

# Registered pharmacy inspection report

**Pharmacy Name:** Chigwell Pharmacy, 300 Fencepiece Road, Hainault, ILFORD, Essex, IG6 2TA

**Pharmacy reference:** 1117411

**Type of pharmacy:** Community

**Date of inspection:** 07/08/2024

## Pharmacy context

The pharmacy is located next to a medical practice in Hainault, Essex. The pharmacy provides NHS services such as dispensing prescriptions, the New Medicine Service (NMS), Emergency Hormonal Contraception (EHC), COVID and flu vaccinations and the Pharmacy First service under patient group directions (PGDs). The pharmacy supplies medicines in multi-compartment compliance packs to people who need this support to manage their medicines at home, and it offers a delivery service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy adequately manages the risks associated with its services. Team members understand their responsibilities and how to carry out activities. People using the pharmacy's services can easily provide feedback. Team members have the relevant knowledge and skills to safeguard the welfare of people using their services. The pharmacy generally keeps the records it needs to by law. But these are not always kept up to date and accurate so they may be less able to be relied on if there was a query.

### Inspector's evidence

Standard operating procedures (SOPs) were in place and available on the pharmacy computers for team members to refer to as required. The pharmacist manager said that the pharmacy was in the process of transferring SOPs over to an electronic format and the team had not yet signed the reviewed versions. Signed copies of the previous SOPs were not available at the time of inspection, however the dispenser said she had read them and the pharmacist manager confirmed later in the inspection that other team members had signed the ones relevant to their roles. Team members were clear about their roles and knew when to refer to the responsible pharmacist (RP). When asked, the medicines counter assistant (MCA), dispensers and trainee pharmacists knew what activities could and could not be done in the absence of an RP.

The RP notice was correct and visible at the time of inspection. The RP record was held electronically, it was mostly completed correctly but finish times were not always recorded. Documentation for unlicensed medicines supplied was well maintained. Private prescription records were held electronically, but sometimes the prescriber's details had not been entered. The records that were checked for emergency supplies that had been made did not detail the nature of the emergency. And this may mean that this information is harder to find out if there was a query.

A random physical check of three controlled drugs (CDs) did not match the balance recorded in the register and the pharmacist manager said that discrepancies would be investigated. They were aware of the need to obtain authorisation from the controlled drugs accountable officer (CDAO) to destroy expired medications, and had made an application for this. And these medications were separated in the CD cupboard in clearly labelled bags, with destruction kits available. The RP explained that the pharmacists or trainee pharmacists were responsible for handing out controlled drugs and completing the relevant checks.

Logs were available to record dispensing mistakes that were identified before reaching a person (near misses). Team members said that near misses were usually recorded by the pharmacists when checking prescriptions. And the dispenser explained that a regular review was conducted once a month and any learnings, trends or patterns were discussed in the monthly team meeting. The RP and dispenser showed that a few medications with different strengths or formulations, had been separated on the shelf, demonstrating some action taken to minimise mistakes. There had been no reported dispensing mistakes which had reached the person (dispensing errors). The RP described the steps that they would take in the event that a dispensing error occurred, which included identifying the cause, speaking to the person who had received the error and following the SOP. This included completing an incident form, escalating to the pharmacist manager and SI, and reporting to the NHS 'learn from patient safety

events' (LFPSE) service.

The pharmacy had current indemnity insurance. Feedback or complaints from people using the pharmacy's services could be received verbally in person, by telephone, or through the pharmacy's website. There was also a poster displayed outside of the consultation room which directed people to raise concerns or complaints through the Patient Advise and Liaison Service (PALS). If a complaint was received, team members had an SOP to refer to and they could escalate issues to the pharmacist manager.

Confidential paper waste was shredded on-site. No confidential information was readable from the public area. Team members said that they had completed General Data Protection Regulation (GDPR) and information governance training through their accredited courses and through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy team members understood safeguarding requirements and were able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. All team members had completed safeguarding training through their accredited courses and CPPE.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members can raise concerns if needed, in an open environment. Learning resources are available to the team for ongoing training, and team members can access these during work hours.

### Inspector's evidence

At the time of inspection, the pharmacy was staffed by a locum pharmacist, two foundation year trainee pharmacists, a trainee pharmacy technician, a dispenser, and a medicines counter assistant (MCA). Part way through the inspection the locum pharmacist was replaced by a regular pharmacist who was working the later part of the day. All team members were undertaking or had completed accredited courses for their roles. During the inspection, team members were seen to be managing the day-to-day workload of the pharmacy effectively, and there was no significant backlog of work. There were no numerical targets set for the services offered.

The MCA was able to demonstrate an awareness of medicines with the potential for misuse and could identify people making repeat purchases. They knew the right questions to ask when selling medicines or providing advice and knew when to refer to the pharmacist. There was no formal structured process for ongoing development of the team, but team members explained that they could request designated training time in work hours if needed. Team members that were asked said that they usually kept up to date with new information by looking through the packaging information or leaflet provided with products. And they had access to external learning sites and pharmacy magazines.

Informal one-to-one performance reviews were conducted regularly where staff were given feedback and were given the opportunity to raise ideas and concerns. Team members reported feeling comfortable about raising ideas and concerns and gave examples of changes that had been made in response to their feedback. This included changing the prescription filing system for medicines awaiting collection, having a designated section of the dispensary for medications that were most often dispensed. And each team member was assigned a section of the dispensary to maintain and complete date checking processes, to better distribute workload.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and generally tidy, with adequate space for providing its services safely. It keeps its premises safe and people visiting the pharmacy can have a conversation with a team member in private. The premises are secure from unauthorised access when closed.

### Inspector's evidence

The pharmacy had steps and a ramp leading to the entrance. It had a clean and tidy retail area, and chairs were available outside the consultation room for people wanting to wait for a service. Pharmacy-only medicines were kept behind the counter. The counter had a belt barrier in place to prevent unauthorised access. A suitably sized consultation room was available for providing services, which was accessible from behind the medicines counter and the dispensary.

The dispensary was located to the rear of the premises. The premises was well-lit, and there was air conditioning available to maintain a suitable temperature for the storage of medicines. Handwashing facilities were available in the dispensary, and a staff toilet with separate handwashing facilities was available in the medical centre. The pharmacy's website was easy to navigate, with information on the services provided. Following the inspection, the SI was contacted and confirmed that the function for the sale of medicines through the pharmacy's website would be switched off as it was not a service that the pharmacy was currently offering.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely delivers its services in a safe and effective manner, to a range of people with varying needs. It obtains its medicines from reputable sources, and generally manages them appropriately so that they are safe for people to use. It highlights prescriptions for high-risk medicines so there is an opportunity to provide additional information to people.

### Inspector's evidence

The pharmacy had step-free access available with automatic double door access large enough for people with wheelchairs and pushchairs. Large-print labels were available on request. Some team members were multi-lingual.

Medicines were sourced from licensed suppliers. A current matrix for recording expiry date checks was seen during the inspection. A random spot check of stock revealed no expired medicines and elastic bands or stickers were used to highlight short-dated items on the shelves. Dates of opening for liquid medicines were written on the bottles to help staff know if they were still suitable to use. Medicinal waste bins were available and were collected periodically by a waste contractor. Records for the pharmaceutical fridges were completed daily and showed no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius. Medicines stored in the fridges were not organised well and some were pushed to the back of the fridges which may increase the risk of them freezing, the dispenser gave assurances that the stock would be rearranged.

The pharmacy received safety alerts and drug recalls, or information about other problems with medicines or medical devices, through the pharmacy's email. The email was checked by staff daily and the RP could explain what action was taken in response, including the sharing of information verbally, and over a group messaging app for staff that were not working on the day an alert was received. The pharmacy had an audit trail of the actioned alerts in a folder in the pharmacy email inbox.

Team members were observed following the SOP for dispensing prescriptions and baskets were used to keep items for different people separate. Dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks. The pharmacy dispensed some medicines in multi-compartment compliance packs for people who needed help to manage their medicines. Packs were assembled in a designated area of the dispensary to avoid distractions. The pharmacy used sheets to keep track of repeat prescription orders that were due each week to help ensure they were ordered in a timely manner. The patient medication record (PMR) highlighted changes when the prescriptions were entered on the system and team members checked prescriptions against backing sheets before assembling the packs. A brief description of each tablet or capsule was printed inside the compliance pack, alongside any medicine warnings, and patient information leaflets were supplied every month.

The pharmacy offered a delivery service. A delivery sheet was created for each day and team members used patient labels to create an audit trail of what deliveries had been made. Medicines were returned to the pharmacy if people were not home, and the pharmacy had contact numbers for people receiving deliveries and would reschedule where necessary.

The team members that were asked, were aware of the risks involved when supplying valproate

products to people who could become pregnant. They also knew about the guidance to supply these products in complete original manufacturer's packs, and to ensure they didn't cover any of the warnings with dispensing labels. Prescriptions for other high-risk medicines were highlighted by the PMR system. The RP explained that the pharmacists wrote 'speak to pharmacist' in the margin on the prescription tokens, so that counter staff were aware to refer when handing out a medication. Prescriptions for CD medications were highlighted with a sticker to encourage the team to check the validity before handing out.

For uncollected medications, the prescriptions were removed from the shelf and stored in a folder until expiry. Those prescriptions that people did not come in to collect were returned to the prescriber or marked as not dispensed on the system. Stock for these prescriptions was returned to the shelf where appropriate. The pharmacist manager said that this was completed monthly.

The pharmacy offered the Pharmacy First service under valid patient group directions (PGDs) and these could be referred to online. The pharmacist manager explained that the pharmacist had completed their training through CPPE and all other team members had completed some level of training depending on their roles, using Numark or Alphega training resources.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

### Inspector's evidence

The pharmacy used suitable standardised conical measures for measuring liquids and clean triangle tablet counters were available for dispensing loose medication. Separate triangle counters were available for certain substances that were marked to avoid contamination. A new otoscope with disposable specula covers was available for providing the Pharmacy First services. There was a blood pressure monitor in the consultation room, the pharmacist manager said that this was calibrated annually, along with the 24-hour ambulatory blood pressure monitors. A sharps bin was available in the consultation room for when the vaccination service was offered. A portable telephone enabled the team to ensure conversations were kept private where necessary. All computers were password protected to safeguard information, however, staff were seen to be using a smartcard which belonged to a team member who was not present. The pharmacist manager gave assurances that the person will be asked to change their passcode and keep it safe and secure in future. A fire extinguisher was available in the consultation room.

### 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.