

# Registered pharmacy inspection report

**Pharmacy Name:** Eastware Pharmacy, Burgage Lane, Ware,  
Hertfordshire, SG12 9FT

**Pharmacy reference:** 9011536

**Type of pharmacy:** Community

**Date of inspection:** 26/10/2021

## Pharmacy context

The pharmacy was inspected during the COVID-19 pandemic. The pharmacy is in a new building, having moved in May 2021 from the other end of the town, to be close to the new doctors' surgery. The pharmacy team members provide NHS dispensing services, including medicines in multi-compartment compliance packs to some people, and to some people being treated for addiction. They also provide flu vaccinations and 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

Members of the pharmacy team usually work to professional standards and generally identify and manage risks. The pharmacy mostly keeps its records up to date. Its team members understand how they can help to protect the welfare of vulnerable people. And the pharmacy team members keep people's private information safe. But they don't regularly record mistakes they make during the dispensing process. This could make learning from these events to avoid mistakes being repeated more difficult.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the services that the pharmacy offered and were being reviewed by the superintendent pharmacist (SI) following the move to new premises. The written procedures said the team members should log any mistakes they made which were corrected during the dispensing process in order to learn from them. They did not regularly log any issues and so it was harder to discuss trends and learning from these events. But the team members described how they had changed their dispensing following a mistake where the wrong strength of medicine was selected. The pharmacy displayed the responsible pharmacist notice where it could be seen easily.

The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when they were unsure of the information to give to people. The pharmacy had not been open long enough to have done the annual customer survey required by the NHS. However, customer feedback about the new pharmacy premises was reported to have been very positive. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book, but these records were not up to date. The computerised patient medication records also recorded most of the details required, but the details of the prescriber and the date of the prescription were not always recorded accurately. The controlled drugs register was generally filled in correctly.

The pharmacy team members had received some information governance training and were aware of the need to protect people's privacy. Computers and labelling printers were used in the pharmacy. Information produced by this equipment was not visible to people in the retail area. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely away from the public view. Confidential waste was separated from general waste and disposed of securely by a licensed waste contractor. Staff had done appropriate safeguarding training and the pharmacist knew where to get the local safeguarding contact telephone numbers from, if he needed to speak to them.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver the pharmacy's services safely and effectively. A more structured approach to on-going training would help make sure team members' knowledge and skills are kept up to date.

### Inspector's evidence

There were two dispensers and one counter assistant present during the inspection, as well as the SI. There was a delivery driver in the team as well. All the staff had completed the appropriate training for their roles, and work was shared between them, each doing part of all the jobs. This meant that if anyone was off, on holiday or off sick, the rest of the team could fill in their role without the need for further training. The team worked well together. The dispensers were observed serving on the counter when required, as well as giving each other help when there was a question about a dispensed prescription.

The pharmacy team members had access to pharmacy magazines, which they used to keep up to date, and for some on-going training. However, there was no formal plan to make sure staff were kept up to date about all topics relevant to their roles. For example, refresher training about data protection or health and safety.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, and provides an appropriate environment to deliver the pharmacy's services. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy premises was purpose built. There was adequate seating for people waiting in the pharmacy. There were two consultation rooms, one with a sink which was used for flu vaccinations. This was clean and generally tidy and contained a fridge. The second consultation room was being used as a storeroom.

The dispensary was clean, tidy and bright and was well laid out, with three dispensing areas; one used for multi-compartment compliance packs and measuring methadone, one for dispensing and one for checking and administration. There was adequate space for prescription storage and there was a door to the rear and the rubbish bins were stored outside in a gated area. There was a kitchen area/staff room and a toilet which would allow disabled people to access easily. The premises was air conditioned.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy delivers its services in a safe and effective manner and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently.

### Inspector's evidence

Services were advertised in the windows of the pharmacy. Access to the pharmacy was via an automatic door which made it easier for people with mobility problems or with prams. There was a screen in front of the till to protect the public and staff in the light of the COVID-19 pandemic.

Computer-generated labels for dispensed medicines included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. The pharmacy used baskets to help ensure that prescription items were kept together and were easy to move from one area of the dispensary to another.

Some people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines contained in the packs. No patient information leaflets (PILs) were supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. The staff said that they would supply the patient information leaflets in the future. There was a summary sheet in the pharmacy for each person receiving these packs showing any changes to their medicines and where the medicines were to be placed in the packs. All the dispensing staff were involved in the ordering prescriptions and dispensing of these packs.

Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given out more than 28 days after the date on the prescription. Prescriptions for warfarin, lithium or methotrexate were not flagged so staff did not know to ask about any recent blood tests or the person's current dose. So, there was some risk that the pharmacy wasn't always able to monitor the patients in accordance with good practice. The SI and the team said that they would address this issue.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were highlighted expiry dates on boxes to indicate items which were short dated. Regular date checking was done and no out-of-date medicines were found on the shelves. The fridge temperatures recorded showed that the medicines in the fridge had been consistently stored within the recommended range. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

### Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets.

### 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.