General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Day & Night Pharmacy, 17 Station Parade, BARKING, Essex, IG11 8ED

Pharmacy reference: 1112506

Type of pharmacy: Community

Date of inspection: 12/01/2023

Pharmacy context

The pharmacy is located within a parade of shops in a town centre close to a station. The pharmacy is open extended hours. It provides a range of services, including the New Medicine Service and flu vaccinations. It also supplies medications in multi-compartment compliance packs to some people who live in their own homes to help them manage their medicines.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 mainly 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. It generally protects people's personal information appropriately. Team members respond appropriately when mistakes happen during the dispensing process.

Inspector's evidence

Standard operating procedures (SOPs) were available. All team members had not read and signed SOPs which were relevant to their roles. Following the inspection, the superintendent pharmacist (SI) confirmed that he would ensure all team members had read the SOPs that were relevant to their roles. Team roles were defined within the SOPs.

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). The responsible pharmacist (RP) described he handed back mistakes to the person who had dispensed the prescription and discuss what had happened and how it had happened. He would also ask the team member to make a record on the near miss log. Near misses were seen to be recorded and the team member who had made a near miss earlier that day planned to make an entry before they finished work. Near misses were reviewed with the team as they occurred. Pharmacists had briefed team members on medicines that looked and sounded alike to ensure team members took care when dispensing these. Dispensing errors were documented on an incident report form. The RP described he would analyse the error and find out how it had happened and discuss this with the team. The pharmacists were still investigating a recent incident where the incorrect multi-compartment compliance pack was supplied to someone. In the interim, team members had been asked to ensure that they confirmed different aspects of people's identity before handing out prescriptions. Because there were a number of people living locally with similar names and on some occasions living at the same address. Reviews of near misses and incidents were carried out by the SI. Pharmacists carried out peer-review and discussed errors as well as steps that could be taken to avoid reoccurrence.

The correct RP notice was displayed. Some of the team members were not able to describe the tasks that could and could not be carried out in the absence of the RP. They were informed of these by the inspector and the SI provided an assurance after the inspection that he would re-brief all the team members on the RP SOPs. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. Where possible the RP tried to handle any complaints in store

Records about private prescriptions, emergency supplies, controlled drug (CD) registers, unlicensed medicines dispensed, and RP records were generally well maintained. However, some private prescription records did not always have the correct prescriber details recorded. The RP had also signed out ahead of time of the RP record and provided an assurance that he would not to this in future. 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 in the dispensary and people's private information was not visible to others using the pharmacy. Team members had been briefed on confidentiality and data protection. Relevant team members who accessed NHS systems with the exception of the new team members had smartcards. Pharmacists had access to Summary Care Records (SCR) and consent to access these was gained verbally.

All pharmacists had completed the level two safeguarding training and some team members had also completed training about safeguarding. New team members had been briefed by the pharmacists, but the RP planned to speak to the SI to arrange for them to complete the training. The NHS safeguarding application was discussed with the RP.

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. But they are not always enrolled on suitable formal accredited training courses in a timely manner.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of a locum pharmacist who worked at the pharmacy two days each week. Other team members included a trained dispenser, and two new team members who were due to be enrolled on the dispenser training course. Following the inspection, the SI sent confirmation that both team members had been enrolled on the dispenser training course. There was also a trained healthcare assistant (HCA) and a trainee healthcare assistant. As the pharmacy was open extended hours there were a few pharmacists who worked there including the SI. The RP felt that there were an adequate number of staff for the services provided. Team members were seen to be able to manage the workload during the inspection. Following the inspection, the SI informed the inspector that there had been issues with staffing in the last year and four long term trained team members had left. Following this new team members had been recruited.

Staff performance was managed informally by the SI and dispenser. The dispenser had assisted the SI with recruiting and team members were provided with feedback on an ongoing basis. The team described that they felt able to discuss matters as they arose as well as share concerns, feedback, or suggestions.

The HCA asked appropriate questions before recommending over the counter medication. She was aware of the maximum quantities of medication that could be sold over the counter and checked with the RP before selling medication if she was not sure.

Team members were made aware of any updates to products, services, and legislation. Team members had recently been made aware of the changes to the c-card service. And were also briefed on the NHS Community Pharmacy Blood Pressure Check Service. Team members were informed on who was eligible for the service and the information that needed to be recorded.

There were no formal meetings and issues were discussed as they arose. The pharmacists had six monthly meetings to discuss and catch up. On a day-to-day basis information was shared between the SI, team members and RP via electronic messaging There were no numerical targets for services provided.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver its services from. And its premises are suitably clean and secure.

Inspector's evidence

The pharmacy was clean and spacious. There was ample workspace available which was generally clear and organised. A workbench in the back area was also used for the preparation of multi-compartment compliance packs. Cleaning was carried out by team members in accordance with a rota. A clean sink was available for the preparation of medicines. The pharmacy had a clean consultation room which was easily accessible. The room could be accessed from the dispensary and shop floor. Both doors were left open when the room was not in use. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. The room temperature was adequate for providing pharmacy services and storing medicines safely. Air conditioning was available to help regulate the temperature. The premises were secure from unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy has some systems in place for making sure that its services are organised. It orders its medicines from reputable sources and largely manages them properly.

Inspector's evidence

The pharmacy was easily accessible; there was a flat entrance from the street and the shop floor was clear with easy access to the medicines counter. Services were appropriately advertised to the public. Most team members were multilingual and generally spoke a range of languages that were spoken locally. The pharmacy had the facilities to produce large print labels. Team members knew what services were available and described signposting people to other providers where needed.

The RP felt that the pharmacy's extended opening hours was very useful to the local population and as a result of this the pharmacy received a number of NHS 111 referrals. The pharmacy tried to ensure they had adequate stock levels available to cater for people who needed prescriptions later in the evening.

Most prescriptions were received by the pharmacy electronically. Dispensers printed out received prescriptions in batches and tried to keep them in order. A dispenser would prepare labels, order stock if needed and dispense prescriptions. These were then left for the RP to check. People were sent a text message when their prescription was ready to collect. Occasionally the RP needed to self-check although he described that this was rare. To minimise the risks the RP took a mental break between dispensing and checking prescriptions when he had to self-check. Dispensed and checked-by boxes were available on labels, and these were used routinely to create an audit trail. Baskets were used to separate prescriptions, preventing transfer of items between people.

The RP had some understanding of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). This was further discussed with the team along with label placement. Additional checks were carried out when people collected medicines which required ongoing monitoring. The RP said team members had been made aware that checks needed to be carried out when some medicines were supplied. The RP added that he was mindful when dispensing medicines which require ongoing monitoring due to an incident, he was aware of that had occurred at another pharmacy. The RP checked if people were having regular monitoring and counselled them on use and side-effects. The RP checked the INR when supplying warfarin but did not record this. He was unsure if other pharmacists made a record.

Some people's medicines were supplied in multi-compartment compliance packs. The team members who had managed this service had left and the new team members were being trained to take over. The pharmacy ordered prescriptions for most people and set up a repeat request when a prescription was received. Once the prescription was received a check was completed against the electronic record before a new backing sheet was produced. Any changes were queried with the surgery and email verification was requested for changes. A note was also made on the person's electronic record. If someone was admitted into hospital, the pharmacy was notified by either the person or the hospital. And team members made a note on the system and waited for the hospital to confirm when the person

had been discharged or followed up with the GP. Assembled packs were labelled with product descriptions and patient information leaflets (PILs) were supplied each month. Mandatory warnings were missing from the backing sheets and the RP provided an assurance that he would speak to the system providers to have the setting changed.

Medicines were obtained from licensed wholesalers. Medicines were organised on shelves in a tidy manner. Fridge temperatures were monitored daily and recorded, and records seen showed that the temperatures were within the required range for storing medicines. CDs were largely held securely. Expiry date checks were carried out by team members. Short-dated stock was highlighted. No date-expired medicines were found on the shelves checked. A date-checking matrix was available, but this had not been updated recently. Team members confirmed they had last completed a date check over the Christmas period. Following the inspection, the SI explained that he was currently reviewing the date checking process following the change in staff.

Out-of-date and other waste medicines were kept separate from stock and were stored securely and then collected by licensed waste collectors. Drug recalls were received from the wholesalers and actioned. The SI also received emails with information on medications recalls and incidents. He monitored these and cascaded information to the team asking them to action. Following the inspection, the SI confirmed that he kept records digitally.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Separate labelled measures were used for liquid CDs to avoid contamination. Equipment was clean and ready for use. Two fridges of adequate size were available. Up-to-date reference sources were available including access to the internet. A blood pressure and cholesterol monitor were available which were used as part of the services provided. The RP explained that the SI dealt with calibration arrangements, and he would check with the SI to ensure the equipment was calibrated in line with manufacturer requirements. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential waste was segregated and collected by a third-party provider for destruction.

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.