

Registered pharmacy inspection report

Pharmacy Name: Bluedew Pharmacy, 90 Forest Road, Walthamstow,
LONDON, E17 6JQ

Pharmacy reference: 1116830

Type of pharmacy: Community

Date of inspection: 01/07/2021

Pharmacy context

This pharmacy is situated in a parade of shops on a busy main road. It is open extended hours and mainly dispenses NHS prescriptions. And supplies some medicines in multi-compartment compliance packs to 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. 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. The superintendent pharmacist (SI) was due to review these, she explained that she had been delayed in doing so because of the pandemic. Team members had read 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 SI who was also 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 did not consistently record 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). Previously near misses had been recorded on a log, but no records had been made since September 2020. The responsible pharmacist (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 a book. There was no template used for recording of errors and the information recorded varied. So, the information may be less useful if there was a future query.

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. The SI described how team members left a note for her and she personally contacted the person raising the complaint.

Records for controlled drug (CD) registers, unlicensed medicines dispensed and RP records were well maintained. Private prescription records did not always have the correct prescriber details recorded. And emergency supply records did not always have the nature of the emergency recorded. And this may mean that this information is harder to find out if there was a query. 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. The SI had held a meeting with the team to discuss the General Data Protection Regulation (GDPR) after reading in the news about a pharmacy who had breached confidentiality.

Pharmacists with the exception of the SI had completed level two safeguarding training and team members with the exception of the new join had also completed level one training. 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.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the SI, two trainee dispensers, a pharmacy student and a team member who had joined a few weeks prior to the visit. The SI explained that she had recruited more staff during the pandemic to help manage the workload better. The newer member of staff was to be enrolled on a formal accredited training course. The SI said that there were an adequate number of team members when everyone was in.

The counter assistant asked appropriate questions before recommending treatment. As she was fairly new to her role, she checked with the pharmacist before selling medication. She was aware of the maximum quantities of some medicines that could be sold over the counter but would check with the pharmacist before selling more than one pack of any medication.

Performance of team members was managed by the SI who held an annual review with each individual. Team members said that they felt able to discuss any issues or raise concerns with the SI and other pharmacists. Previously the team had held monthly 'sit-togethers' to discuss various different topics. The RP described that recent topics had included the use of pronouns when selling emergency hormonal contraception (EHC), privacy, confidentiality and GDPR. The frequency of the meetings had reduced due to the pandemic. The regular RP held huddles with team members and things were also discussed as they arose. Information was shared in a communication book and over an electronic messaging application.

Team members completing formal accredited training did their work at home. They usually worked alongside the SI on Saturday so that she could help them with any areas they were unsure of. 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 in the main clean, although some areas were cluttered. The SI planned to refurbish the pharmacy over the summer when it was quieter. There was ample workspace which was allocated for certain tasks. The pharmacy allocated workstations to delivery areas. 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 pharmacy served people from behind a screen and all over-the-counter medicines were stored behind this. Cleaning was done by the team. A sink was available for the preparation of medication. Due to the pandemic only one person was allowed into the pharmacy at any time.

A consultation room was available which was accessible from the shop floor and was kept locked when not in use. Due to the Covid-19 pandemic the room was not being used for consultations and was more of a storeroom. The RP explained that private conversations could easily be held as only one person was allowed in at any time.

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

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 accessible via a flat entrance from the street. The pharmacy had a very small retail area with 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. 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 pharmacy worked a week ahead. The RP said that it was rare that she had to self-check. Dispensed and checked-by boxes were available on labels but these were not routinely used by the team. This could make it harder to investigate in the event that there was an incident. The pharmacy did not use baskets to separate prescriptions. Instead prescriptions awaiting checks were lined up on the counter. The benefits of using baskets to prevent transfer of items between people's prescriptions was discussed. The RP gave an assurance that she would look into buying baskets.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. People identified to be in the at-risk group had been counselled. The RP was also aware of the need to use the warning labels if the medication was not dispensed in its original pack.

Prescriptions for warfarin occasionally had a note that the person needed to have their INR checked, this information was passed on to the person. On occasions where the prescription was not requested by the pharmacy, the pharmacy team did not check the INR and record this information, which could make it harder for it to check if people were having required checks at regular intervals.

Multi-compartment compliance packs were prepared in a designated area. Prescriptions were ordered a week in advance. Due to the number of people using the service and delays in obtaining prescriptions the pharmacy prepared packs in advance of receiving the prescription. 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. New labels were then generated and attached to the packs. Changes were queried with the prescriber and a record was made on the person's individual record. Assembled multi-compartment compliance packs seen were labelled with product details and mandatory warnings. Information leaflets were not routinely supplied, the RP

gave an assurance that she would start supplying these monthly and ensuring that packs were sealed as they were prepared. The RP also planned to review the service and speak to local surgeries about obtaining prescriptions earlier.

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. On some occasion's medicines were posted through the letterbox. The RP agreed that there were risks associated with this and gave an assurance that she would review this.

Medicines were obtained from licensed wholesalers. Fridge temperatures were said to be monitored daily and recorded, however, records seen showed that these had not been updated since April. The pharmacy had a medical grade fridge and at the time of the inspection the temperature was at the required range for the storage of medicines. The SI gave an assurance that she would ensure team members were recording the temperature on a daily basis. CDs were held securely.

Expiry date checks were generally carried out every three to four months. Short-dated stock was marked. The RP could not locate the date-checking matrix during the visit. One date expired medicine was found on the shelves checked. The RP checked expiry dates as part of her final check and gave an assurance that a full date check would be carried out. 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 printed out and left 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. Equipment was mainly clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines to avoid cross-contamination. A medical fridge of adequate size and a legally compliant CD cabinet were 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 separated from general waste and collected by an external shredding 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.