

# Registered pharmacy inspection report

**Pharmacy Name:** Clockhouse Pharmacy, 5 Clockhouse Lane, Collier Row, ROMFORD, RM5 3PH

**Pharmacy reference:** 1121154

**Type of pharmacy:** Community

**Date of inspection:** 22/10/2019

## Pharmacy context

This pharmacy is located in a parade of shops on a main road. People who use the pharmacy are mainly from the local area. The pharmacy was taken over by new owners in October 2019. The pharmacy is open for extended hours. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides Medicines Use Reviews and the New Medicine Service and runs a travel clinic. Both of the pharmacists are also independent prescribers. The pharmacy offers a prescribing service via MedicSpot.

## 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 identifies and manages the risks associated with providing its services. It largely keeps the records it is required to by law. Team members work to written procedures to help provide the pharmacy's services safely. But some standard operating procedures have not been reviewed for some time, which may mean that the information contained in them is not current.

### Inspector's evidence

Standard Operating Procedures (SOPs) were available, these had details relating to the previous owner and some had not been reviewed for some time. Team members had read and signed SOPs relevant to their roles. The Responsible Pharmacist (RP) who was also the new Superintendent Pharmacist (SI) planned to review the SOPs once he had worked at the pharmacy for a few weeks.

Near misses were recorded electronically. The RP was unsure of how near misses were previously reviewed but he planned to carry out a monthly review of near misses to identify trends and patterns as well as hold a discussion with the team to find ways in which mistakes could be avoided. Near misses were seen to be consistently recorded. Previously the second pharmacist (who had been the SI under the previous owners) had observed how team members were working and then held a one-to-one chat with the team member to discuss how they could change their way of working. The dispenser had changed the way in which she dispensed prescriptions as a result of this conversation and had introduced a final check to her work before handing the dispensed prescription to the pharmacist to check.

There had been no reported dispensing incidents since the new owner had taken over. The RP described that in the event that there was a dispensing incident a record would be made on the National Pharmacy Association (NPA) site, and he would make contact with the person and investigate the error. Following the investigation, he would then inform the person of the steps taken by the pharmacy to avoid reoccurrence. The RP said that the last reported error had been before he had taken over. But the second pharmacist had informed him of the steps that had been taken, including contacting the GP and the changes that had been made in the pharmacy. Dispensing incidents were also discussed with the team.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure in place. Annual patient satisfaction surveys were also carried out. There had been no feedback or complaints received since the SI had taken over.

The correct RP notice was displayed. Team members were aware of the tasks that could and could not be carried out in the absence of the RP.

Records for private prescriptions, emergency supplies, unlicensed medicines supplied, responsible pharmacist (RP) and CD registers were well maintained. CD registers were electronic and CD balances were checked regularly. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received.

Computers were password protected and screens also faced away from people. The pharmacy had an information governance (IG) policy in place, and the second pharmacist was the IG lead. Team members had completed training which covered confidentiality. Relevant team members who accessed NHS systems had smartcards. The two regular pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally.

A safeguarding SOP was in place, the RP had completed safeguarding training as part of his previous role at Queen's hospital. Team members had not completed any formal safeguarding training but described that they would refer any concerns to the RP. They were aware that there were safeguarding boards in place to who concerns needed to be escalated but were unsure of where to find the contact information. The RP was unsure if there were contact details available for safeguarding boards. This could cause a delay in concerns being escalated.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for its services, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively. Team members are given 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 RP (who was also the new owner and superintendent pharmacist [SI]), a registered pharmacy technician, two trainee accuracy technicians (ACT), an apprentice and a pre-registration trainee (pre-reg).

The RP said that there were an adequate number of team members for the services provided. The pharmacy team appeared to be able to manage the workload during the inspection and were up-to-date with their workload. Team members said that once the ACTs had qualified this would free-up additional time for the pharmacists. A rota was in place to show who was covering each shift.

Team members asked appropriate questions before recommending treatment and referred to the RP if unsure. Team members were aware of restricted quantities of some medicines that could be sold. Stickers were used on all prescriptions for CDs including Schedule 4 and 5 to highlight these to team members when prescriptions were being handed out.

Performance of team members was previously managed with appraisals held every six months. The SI planned to carry out appraisals with all team members once he had got to know them better. He planned to use a checklist with goals for individuals to reach in terms of training and targets. The team had group chats and 'mini' meetings to discuss performance related issues and were given a 'polite reminder' if things were not being done. The last reminder had been for cleaning and a rota had been introduced. Pharmacists also gave team members on-the-spot feedback and spoke to people individually.

The two pharmacists held regular meetings to catch up and address any issues that arose as new changes were being implemented. The second pharmacist currently informed the team of any changes that were taking place. The SI planned to hold a meeting with the whole team within the next few weeks after the inspection. Team members said that both pharmacists were approachable and they felt able to feedback concerns, suggestions or ideas. One of the team members had made suggestions about making changes to the repeat prescription services which had been implemented. This had included changing the days that the admin was completed to give more time for chase ups and splitting the workload between colleagues.

The apprentice was working towards a Level 3 qualification and attended college one day a week. He was also given three hours protected study time in the pharmacy. Two team members were also training to become Accredited Checking Technicians (ACTs). They were provided with study time and completed training online including producing an e-portfolio.

Pharmacy technicians were required to complete their individual Continuing Professional Development (CPD) records. Team members were provided training by representatives from different manufacturers

and had completed training on an over-the-counter product the week before the inspection. The pharmacists organised training if there were any changes in guidance of dispensing certain medicines such as valproate or changes to legislation. Team members also completed training online and, in the past, had completed training on confidentiality and children's oral health

The second pharmacist was the pre-reg's tutor and held meetings with him every two weeks. The SI had previously been a pre-reg supervisor as part of his previous role in an NHS hospital and had previous experience of this.

Targets were in place for the services offered; these were reviewed fortnightly. The SI said that he was more concerned about the quality of the services provided rather than the quantity.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the pharmacy's services and are largely clean, tidy and well maintained. Space is effectively managed to improve the work flow. People can have a conversation with a team member in a private area.

### Inspector's evidence

The retail areas of the pharmacy were clean, modern looking and professional. The dispensary was bright and modern, there was ample workspace with some clear areas for dispensing and checking; this was allocated for certain tasks. A room at the back was used for the management of multi-compartment compliance packs. A sink was available at the back of the premises. Cleaning was done by the team with a rota in place.

There was a clearly signposted consultation room which was clean and tidy. And allowed for conversations to take place inside which would not be overheard. The door to the room was open during the course of the inspection. A sharps bin was stored on the floor and other items were stored in the room. The RP said that the items including sealed sharps bins would be moved out of the consultation room. The door leading into the room had glass windows from which the inside of the room was visible. The RP said that he would look into obtaining blinds for the windows.

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

The pharmacy generally provides its services safely and effectively. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services. The pharmacy gets its stock from reputable sources and mostly stores it properly. But some areas of the pharmacy, such as the dispensary shelves, are disorganised. This could increase the chance of a picking error when team members select stock.

### Inspector's evidence

Access to the pharmacy was through a large automatic door at street level with easy access to the medicines counter. There was a range of leaflets and posters on display that advertised services provided. 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 was also able to produce large print labels when these were needed. Both pharmacists were multilingual and the second pharmacist spoke Turkish which was spoken by a number of people who used the pharmacy.

Since taking over, the RP had a meeting with the second pharmacist to discuss new services that could be offered. The RP said that the pharmacy was looking into providing and setting up the new NHS Urgent Medicine Supply Advanced Service (NUMSAS). The RP said that he was looking into having electronic screens in the window to promote the services already offered by the pharmacy and training the team on the services provided.

The RP felt that the flu vaccination service had a big impact on the local population as nearby GPs surgeries had limited clinics when the service was provided and there were usually long waiting times. People were able to easily access the service in the pharmacy which was also offered on a walk-in basis. Travel clinics were also popular. The second pharmacist also provided the yellow fever vaccinations. The new SI was in the process of completing the training to provide these additional services and aimed to be accredited to provide the service by the start of November.

The second pharmacist was the Healthy Living Champion; the RP was unsure of what campaign was being run at the time of the inspection.

The pharmacy had an established workflow in place, most prescriptions were received electronically but the pharmacy still received a number of walk in prescriptions particularly from the dental surgery across the road, which offered an emergency NHS dental service. Prescriptions were dispensed by the dispensers and checked by the pharmacists. The trainee checking technicians were handed some prescriptions to be checked by the pharmacists. Dispensed and checked by boxes were available on labels; these were routinely used by the team. The team also used colour-coded baskets to help manage the workflow and keep people's prescriptions separate.

The RP was aware of the change on guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). Alert cards and patient information booklets were handed out to all patients particularly those who fell in the at-risk group. The RP would check with people if they were on the PPP and if not would refer them back to their GP or consultant. He had previous experience of this from his hospital roles. The RP was aware of the need to use the warning stickers. The dispenser gave an example of a time when a person was referred back to their GP.



All services provided under Patient Group Directions (PGD) with the exception of the flu vaccinations were provided by the second pharmacist. The RP was in the process of completing accreditation for the other services via the Pharmadocor website. Both pharmacists were also independent prescribers but did not provide any prescribing services at the pharmacy.

The pharmacy was also registered with Medicspot and had the equipment used as part of the service available in the consultation room. The RP was unsure of how the service worked as he had not completed any training. Medicspot allowed people to have a private GP appointment at the pharmacy. The service used video conferencing and examination equipment for the consultation. Medication was then dispensed and supplied by the pharmacy.

The service for the multi-compartment compliance packs was managed by a dispenser who was off at the time of the inspection. The trainee ACT had been trained by the dispenser. The service was managed using electronic systems. On receiving a requested prescription, it was checked against the electronic record and any changes or missing items were queried with the GP. A record of this was made on the person's individual electronic record. There were no assessments carried out by the pharmacy on an ongoing basis to see if the service was still suitable for people who were using it. The RP said that he would look into introducing this.

Assembled multi-compartment compliance packs seen were labelled with product details and there was an audit trail in place to show who had dispensed and checked the packs. Mandatory warnings were missing and the dispenser said that she would speak to the systems manager to have these print out onto the backing sheets. Information leaflets were supplied monthly.

Deliveries were carried out by a designated delivery driver. Signatures were obtained when people's medicines were delivered. A separate book was used to obtain signatures when CDs were delivered. In the event that someone was unavailable medicines were returned to the pharmacy and the record sheet was marked.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. CDs were held securely. Medicines were arranged on shelves, but some of the shelves observed had medicines arranged in an untidy manner with different strengths and medicines mixed up. This could increase the chance of the wrong medicine being selected during the dispensing process. Baskets containing dispensed prescriptions waiting to be checked were stored on shelves, some of these were piled haphazardly on the shelves; increasing the risk of things getting mixed up. Some baskets were also not big enough for the contents. The RP agreed that the storage of medicines and baskets would be reviewed as part of the cleaning rota.

Expiry date checks in the dispensary were carried out by medicines counter assistants. There were no date-expired medicines found on the shelves checked. The RP and owner gave assurances that this would now be delegated to the dispensary team members instead. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors. A date-checking matrix was in place.

The pharmacy had the equipment that it needed to comply with the Falsified Medicines Directive (FMD), but there were technical issues with the system, which were being resolved by the providers. The pharmacy team received information of drug recalls via email. The pharmacist printed off alerts and passed these to the team to action. The last recall team members had checked for was for Zantac injections.

## 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 fridge of adequate size was available. A blood pressure monitor was available, the RP was unsure of when these had been last calibrated and said that he would check with the second pharmacist who was the previous superintendent pharmacist.

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 licensed waste company 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.