

Registered pharmacy inspection report

Pharmacy Name: Meraj Pharmacy, 471 High Road Leyton, LONDON,
E10 5EL

Pharmacy reference: 1103629

Type of pharmacy: Community

Date of inspection: 14/09/2021

Pharmacy context

The pharmacy is located on a main road in a parade of shops. The pharmacy is part of a small group of pharmacies. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines. The inspection was undertaken 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's working practices are generally safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy generally keeps the records it needs to by law so that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members respond appropriately when mistakes happen during the dispensing process.

Inspector's evidence

Standard operating procedures (SOPs) were available but these had not been reviewed since 2015. Following the inspection, the superintendent pharmacist (SI) confirmed that more the SOPs had been updated, with additional SOPs added. The SI also confirmed that team members had been requested to read the SOPs. The team had been routinely ensuring infection control measures were in place. Team members had been provided with personal protective equipment (PPE). The responsible pharmacist (RP) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff. Information was displayed at the entrance asking people to wear a mask upon entering. The SI had also held a team meeting during the pandemic to discuss the new procedures being implemented.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were recorded by team members on a log as they occurred. Completed near miss record sheets were sent by the SI following the inspection as these had been taken for review. Near misses were reviewed by one of the company's pharmacists who discussed findings with team members. Serious near misses from other branches were also discussed. As a result of past near misses team members had been asked to check their own work before handing to the RP for a final check. Team members had also moved medicines on the shelves to avoid picking errors. Dispensing errors were investigated and a record was made. These were discussed with team members and reported to the SI. The RP was not aware of any recent incidents.

There was no RP notice initially displayed, a correct notice was displayed during the inspection. One of the team members present during the inspection was not aware of the tasks that could and could not be carried out in the absence of the RP. The RP gave an assurance that he would discuss this with team members following the inspection. The pharmacy had current professional indemnity insurance and a complaint procedure. Most people were aware of where the company's main branch was located and would contact the pharmacist there with any feedback. People were also able to provide feedback online.

Records for emergency supplies, controlled drug (CD) registers, unlicensed medicines dispensed and RP records were largely well maintained. Private prescription records were generally well maintained but prescriber details were missing on a number of entries seen. CDs that people had returned were recorded in a register as they were received. A random check of a CD medicine quantity complied with the balance recorded in the register.

Assembled prescriptions were stored under the medicines counter and people's private information

was not visible to others using the pharmacy. An information governance policy was available and team members had completed training. Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR) and consent to access these was gained verbally.

Pharmacists had completed level two safeguarding training and team members had also completed level one training. Contact details for safeguarding boards were not available. Following the inspection the SI confirmed details of safeguarding contacts were available in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely, and they work effectively together and are supportive of one another. Team members are given some ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP (a locum pharmacist) a trained dispenser and an Erasmus pharmacy student. The pharmacy had not had a regular pharmacist for two months. Pharmacist cover was being provided by regular locum pharmacists. Other team members who were not present on the day of the inspection included a medicines counter assistant. Both the RP and team members felt that the staffing levels were adequate and the workload was manageable. The team were up-to-date with their dispensing and team members said they did not feel under pressure.

The student counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Performance was managed by the SI. The dispenser had recently started working for the company and had a review six months after joining the company. Some pharmacists provided team members with feedback and other locum pharmacists provided feedback to the SI.

The SI and company's lead pharmacist held meetings with team members from time to time. All team members across the company were also part of a group chat on a messaging application and information was shared via this. Training courses which needed to be completed was also discussed on this. For certain training modules such as safeguarding team members needed to send confirmation to the SI once they had completed their training. Team members including the RP felt able to give feedback and make suggestions. There were no targets set for team members.

Team members were provided with seasonal training material by the company's lead pharmacist. The team had completed hay fever training at the start of summer and were due to have a session on flu and the flu vaccination service. Pharmacists also briefed team members on and new medicines or changes to guidance and legislation.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was generally clean. A small room at the back of the dispensary was used to prepare and store multi-compartment compliance packs. The pharmacy had ample workspace. Cleaning was carried out by team members. A clean sink was available in the staff room which was used for the preparation of medicines. The sink in the dispensary was being used to store paperwork. Team members were observed to use face masks and only three to four people were being allowed into the pharmacy at any given time. Screens had also been fitted at the counter. The retail area of the pharmacy was large and people waiting were able to maintain distance from other people. Hand sanitiser was also available for team members to use. The pharmacy had a large clean consultation room which was accessible from the shop floor. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. No confidential information was held in this room. There was some clutter in the room attached to the consultation room.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. Air conditioning was available to help regulate the temperature. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

The pharmacy was easily accessible, it was situated on street level and had double doors. Aisles were wide and allowed easy access to the medicines counter. Services were appropriately advertised to patients. Team members knew what services were available and described signposting people to other providers where needed. The pharmacy team was multilingual and spoke the range of languages spoken locally, some people also used translation applications to help. A delivery service was offered to those people who were unable to access the pharmacy. Due to the pandemic the pharmacy's delivery volumes had increased.

The pharmacy had an established workflow in place. Prescriptions were mainly received electronically. Due to the pandemic the pharmacy predominantly delivered medicines and the number of people who walked-in to collect their prescription had greatly reduced. The RP said that it was rare that he had to self-check, but in the event that he did he described taking a mental break in between dispensing and checking. Dispensed and checked-by boxes were available on labels and these were routinely used by the team. Baskets were used to separate prescriptions.

The RP was vaguely aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. He described that he had not frequently dispensed sodium valproate and agreed to read up on the updated guidance. Additional checks were carried out when people collected medicines which required ongoing monitoring. The surgery also in some cases informed the pharmacy team. The RP personally made a note of the INR on people's electronic record but was unsure if other pharmacists did.

Multi-compartment compliance packs were prepared in a designated area. Trackers were used to monitor which packs needed to go out each week. Prescriptions were ordered a week in advance and some were received as repeat dispensing batches. Individual records were in place for each person. Medicines were collected by team members once the prescription had been received. Any changes were brought to the attention of the RP and stock was not collected until the RP had given confirmation that checks had been completed. The individual record was also updated by the team members. Some unsealed packs were seen to have been prepared the previous day and were waiting to be checked. Team members gave an assurance that packs would be sealed as soon as they were prepared. A few packs were prepared in advance of receiving the prescription. This was for people receiving specialist medicines. These were prepared using people's individual record sheets which had a list of medicines they were taking. The packs were prepared and labelled and left aside until the prescription was received. When the prescription was received this was checked against that master sheet and the prepared pack. Assembled multi-compartment compliance packs seen were labelled with product details. Information leaflets were supplied monthly. For people residing in care home medicine

administration charts (MARR) were also prepared and supplied. Mandatory warnings were missing from the labelled packs seen. Following the inspection, the SI confirmed that team members should have been attaching labels to the backing sheets. Team members were asked to review the SOP for dispensing and labelling compliance packs and the SI provided an assurance that all packs would be labelled with the mandatory warnings.

The pharmacy provided a delivery service. Signatures were no longer obtained when medicines were delivered and this was to help infection control. In the event that someone was not available medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Medicines were mostly organised on shelves in a tidy manner, but there were some medicines where different strengths were mixed up. The team gave an assurance that this would be tidied. Fridge temperatures were monitored daily and recorded. Records seen showed that the temperature were within the required range for the storage of medicines. CDs were held securely.

Expiry date checks were carried out on a rotating basis. Short-dated stock was removed and separated. The RP could not locate the date-checking matrix during the visit, this was forwarded to the inspector following the inspection. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from stock generally stored securely and then collected by licensed waste collectors. Drug recalls were received via the group chat from head office.

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 generally clean and ready for use with the exception of a glass measure which had a thick film at the bottom. This was cleaned during the course of the inspection. A medical fridge of adequate size was available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were segregated and sent to the head office branch for shredding. A shredder was also available.

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.