

Registered pharmacy inspection report

Pharmacy Name: Al-Shafa Pharmacy, 113 Barton Street, Gloucester, Gloucestershire, GL1 4HR

Pharmacy reference: 9011330

Type of pharmacy: Community

Date of inspection: 11/08/2021

Pharmacy context

This is a community pharmacy close to the centre of the city of Gloucester. It is interconnected with a doctors' surgery. A wide variety of people visit the pharmacy. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy supplies several medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The inspection was carried out 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 safe and effective. It is appropriately insured to protect people if things go wrong. The pharmacy team keeps the required up-to-date records and ensures that people's private information is stored safely. The team knows how to protect vulnerable people.

Inspector's evidence

This inspection took place during the COVID-19 pandemic. The pharmacy re-located in March 2020, from premises a few doors away. The pharmacy team members identified and managed the risks associated with providing its services. They had put some changes in place, as a result of the COVID-19 pandemic (see under principle 5), to reduce the risk of transmission of coronavirus. The pharmacy had updated some of its standard operating procedures (SOPs) as a result of the COVID-19 pandemic, such as those for medicines delivered to people and dealing with patient-returned medicines. All the team members had read and signed these SOPs. The other SOPs were up to date and appropriate for the business. The pharmacy had updated its business continuity plan to accommodate any potential issues as a result of the NHS 'test and trace' scheme. It would liaise with nearby pharmacies to ensure that there was no disruption in the supply of medicines to its patients if it had to close.

The Superintendent Pharmacist had conducted a risk assessment of the premises and occupational risk assessments of all his staff. The occupational risk assessment included any potentially vulnerable people in their households. The team members knew that they needed to report any COVID-19 positive test results. They had all been offered a COVID-19 vaccine and they performed COVID-19 lateral flow tests twice each week.

The pharmacy team members recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. This was done electronically using a matrix quick response (QR) code. The team members recorded possible reasons for the error. The Superintendent reviewed the log every month but did not print off the review. So, it was not possible to see if specific learning points or specific actions were identified to prevent any future recurrences. The team members said however, that several mistakes occurred around lunchtime when they were hungry. Also, they had spread out the telephones in the dispensary so it was not just one person always being interrupted with their work in order to answer the phones. The dispensary team members highlighted common 'look alike, sound alike' (LASA) mistakes. The pharmacy had had no errors where the incorrect medicines had left the pharmacy since it had re-located..

The dispensary was spacious, tidy and organised. There were dedicated working areas, including clear checking benches. The pharmacy had a spacious, separate area where the multi-compartment compliance packs were assembled and checked. The dispensing assistants placed the prescriptions and their accompanying medicines into baskets to reduce the risk of errors. They also used different coloured baskets to distinguish the medicines for people who were waiting, those who were calling back, those where items were owed to patients and those for delivery. This allowed the pharmacist to prioritise the workload.

The staff knew their roles and responsibilities. A medicine counter assistant (MCA) would refer any

medicine sale requests that she was uncertain of, to the pharmacist. A NVQ2 trainee dispensing assistant would refer all 'pharmacy only' (P) medicine sale requests to the pharmacist. All the pharmacy team knew that codeine-containing medicines should only be sold for three days use. They often refused requests for these medicines.

The pharmacy team members were clear about their complaints procedure but this was not displayed. They had not received any complaints since their re-location. Most of the recent feedback from people who used the pharmacy had been positive. They were grateful for the team's hard work and dedication in the recent difficult circumstances.

The pharmacy had current public liability and indemnity insurance provided by the National Pharmacy Association (NPA). It kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. The pharmacy also had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas. The pharmacy kept most of its records electronically. It had one patient-returned CD which had not been entered in the electronic destruction register. This was added during the inspection but, because it was not entered at the time of the return, all the fields could not be completed.

The staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy team members shredded all confidential wastepaper. People could not be overheard or seen when they were in the consultation room.

The pharmacy team understood safeguarding issues. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The team members knew how to access local telephone numbers to escalate any concerns relating to both children and adults. The pharmacy had many substance misuse clients. The team member regularly liaised with the service provider if they had any concerns. And, because of concerns raised by the service provider, the pharmacy offered a supervised substance misuse service on Sundays.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy team members who are in training are well supported with their studies. They work well together and are comfortable about providing feedback to their manager. The team members do some on-going learning but this has not been that regular since the outbreak of the pandemic. So, their skills and knowledge may not be up to date.

Inspector's evidence

The pharmacy was located close to the centre of the city of Gloucester. It mainly dispensed NHS prescriptions. Several domiciliary patients received their medicines in multi-compartment compliance packs. The current staffing profile was: one pharmacist, four full-time NVQ2 qualified dispensing assistants, one of whom was enrolled on the NVQ3 technicians course, three full-time NVQ2 trainee dispensing assistants, one full-time medicine counter assistant (MCA), three part-time MCA trainees and a delivery driver. The pharmacy was currently advertising for a part-time dispensing assistant so it had more flexibility to accommodate both planned and unplanned staff absences.

The staff clearly worked well together as a team. The team held brief weekly staff meetings and longer monthly staff meetings. The Superintendent circulated notes of the monthly meetings. The team members said that they felt supported by him and felt able to raise any issues. He had regular one-to-one meetings with everyone.

Since the outbreak of the pandemic, the team members had not completed regular on-going learning. But they did do some learning, such as recently, on antibiotics. The team members that were enrolled on accredited courses were allocated dedicated learning time. The pharmacist seen, a regular locum, recorded any learning on his continuing professional development (CPD) records. No formal targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitable for the services it offers. It is clean, tidy and organised. The pharmacy signposts its consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was spacious, clean, tidy and organised. And there were dedicated work areas for different activities. The dispensary was a long rectangle with an exterior wall on one side and tall opaque screens across the other side. The screened side had a door but this gave access to the retail area and not directly to the medicine counter. In order for anyone in the dispensary to access the medicine counter area they had to use this door and walk a reasonable distance. The general sales list (GSL) medicines were stored along this long side. The rest of the space was unused. The layout meant that the dispensary team could not see people coming in. It also made it difficult for the pharmacist to easily counsel anyone.

Substance misuse clients entered the pharmacy and went to a large dedicated room on the left. There were two well screened hatches at the front of this area. The hatches were at the end of the long dispensary. The bench at right angles to the hatches housed a Methasoft machine. The prescriptions for the clients were also stored here in a dedicated box.

People could access the pharmacy from the surgery. But, currently due to the COVID-19 pandemic, people could not go directly from the pharmacy to the surgery. This was to keep a one-way flow of people to reduce transmission of the coronavirus.

The pharmacy had a signposted consultation room. The room was narrow with a work bench at the end. This design meant that it was difficult for people to sit face-to-face. It had a small sink. The design was practical for the delivery of vaccines but challenging for consultations. A ceiling tile was missing and there was some damage to a couple of wall tiles. People could not be seen or overheard in the consultation room.

The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The pharmacy had air conditioning and it was well lit.

Principle 4 - Services ✓ Standards met

Summary findings

Everyone can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The pharmacy team members make sure that people have the information they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources and stores them safely. The team members make sure that people only get medicines that are safe.

Inspector's evidence

Everyone could access the pharmacy and the consultation room. The pharmacy team members had access an electronic translation application for any non-English speakers. The pharmacy could print large labels for sight-impaired patients. The pharmacy offered several services in addition to the essential NHS services: the New Medicine Service (NMS), the Discharge Medicine Service, emergency hormonal contraception (EHC) (regular pharmacist), the Community Pharmacy Consultation Service (CPCS), supervised consumption of methadone and buprenorphine and seasonal flu vaccinations. The staff were aware of the services the pharmacy offered. The regular pharmacist, the Superintendent, had completed suitable training for the provision of seasonal flu vaccinations including face-to-face training on injection technique, needle stick injuries and anaphylaxis. He had also completed suitable training for the provision of the EHC service, DMS and CPCS. The pharmacy had received a few referrals under the newly rolled-out General Practitioner (GP) CPCS scheme. It also received referrals from 111.

The pharmacy had many substance-misuse clients who had their medicines supervised. It dispensed methadone from a Methasoft machine. Clients received their medicines from a dedicated hatch. One hatch was for supervised clients and one was for 'take-home' clients. There was a spacious room for the clients to wait in and the hatches were well screened to allow privacy. Supervised clients disposed of the container themselves into a dedicated bin. The pharmacist recorded any concerns that he had about the substance misuse clients. The pharmacy had a good relationship with the service provider and the pharmacy provided a supervision service every day for clients giving rise to concern after being asked to do so by the provider.

The dispensary team members assembled medicines into multi-compartment compliance packs for several domiciliary people. This took place in a spacious, organised separate area. The compliance packs were mainly assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. The staff recorded any changes and so the pharmacist had a clear clinical history of the patient at the final checking stage. The pharmacy used a progress log for the compliance pack prescriptions but not all the fields were always filled in.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. The pharmacist seen counselled patients prescribed high-risk items, antibiotics, new items, oral steroids and complex doses. But, as mentioned under principle 3, the layout of the pharmacy did not encourage this. The staff were aware of the sodium valproate guidance relating to the pregnancy protection program. A notice was displayed reminding them to provide information leaflets for all sodium valproate that was not supplied in the original packaging. All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the

pharmacist. The pharmacy used 'see the pharmacist' stickers for anyone needing counselling.

Because of the pandemic, the delivery driver did not ask people to sign indicating that they had received their medicines. The delivery driver signed the sheet on their behalf. The pharmacy used owing slips for any items that were owed to patients.

The pharmacy obtained its medicines and medical devices from AAH, Alliance Healthcare and Lexon. Its controlled drugs (CDs) were stored tidily and staff access to CDs was appropriate. The pharmacy had one patient-returned CD but this had not been entered into the records. The pharmacist did this during the visit. The pharmacy had no out-of-date CDs. It had appropriate CD destruction kits. The staff checked the dates of all the stock in the pharmacy. And they completed records showing it had been done. The pharmacy used designated bins for medicine waste. And it separated any cytotoxic and cytostatic waste substances.

The pharmacy team members dealt with any concerns about medicines and medical devices. They received drug alerts electronically. Any actions were also recorded electronically. The pharmacy had received an alert on 9 August 2021 about irbesartan. It had none of the affected batches in stock and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has taken action to reduce the spread of coronavirus with social distancing measures and the use of protective screens. It mainly has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose.

Inspector's evidence

As a result of the pandemic, the pharmacy had placed foot marks on the floor, two metres apart, indicating where people should stand. A robust Perspex screen had been erected across the medicine counter. Double thickness glass had been installed at the substance misuse hatches. The staff were not wearing Type 2R fluid resistant face masks or any other face coverings. Most people visiting the pharmacy were also not wearing face coverings.

The Methasoft machine was cleaned and calibrated each day. The pharmacy used British Standard crown-stamped conical measures (50 - 100ml) and one ISO marked straight cylinder. It had no measure for liquids under 10ml. This was ordered during the visit. The pharmacy had tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 80 and the 2020/2021 Children's BNF. The pharmacy team could access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. The staff shredded all confidential waste information. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.