

# Registered pharmacy inspection report

**Pharmacy Name:** Derix Healthcare Pharmacy, 1065 London Road,  
LEIGH-ON-SEA, Essex, SS9 3JP

**Pharmacy reference:** 1092675

**Type of pharmacy:** Community

**Date of inspection:** 09/01/2023

## Pharmacy context

The pharmacy is on a parade of shops on a busy main road in a largely residential area. It provides a range of services, including the New Medicine Service, blood pressure checks and provides medicines as part of the Community Pharmacist Consultation Service. The pharmacy supplies medications in multi-compartment compliance packs to a small number of people who live in their own homes to help them manage their medicines. And provides medicines to some medium sized care homes. The pharmacy provides substance misuse medications to a small number of people. And it receives most of its prescriptions electronically.

## 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy does not manage its risks appropriately, particularly with being able to account for all of its controlled drugs.
		1.6	Standard not met	The pharmacy does not maintain the records it needs to by law.
		1.7	Standard not met	The pharmacy does not always ensure that people's personal information is adequately protected.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	The pharmacy does not always ensure that team are undergoing training appropriate for their role.
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The pharmacy does not keep its premises tidy and there are tripping and slipping hazards.
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not always manage its medicines properly or store them securely.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not always adequately identify or manage the risks associated with its services. And it cannot demonstrate that it keeps the records it needs to by law, particularly for its controlled drugs. This means that it is not able to show that its controlled drugs are being managed and accounted for properly. The pharmacy does not always ensure that people's personal information is protected properly. However, people can provide feedback about the pharmacy's services. And team members understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy had documented, up-to-date standard operating procedures (SOPs) and team members signed to show that they had read and understood them. Near misses, where a dispensing mistake was identified before the medicine had reached a person, were highlighted with the team member involved at the time of the incident. And these were recorded on the near miss log. Several dispensing errors, where a dispensing mistake had reached a person, had occurred where out of date medication had been supplied. But not all these errors had been recorded. The supply of the expired medicines had been discussed with the superintendent (SI) pharmacist during a previous visit to the pharmacy. And he had given an assurance that a full expiry date check would be undertaken promptly. During the inspection, several date-expired medicines were found in with stock (see Principle 4).

Workspace in the dispensary was limited and there was little clear space for dispensing and checking medicines. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. One of the team said that the pharmacy would not open if the pharmacist had not turned up and she would contact one of the other pharmacists. She knew which tasks should not be undertaken if the pharmacist was not in the pharmacy.

One the say of the inspection, the pharmacy did not have all its current controlled drug (CD) registers available on the premises. The inspector had visited the pharmacy several days prior to the inspection, and this had also been the case then. During that visit, the SI had said that he was in the process of transferring the CD registers to an electronic version. But the registers were not available at the pharmacy and the inspector had discussed with the SI about the importance of the registers being available at the premises. On the day of the inspection, the RP found some CD registers in a room upstairs in the pharmacy. He was unsure whether these were the current ones, and one register seen had its most recent entry in 2021.

The pharmacy had current professional indemnity and public liability insurance. The right responsible pharmacist (RP) notice was not clearly displayed at the start of the inspection and the RP record was not completed for the day of the inspection. When prompted, a team member changed the RP notice to the right one and the inspector discussed with the RP about keeping the RP record up to date. The previous RP records seen appeared to be completed correctly. The private prescription records were mostly completed correctly, but the date on the prescription and the prescriber's details were not

recorded. This could make it harder for the pharmacy to find these details if there was a future query. The RP said that the pharmacy did not supply prescription-only medicine in an emergency without a prescription anymore and people were referred to the NHS 111 service.

The SIs smart card was in one of the computer docking stations on the day of the inspection, even though he had not been RP for a few days. Team members said that they did not have their own smart cards and had been using the SIs card in his absence. The RP allowed a person who was not employed by the pharmacy, to enter the dispensary at the start of the inspection. And the person potentially had access to people's personal information and medicines. After being prompted, the RP asked the person to leave the dispensary. Bagged items waiting collection could not be viewed by people using the pharmacy. Confidential waste was removed by a specialist waste contractor, computers were password protected and the people using the pharmacy could not see information on the computer screens.

The complaints procedure was available for team members to follow if needed and details about it were available in the pharmacy leaflet. The pharmacy had recently received a complaint from one of the care homes. The SI had dealt with the complaint.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. Other team members had not undertaken any safeguarding training. The RP said that he would arrange for this to happen. One of the trainee dispensers could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. There had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not always ensure that its team members do the required training for their roles. However, the pharmacy has enough team members to manage its workload. And team members feel comfortable about raising concerns.

### Inspector's evidence

The pharmacy appeared to be up to date with its dispensing. There were several team members working on the day of the inspection. One was the pharmacist (who was also a director) and another was a trainee dispenser (enrolled on an NVQ 2 dispensing course). There was one person working in the dispensary who started work around 18 months ago and said that she had not been enrolled on a course yet. Another team member working in the dispensary had only worked at the pharmacy for around two months and was yet to be enrolled on a course. One team member assembling medicines upstairs for the care homes had not been enrolled on a course. The other two team members working upstairs had been enrolled on accredited courses for their role (one was on a BTEC and the other on the NVQ Level 2).

Team members appeared confident when speaking with people. One, when asked, was aware of the restrictions on sales of products containing pseudoephedrine. And she would refer to the pharmacist if a person requested to purchase two boxes of an over-the-counter-medicine or regularly requested to purchase medicines which could be abused or may require additional care. The pharmacist was aware of the continuing professional development requirement for the professional revalidation process.

Team members felt comfortable about discussing any issues openly. One of the team mentioned that there were meetings held around every six months and these were documented. The team discussed any issues and planned leave to ensure that there were enough team members to keep on top of the workload.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy does not always keep its premises tidy, and there are some tripping and slipping hazards. However the premises are otherwise adequate for the pharmacy's services and are kept secure. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was secured from unauthorised access. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary. The dispensary was small and cluttered. And there were several boxes on the floor in the dispensary. The boxes meant that the walk ways were narrowed and they presented tripping hazards for staff. The decking at the back of the pharmacy was very slippery. Staff needed to walk on this to gain access to the outside storage. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

There was one chair in the shop area for people to use while waiting. It was near the medicines counter so this could potentially increase the chance of conversations at the counter being overheard. But there was a consultation room which was accessible to wheelchair users and was in the shop area. The room was suitably equipped and well-screened. Conversations at a normal level of volume in the consultation room could not be heard from the shop area.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not manage all of its medicines safely or store them securely. It does not ensure that expired medicines are removed from dispensing stock, and there is information that date-expired medicines have been supplied. It doesn't always keep its medicines in appropriately labelled containers, and it does not store all its controlled drugs securely. However, it gets its medicines from reputable sources. And people with a range of needs can access the pharmacy's services.

### Inspector's evidence

There was step-free access to the pharmacy through a wide entrance with an automatic door. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised, and a variety of health information leaflets was available.

The pharmacy did not store all its CD securely. Denaturing kits were available for the safe destruction of CDs. Several medicines found with dispensing stock were not kept in their original packaging. And the packs they were in did not include all the required information on the container such as batch numbers or expiry dates. There were several expired medicines and many boxes containing several different batches found with dispensing stock. Some of the medicines in the mixed batch boxes had expired, but the expiry date on the box indicated that the medicines inside were still in date. Not keeping the medicines in appropriately labelled containers could make it harder for the pharmacy to date-check the stock properly or respond to safety alerts appropriately. Air conditioning was not available upstairs, and the room temperature on the day of the inspection was 25.1 degrees Celsius. The thermometer showed that the maximum temperature had been up to 35.5 degrees Celsius. The RP said that he would ensure that the room temperature was suitable for storing medicines. The fridges were suitable for storing medicines and were not overstocked. Fridge temperatures were checked daily at varying times, and maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range.

The RP said that the pharmacy supplied valproate medicines to a few people. But there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme (PPP). The pharmacy did not have the relevant additional warning stickers, patient information leaflets or warning cards available for use with split packs. The RP said that he would ensure that these were ordered from the medicine manufacturer. The RP was aware of the guidance about the supply of these medicines, but he was not aware of the steps to take if a person was not on a PPP and needed to be on one. He said that he would check online for information and follow the recommended guidance.

Prescriptions for Schedule 3 and 4 CDs were not highlighted which could increase the chance of these being handed out when the prescription was no longer valid. And the pharmacy did not generally keep prescriptions with the bagged items until the medicines were collected. The RP said that prescriptions for higher-risk medicines were highlighted, so there was the opportunity to speak with these people when they collected their medicines. But a record of blood test results was not kept. This could make it harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals.

Team members said that part-dispensed prescriptions were checked regularly. The RP said that 'owings' notes used to be provided when prescriptions could not be dispensed in full, but the pharmacy did not do this anymore. He said that this had stopped due to the pandemic, but it would be reinstated. Prescriptions for alternate medicines were requested from prescribers where needed. And prescriptions were kept at the pharmacy until the remainder was dispensed. The RP said that uncollected prescriptions were checked every two months. Uncollected prescriptions were returned to the NHS electronic system or to the prescriber and the items were returned to dispensing stock where possible.

The RP said that people had assessments carried out by their GP to show that they needed their medicines in multi-compartment compliance packs. People were asked to request their prescriptions for the packs in advance so that the pharmacy had time to deal with any issues. The pharmacy kept a record for each person which included any changes to their medication, and it also kept any hospital discharge letters for future reference. The packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on some packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied. There was a reliable system for managing the compliance packs for the care homes. And there were several team members who could provide cover so that there was continuity of service.

Deliveries were made by a delivery driver. The pharmacy did not currently obtain people's signatures to help minimise the spread of infection. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. The pharmacist explained the action the pharmacy took in response to any alerts or recalls. But a record of any action taken was not kept and this could make it harder for the pharmacy to show what it had done in response. The RP said that he would record the action taken on the emails in future.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

Suitable equipment for measuring liquids was not available and the plastic measures being used were not clean. The RP said that he would order some suitable ones promptly and ensure that they were kept clean. Triangle tablet counters were available but there was tablet dust on them. The RP said that he would ensure that these were cleaned before use. A separate counter was marked for cytotoxic use only which helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The blood pressure monitor had been in use for less than one year. The phone in the dispensary was portable so it could be taken to a more private area where needed.

### 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.