

Registered pharmacy inspection report

Pharmacy Name: Supercare Pharmacy, 198-200 High Road,
ROMFORD, Essex, RM6 6LU

Pharmacy reference: 1105583

Type of pharmacy: Community

Date of inspection: 22/04/2021

Pharmacy context

The pharmacy is located on a high street and is open for extended hours. It mainly serves people who live locally. It supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. Due to the Covid-19 pandemic the pharmacy had stopped providing face-to-face services. 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. It 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 generally respond appropriately when mistakes happen during the dispensing process. But they don't consistently record or review near misses. So, this may mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Alongside the main SOP folder, the pharmacy had a summarised version of SOPs in the form of flowcharts which were known as 'Quick SOPs.' Most team members had read the SOPs. The Responsible Pharmacist (RP) could not locate the audit sheet during the inspection and this was later forwarded to the inspector by the superintendent pharmacist (SI). The RP also gave an assurance that she would ensure newer team members read and understood the SOPs. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. 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. Team members were observed to maintain distance whilst working.

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 had been recorded in a book, however, there were no entries made since January 2021. The RP said that there had probably been near misses in between then and the visit. She gave an assurance that the team would restart recording any mistakes as the volume of business was returning to normal. Dispensing errors were investigated and a record was made in an incidents book. As a result of an error where a prescribing error had not been picked up and the medicine was supplied, the RP had asked all pharmacists to ensure paediatric doses were checked thoroughly and to contact the prescriber if they were uncertain about what was prescribed.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure. People were referred to the pharmacy owner if they had a complaint. Team members said most recent complaints had been about stock availability.

Records for emergency supplies, RP records and unlicensed medicines dispensed were well maintained. Private prescription records did not always have the correct prescriber details recorded. And this may mean that this information is harder to find out if there was a query. Controlled drug (CD) registers had a number of missed headers. Due to the pandemic and staffing issues, CD running balances had not been checked regularly. But following the inspection, the RP confirmed that a full balance check had been undertaken. CDs that people had returned were recorded in a register as they were received.

An information governance policy was available and all team members had read and signed a confidentiality agreement. Relevant team members who accessed NHS systems had smartcards. The RP

and SI had access to Summary Care Records (SCR) and consent to access these was gained verbally.

Pharmacists had completed level two safeguarding training and verbally briefed the team as well as discussing scenarios with them. Contact details for safeguarding boards were available.

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. Where relevant, the pharmacy generally enrolls staff on a suitable accredited training course for their role. But it does not always do this in a timely manner.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a trained dispenser, a trainee dispenser and a counter assistant. Another counter assistant started work later in the visit. The RP explained that a number of staff had left during the pandemic and the pharmacy had faced staffing issues resulting in the RP and SI having to work long hours. To help manage the workload better part-time staff had been recruited to help provide additional cover when needed. Two of the newer members of staff had not been enrolled on any formal accredited training courses despite having worked at the pharmacy for four months and six months respectively. Both members had completed in-house training before starting in their roles. Following the inspection, the SI confirmed that team members who had not completed formal accredited training had been enrolled on the appropriate courses. The RP said that there were an adequate number of team members when everyone was in.

The counter assistant asked appropriate questions before recommending treatment. He was aware of the maximum quantities of some medicines that could be sold over the counter. He was aware that zopiclone was a CD and would speak to a pharmacist before handing any CD prescriptions out.

Performance of team members was managed by the owner who held an annual review with each individual. However, due to the Covid-19 pandemic this had not been done the previous year. Team members said that they felt able to discuss any issues or raise concerns with the SI and RP. The RP gave team members feedback. Team members had the opportunity to progress in their roles and the trained dispenser was due to start the technician course.

The team did not hold formal meetings but discussed things as they arose. A notebook was also used to record information if people were not in, and all team members were part of a group chat on a digital messaging application. There was no formal process in place for completing ongoing training. The RP passed on information to team members when medication was reclassified such as from prescription-only to pharmacy-only or general sale list. Team members said that the RP also passed on information from emails or pharmacy literature. Team members did not get any regular times set aside for ongoing training. There were no numerical targets set for the services offered.

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 clean and bright, and since the last inspection the lights in the premises had been changed. A builder was also carrying out maintenance work during the inspection. The dispensary was tidy and organised, and a workstation in the back area of the pharmacy was used to prepare and store multi-compartment compliance packs. Stock was organised in a tidy manner on the shelves in the dispensary. The retail area was well laid out and the medicines counter had been extended to create more space during the pandemic. Cleaning was done by the team. A sink was available for the preparation of medication. Clear plastic screens had been fitted at the medicines counter and only four people were allowed into the pharmacy at any time. This had been increased recently from two. Floor markings had been stuck to the ground and a one-way system was implemented with the entrance and exits from separate doors.

A consultation room was available which was accessible from the shop floor and was kept locked when not in use. Due to the size of the room this was not being used during the Covid-19 pandemic. A quiet area on the shop floor away from the medicines counter was allocated to hold any private conversations.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature in the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources and 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 accessible via two front doors (a single door with a significant step and a double door with a flat entrance). Due to the Covid-19 pandemic a one-way system had been introduced with one door used to enter the pharmacy and the other to exit. Services were appropriately advertised to patients. Team members knew what services were available and described signposting people to other providers if a service was not offered at the pharmacy. The pharmacy team was multilingual and one of the counter staff who was not present at the time of the inspection knew sign language.

The pharmacy had an established workflow in place. Prescriptions were predominantly received electronically. Baskets were used to separate prescriptions and to manage the workflow. The RP said that it was rare that she had to self-check. A pharmacy technician who worked at another pharmacy and a trainee dispenser occasionally helped out in the evening. Dispensed and checked-by boxes were available on labels and these were routinely used by the team.

The RP after being prompted was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. She said these were always dispensed in their original packaging along with other medicines such as warfarin. People identified to be in the at-risk group had been counselled.

Prescriptions for warfarin could not be requested without the surgery being provided the information from the yellow book. The appropriate page was photocopied and sent with the request. On occasions where the prescription was not requested by the pharmacy, people were asked for their yellow book. The pharmacy did not record this information, which could make it harder for it to check if people were having required checks at regular intervals.

Consent was gained before people were nominated to have their prescriptions sent to the pharmacy. The RP said it was more common now for the surgery to nominate people to different pharmacies. Consent had previously been gained in writing but due to the Covid-19 pandemic this was now done verbally. Team members described returning prescriptions back to the NHS spine if requested.

Multi-compartment compliance packs were prepared in a designated area. A list of all the people using the service was updated and displayed in the dispensary. Prescriptions were ordered in advance. Changes were queried with the prescriber and a record was made on the person's individual record. Items were picked by the dispenser and checked by the RP before being placed in the tray. Assembled multi-compartment compliance packs seen were labelled with product details and mandatory warnings. Information leaflets were supplied monthly. Packs supplied to care homes were also given Medication Administration Records (MAR charts). The RP said since the last inspection it was rare that pharmacists self-checked packs, however, due to staffing issues there had been a few occasions during the peak of the pandemic where self-checking had been required.

The pharmacy provided a delivery service and during the pandemic the number of people who the pharmacy delivered medicines to had increased. 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. Fridge temperatures were monitored daily and recorded, and these were observed to be within the required range for the storage of medicines. CDs were held securely.

Expiry date checks were generally carried out on a rotating basis. There were no date-expired medicines found on the shelves checked. Team members could not locate the date-checking matrix. A stock take had been completed a week before the inspection. Out-of-date and other waste medicines were kept separate from stock and then collected by licensed waste collectors. Drug recalls were received via email and notes were left on the electronic system for all relevant team members to see.

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. However, plastic measures which were not calibrated were being used to measure liquid CDs. The RP removed these from the dispensary during the visit. Equipment was clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines to avoid contamination. A medical fridge of adequate size was also available.

Up-to-date reference sources were available including access to the internet. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was segregated and collected by a waste company.

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.