmacy had current professional indemnity and public liability insurance.

People were able to give feedback or raise concerns online or verbally. The RP said that the pharmacy team tried to arrive before opening time to prepare for the day and reduce waiting times for people wanting to be served as soon as the pharmacy opened.

An information governance policy was not available at the pharmacy. The RP said that it may be with the superintendent pharmacist (SI). Members of the team had not seen the policy and said that they had been verbally briefed about protecting people's confidentiality. They had not completed training on the General Data Protecting Regulation. Confidential waste was shredded, computers were password protected and smartcards were used to access the pharmacy's electronic records.

The RP and one of the MCAs had completed the Centre for Pharmacy Postgraduate Education training on Safeguarding children and vulnerable adults. Other members of the team had been briefed on safeguarding vulnerable people. The MCA said he would refer safeguarding concerns to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

Overall, the pharmacy has sufficient team members to manage its workload. Team members work well together, and they feel comfortable about raising concerns. They complete ongoing training to keep their skills up to date. But they do not always start the relevant accredited training courses in a timely manner.

Inspector's evidence

During the inspection there was a regular pharmacist, two MCAs, a trainee MCA and a work experience student. The pharmacy also employed a dispenser who worked one day a week. Members of the team said that the pharmacy had experienced staff shortages throughout the pandemic due to staff sickness. There was now enough cover but still some pressure at times to complete certain tasks, such as housekeeping.

Both MCAs were involved in dispensary tasks, such as date checking or assembling multi-compartment compliance packs. One MCA had started working at the pharmacy four months ago but had taken two months leave. The other MCA had been dispensing occasionally over the past year. The RP said that he would enrol both MCAs onto a dispensing course as this had been agreed with the SI previously. The RP sent evidence of this following the inspection.

The MCAs described asking several questions before selling Pharmacy-only medicines. These questions were also printed out and displayed near the medicines counter for team members to refer to. They described referring to the pharmacist, for example, if people were taking other medicines or were requesting higher-risk medicines.

Members of the team described receiving in-house training on processes and systems at the pharmacy. They also said that the SI sent them training modules to complete on a regular basis, for example product updates and seasonal topics such as hay fever. Records of this training were not maintained. This may mean that team members may not be able to keep track of their training and learning needs.

Team members reported that they felt comfortable to approach the RP or SI with any issues regarding service provision. They said that the SI visited the branch every week and discussed any changes or issues. Targets were not set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member. But the team could do more to ensure that the pharmacy is clean and tidy.

Inspector's evidence

The dispensary was spacious with ample storage and workspace. Workbenches were generally kept tidy, but stock was stored in a disorganised manner on the shelves. Shelves were also very dusty. Fittings had not been updated for some time, but they were generally in an adequate state of repair. Some areas of the floor were worn out and some walls were marked or stained. The retail area was spacious and tidy.

The consultation room was accessed from behind the medicines counter and was to the side of the dispensary. People with wheelchairs were able to access the room. The room was spacious but cluttered and dusty in some areas.

Plastic screens had been fitted at the counters in response to the Covid-19 pandemic. Members of the team cleaned the pharmacy daily to help prevent cross-infection, including disinfecting worktops. They described washing their hand frequently and using hand sanitisers. Signs and floor markings were displayed reminding people to wear face masks and to maintain a safe distance.

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

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. And it orders its medicines from reputable sources and largely stores them properly. But it does not always remove expired medications from shelves. This could increase the chance of supplying date-expired medicines. The pharmacy sometimes assembles multi-compartment compliance packs without checking against the prescription. And this may increase the likelihood of mistakes being made.

Inspector's evidence

There was step-free access into the pharmacy and ample space in the retail area for people with wheelchairs or pushchairs. Members of the team described using an online translating software if people did not speak English well and some members were multilingual. Posters were displayed advertising some services and all the pharmacy's services were advertised on the NHS webpage.

Dispensing audit trails to identify who dispensed and checked medicines were not always completed. This may make it difficult to identify who was involved in these processes, for example, if a dispensing mistake occurred. There was ample workspace and baskets were used to separate prescriptions and prevent transfer between people.

The MCA involved in dispensing was not aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group. Information leaflets were available but not the warning cards and labels. The RP said that he would order additional supplies and brief the team on the guidance about pregnancy prevention. He said that the pharmacy had not dispensed any valproate to people in the at-risk group.

Medicines were dispensed into multi-compartment compliance packs for people who needed help managing their medicines. Prepared packs observed were labelled with product descriptions and mandatory warnings. But there was no audit trail in place to show who had prepared and checked the packs, which could make it harder to know who had done these tasks if there was a query. The RP said that patient information leaflets were supplied regularly. The pharmacy did not have clear audit trails for the service which would make it difficult to keep track of when people were due their packs, when their prescriptions were ordered and when they had collected their trays. The MCA who was involved in dispensing said that she was in the process of creating new trackers to enable all members of team to keep track of the packs. An MCA was involved in assembling the packs and said she normally assembled the trays against backing sheets, rather than the prescription. This could increase the likelihood of errors if changes on the prescription were not picked up. The RP said that the MCA would be enrolled onto a suitable course and would have the prescription and backing sheet to hand when assembling the trays.

Medicines were obtained from licensed wholesalers and generally stored appropriately. The fridge temperature was monitored and recorded daily but the maximum temperature was seen to be 14 degrees Celsius at the time of inspection. Previous temperature records seen were within the required range. After resetting the thermometer, the temperature was seen to be 9.5 degrees Celsius. The RP was not entirely sure of the process to follow when dealing with fridge temperature deviations but was able to find the relevant SOP. He said he would follow the SOP and take the relevant action. The RP said

he had ordered a new medical fridge and sent evidence of this following the inspection. The RP said that stock was date checked on a regular basis, but this was not documented. Short-dated stock was not always marked to highlight it to members of the team. A date-expired medicine and a short-dated medicine (due to expire the following day) were found with stock and were removed for destruction. Different batches of some medicines were seen to be mixed inside the packs. This could mean that appropriate action cannot always be taken in response to batch recalls or other safety alerts. Waste medicine was disposed of in appropriate containers. These were kept in a small storage room and collected by a licensed waste carrier. Medicines were not always stored in accordance with legal requirements. This was rectified during the inspection. Drug alerts and recalls were received electronically. The RP said that alerts were actioned and the stock at the pharmacy was checked. But records of any action taken in response to these were not maintained. This may make it difficult for the pharmacy to demonstrate that they had taken appropriate action in response to these alerts.

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

The pharmacy had several glass measures but some required cleaning. The RP said these would be cleaned before use. There were tablet counting triangles, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. The fridge was full of stock, and medicines were also kept on the shelves in the door. Food was also stored inside but this was removed during the inspection. 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 up-to-date 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.