

# Registered pharmacy inspection report

**Pharmacy Name:** Macks Pharmacy, 161 High Street, Penge, London, SE20 7QU

**Pharmacy reference:** 9011009

**Type of pharmacy:** Community

**Date of inspection:** 23/09/2020

## Pharmacy context

This is a community pharmacy on a busy High Street in South East London. It mainly dispenses NHS prescriptions. And offers other services such as flu vaccinations and Medicines Use Reviews. It supplies medications in multi-compartment compliance packs to some people who need help taking 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
<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	3.1	Good practice	The pharmacy's premises are fitted out to a high standard and staff work well at keeping them clean and tidy. The premises project a professional and clinical appearance.
<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

The pharmacy identifies and manages the risk associated with its services adequately. It keeps the records it needs to by law to show that medicines are supplied safely and legally. Team members protect people's personal information well. And they know how to respond to any concerns about vulnerable people. People who use the pharmacy are asked for their views so that the pharmacy can use this feedback to help improve its services.

### Inspector's evidence

A range of standard operating procedures (SOPs) was present, and most staff had signed to indicate that they had read and understood the ones relevant to their roles. The trainee medicines counter assistant (MCA) said that she was in the process of going through and signing them but had read them. Some SOPs had other versions towards the back of the folder which dealt with changes to the process under the Falsified Medicines Directive (FMD). For example, the SOP for handing out prescriptions had an additional version which took into account FMD. The pharmacist said that the FMD ones were not currently finalised and that she would remove them from the folder to prevent confusion. The SOPs had been regularly reviewed, although the most recent review date on most of them was given as 2021, which was after the inspection. The pharmacist was unsure how this had happened. But she thought it was possible that an error had been made when writing it down and the date should have been 2020. This would have fitted in with the other recorded review dates on the SOPs.

The pharmacist confirmed that Covid-19 risk assessments had been done for the team members. She said that there had been no Covid-related infections in the team and the inspector explained to her the requirements for reporting any relevant cases if they occurred. Team members had access to personal protective equipment (PPE) and were seen observing social distancing where possible.

Dispensing mistakes identified before the medicine had been handed to a person (near misses) were recorded in a sheet in the dispensary. But no near misses had been recorded since June 2020. The pharmacist accepted that some near misses may have occurred since this date and not been recorded. And said that she would ensure that future near misses were recorded.

Dispensing mistakes that happened and where the medicine had been handed to a person (dispensing errors) were recorded on a form from the National Reporting and Learning System. This was demonstrated by the pharmacist. A dispensing error had occurred between enalapril and escitalopram, and the pharmacist showed that the two medicines had been moved to separate places in the dispensary. The pharmacist explained that near misses and dispensing errors had previously been reviewed to identify any patterns or trends, but this had not happened since the start of the pandemic. She confirmed that Covid-19 risk assessments had been done for the team members. She said that there had been no Covid-related infections in the team and the inspector explained to her the requirements for reporting any relevant cases if they occurred. Team members had access to personal protective equipment (PPE) and were seen observing social distancing where possible.

The pharmacy undertook an annual patient survey. The results from the 2019 to 2020 survey were positive, with around 96% of people who responded rating the pharmacy as very good or excellent overall. There were also good comments about the cleanliness of the pharmacy. There were no signs or

leaflets explaining to people how they could provide feedback or raise a concern, which could make it harder for them to know how to do this. The pharmacist said that people usually phoned the pharmacy with any feedback, and they were also able to email.

The pharmacy had current indemnity insurance. The right responsible pharmacist (RP) notice was displayed, and the RP record had generally been filled in properly. Correcting fluid had been used on a small number of entries, which could make it harder for the pharmacy to show what changes had been made if there was a future query. Private prescription records, emergency supply records, and records of unlicensed medicines seen complied with requirements. Controlled drug (CD) registers seen had been filled in properly. A random check of the physical quantity of a CD matched the recorded balance.

No confidential information was visible to people using the pharmacy. Computer terminal screens were turned away from the public, and access was password protected. Staff were seen using their own smartcards to access the NHS electronic systems. Most team members had done training on the General Data Protection Regulation (GDPR) with the exception of the recently started trainee MCA. The GDPR training had included a multiple-choice assessment at the end to check understanding. Confidential waste was separated into a separate area and then shredded.

The pharmacist confirmed that she had completed the level 2 safeguarding course and she could explain what she would do if she had any concerns about a vulnerable person. The pharmacy technician had also done this course. The pharmacist confirmed that other staff had completed safeguarding training, with the exception of the trainee MCA.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services safely, and they do the right training for their roles. They are able to raise concerns and make suggestions. And they do some ongoing training to help keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection there was one pharmacist, one pharmacy technician, a trained MCA, and a trainee MCA. The team was up to date with its workload and there was a clear workflow through the dispensary. The trainee MCA had started work at the pharmacy one or two months ago and was registered on an accredited training course. The trained MCA could describe what questions she would ask people who wanted to buy medicines. And she was aware of additional precautions to be taken with requests for some medicines, for example pseudoephedrine-containing products.

Staff received performance appraisals once or twice a year. There were no regular formal staff meetings. But there was a small team in the pharmacy and staff were comfortable about making any suggestions or raising concerns if they arose. The pharmacist also felt comfortable about making suggestions or raising concerns with the superintendent pharmacist. There were no numerical targets set for staff.

Prior to the pandemic, team members had received ongoing training from various manufacturers and suppliers, as well as pharmaceutical company representatives. This had stopped due to the pandemic, but team members explained that they had done some ongoing training since then. This included training about Covid-19 and footcare. Some records were kept for ongoing training, but the records seen mainly related to training done before the start of the pandemic.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are fitted out to a high standard, and staff work well at keeping them clean and tidy. The premises project a professional and clinical appearance. And they are suitable for the services the pharmacy provides. The premises are secure from unauthorised access. And people can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy had relocated into the current premises around two years ago. The current premises had been fitted out to a high standard and projected a professional appearance. Surfaces and floors were clean, and lighting was good throughout. The dispensary was organised, and the shelves were tidy. There was enough clear workspace to dispense safely, and the dispensary was large enough to help staff maintain social distancing. Clear plastic screens had been fitted on the pharmacy counter to help protect staff and people using the pharmacy. Staff said that they cleaned the pharmacy's surfaces at least twice daily, to help with infection control.

The consultation room was clean and tidy and was large enough to help people inside maintain social distancing. The room allowed a conversation to take place inside which would not be overheard, and it was locked when not in use. The pharmacist explained that when she administered flu vaccinations in the room, she cleaned the surfaces between people's visits. The room temperature in the pharmacy was suitable for the storage of medicines and was maintained with air conditioning. The premises were kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and manages them well. It gets its medicines from reputable sources and stored them properly. 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. The pharmacy doesn't always highlight prescriptions for higher-risk medicines. And this could mean that it misses opportunities to speak with people when they collect these medicines.

### Inspector's evidence

The pharmacy had a very small step from the street and staff said that this was navigable for people with wheelchairs or pushchairs, and they would go and help people as needed. There was a doorbell at the front for attracting attention and the shops area was large and clear to help with manoeuvrability. Staff said that people wore masks when coming into the pharmacy. The pharmacy was a Healthy Living Pharmacy and there was a display section with information about health promotion. The pharmacist said that the pharmacy had links with the local library for Dementia Action Week and had previously given advice and handed out signposting cards.

Baskets were used during the dispensing process to help prevent different people's medicines becoming mixed up. Separate areas of the dispensary were used for dispensing and checking. Dispensed prescriptions for CDs were mostly highlighted to make staff aware of the shorter prescription validity date, but one found on the shelves was not. The prescription was highlighted when this was pointed out. Dispensed prescriptions for higher-risk medicines such as methotrexate and warfarin were not routinely highlighted. So, this could mean that the pharmacy missed opportunities to speak with people when they collected these medicines. The pharmacy's SOPs for higher-risk medicines detailed the information to be provided at medicine handout, and the pharmacist said that she would go through the SOPs again with the team. Staff were aware of the additional guidance about pregnancy prevention to be provided to some people taking valproate medicines, and the pharmacy had the relevant cards and leaflets for people. The pharmacist was not aware of any people in the at-risk group who were currently taking valproate medicines.

The pharmacy had patient group directions (PGDs) for some medicines, including emergency hormonal contraception and chlamydia treatment. In-date copies of the PGDs were available for the pharmacist to consult. The pharmacist said that the flu vaccines for people over 65 had gone out of stock the previous day and they were trying to obtain more.

Dispensed multi-compartment compliance packs were labelled with a description of the tablets and capsules inside to help people and their carers identify the medicines. An audit trail was included to show who had dispensed the pack, but not always a trail to show who had checked it. The pharmacist said that she would discuss this with the locum pharmacist who had checked the packs. Patient information leaflets were routinely supplied. People were assessed to see if the packs were suitable for them by the local NHS Medicines Optimisation Service. The pharmacist showed how any changes to the medicines inside the packs were recorded on the individual person's electronic patient medication record.

The pharmacist explained that earlier in the pandemic the pharmacy had used volunteers to help deliver medicines to people's homes. Since then, the deliveries were done by the pharmacy's regular driver. The pharmacist explained how staff contacted people before a delivery was made, and the medicines were left at people's doors to help reduce any spread of infection. A record was kept in the pharmacy of the deliveries that had been made.

Medicines were obtained from licensed wholesale dealers and specials suppliers, and they were stored very tidily on the shelves. Stock was date checked regularly and this was recorded. No date-expired medicines were found in with stock. Medicines requiring cold storage were stored in a large medical fridge and the temperatures were monitored daily. Temperature records seen were within the appropriate range. CDs were kept securely. Medicines for destruction were separated from stock and placed into designated bins and sacks for offsite disposal.

The pharmacy received drug alerts and recalls via email. Staff explained what action they took in response and showed that they recorded when they had actioned an alert or recall. The pharmacist said that she had recently seen an alert about laxatives and had asked the staff to read through and sign it.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely, and generally maintains it well. It uses its equipment in a way which helps protect people's personal information.

### Inspector's evidence

The pharmacy had calibrated glass measures, and some were marked for use with certain liquids. The sink area was clean and tidy. The blood pressure meter had not been used during the pandemic. Tablet counting triangles were mostly clean, but one had a little tablet dust on it; the pharmacist said that this would be cleaned. There was an in-date anaphylaxis kit for use if needed with vaccinations. The phone was cordless and could be moved to a more private area to help protect people's personal information.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.