

Registered pharmacy inspection report

Pharmacy Name: Sai Pharmacy, Unit 6, 19 Stable Walk, South East Block, Goodman Fields, London, E1 8EJ

Pharmacy reference: 9011696

Type of pharmacy: Community

Date of inspection: 05/06/2024

Pharmacy context

The pharmacy is located within a modern residential complex in East London, next to a busy surgery. It provides a range of services including NHS dispensing services, the New Medicine Service, flu vaccinations, blood pressure checks and blood glucose checks. And it provides medicines as part of the Community Pharmacist Consultation Service. The pharmacy supplies medicines in multi-compartment compliance packs to a large number of people who live in their own homes and need this support. This was a reinspection of the pharmacy after it did not meet some standards on its previous inspection.

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 manages the risks associated with its services. And it generally keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members respond appropriately when mistakes happen during the dispensing process. People who use the pharmacy can provide feedback. And team members are provided with some training about safeguarding to ensure that incidents are dealt with appropriately.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which had recently been reviewed by the responsible pharmacist (RP). The pharmacy's dispensing robot was not currently being used and the SOPs did not reference it. The RP said that there were separate SOPs for the dispensing robot, which they would make available to team members for the future.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were documented electronically and discussed with the team. The RP said that they reviewed the record at the end of the month to identify and patterns or learning points. These reviews were not documented which may mean any action points were not followed up to make sure they were implemented. The pharmacy team described changes it had made to reduce near misses, for example, separating medicines that looked or sounded alike. A procedure was in place for dealing with dispensing mistakes which had reached a person, known as dispensing errors, which included documenting the mistake and reporting it when necessary. The RP said that there had not been any for some time.

The pharmacy had current indemnity insurance cover. The correct RP notice was displayed but it was not visible. It was moved during the inspection. Samples of the RP record were seen to be well maintained. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for private prescriptions and emergency supplies but some private prescription records were missing the prescriber's details. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance. CD balance checks were carried out regularly. Since the last inspection, the pharmacy had fitted a new CD cabinet to make sure that there was sufficient space to store medicines requiring safe custody.

People were able to give feedback or raise concerns online or verbally. The RP said that they regularly checked online reviews and provided feedback to the team, for example, about communicating effectively and talking discretely to people.

Members of the team had read and signed the pharmacy's SOP about the General Data Protection Regulation. The superintendent pharmacist (SI) also held regular discussions covering data protection and protecting peoples' confidentiality. Confidential waste was collected in a separate basket and shredded. Computers were password protected and screens faced away from people waiting near the dispensary. Cordless telephones were available so that members of team could have private conversations away from people. Two consultation rooms were available for private conversations.

All members of the team had completed varying levels of safeguarding training, according to their role. An SOP covering safeguarding was in place and team members said they would raise any concerns with the RP or SI.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. Team members are provided with ongoing training to keep their skills and knowledge up to date. And they can raise any concerns or make suggestions.

Inspector's evidence

During the inspection there was a regular RP, a pharmacy student, two dispensers, two trainee dispensers, and a new member of the team who had started four weeks ago. The SI joined the inspection at a later stage. The SI said that the new member of the team would be enrolled onto the relevant training course following the probation period. A trainee pharmacist also worked at the pharmacy but was on leave to prepare for the registration exams.

Team members were observed working well together and managing the workload. The RP felt that the pharmacy was sufficiently staffed for the services provided. The SI had reviewed staffing levels and had employed two new members after the pharmacy had started the Pharmacy First service.

Team members said they had opportunities to sign up to further training courses, for example, the dispenser was interested in completing a pharmacy technician course and had discussed this with the RP. They said that the RP and SI were open to feedback and encouraged team members to progress with their training. The SI held regular meetings with the team to update them on services or provide the team with training. Team members had access to booklets and leaflets and read these as and when they could or in their own time. Team meetings were also held once a month to discuss dispensing mistakes, near misses, and complaints.

Formal appraisals were in place for the team, and team members said that they received regular feedback whilst working. They felt comfortable raising issues with the RP and SI or providing feedback. There were no targets in place for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure and clean environment for the pharmacy's services. There are rooms where people can have private conversations with a team member.

Inspector's evidence

The pharmacy was spacious, bright, clean, and tidy throughout. Fittings were modern and were maintained to a high standard. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. The dispensary had ample storage and workspace and workbenches were kept clear of clutter. A dispensing robot was fitted to one side of the dispensary but was currently not in use. A separate room behind the dispensary used to manage the multi-compartment compliance pack service. It was also fitted with another robot which assembled the packs.

There was seating available throughout the shop area for people to use while waiting. The pharmacy had two spacious consultation rooms available. They were accessible to wheelchair users, suitably equipped and clearly signposted.

Air conditioning was available, and the room temperature was suitable for storing medicines. The pharmacy was secured from unauthorised access. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. And people with a range of needs can access the pharmacy's services. It gets its medicines from reputable suppliers. And since the last inspection, it has improved the way it stores and manages them appropriately. But it does not routinely highlight prescriptions for higher-risk medicines, so it may be missing out on opportunities to provide additional counselling information.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised, and a variety of health information leaflets was available. The pharmacy could produce large-print labels for people who needed them. Some members of the team were observed translating for people who did not speak English.

The RP said that people taking higher-risk medicines such as lithium, sodium valproate and methotrexate were provided with information cards or booklets. Team members were aware of the guidance about dispensing sodium valproate, including the need to dispense the medicine in its original container. Prescriptions for higher-risk medicines were not routinely highlighted which may mean that people were not referred to the pharmacist for additional advice and counselling.

Electronic prescriptions were dispensed when a person attended or called the pharmacy, and not in advance. Prescriptions for Schedule 3 and 4 CDs were not highlighted in any way once they were dispensed. A prescription for pregabalin capsules dated 4 December 2023, and therefore no longer valid, was found still in the prescription retrieval system. This may increase the likelihood of supplying medicines past the valid date on the prescription. The RP said that they would brief the team to highlight these prescriptions with a coloured sticker.

The pharmacy had two dispensing robots, one dispensing original packs and the other assembling multi-compartment compliance packs. The RP said that the robot in the main dispensary area (which dispensed original packs) was waiting to be fixed. It could be accessed manually if stock was needed, but most of the pharmacy stock was now kept on dispensary shelves and not in the robot.

People were referred to the multi-compartment compliance pack service by their GP. The pharmacy prepared packs for its customers as well those of other branches. Prescriptions for people receiving their medicines in the packs were ordered in advance so that any issues could be addressed before people needed their medicines. And prescriptions for 'when required' medicines were requested if people needed them when their packs were due. Other branches managed their customer's prescriptions and sent an electronic file with the details of the prescriptions to the pharmacy. The pharmacy kept a record for each person which included any changes to their medication. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Patient information leaflets were routinely supplied. Images of the medications and descriptions were put on the packs to help people and their carers identify the medicines. Team members wore gloves when handling medicines that were placed in these packs. A dispensing robot was used to assemble the packs and team members said that this had improved the workload and reduced the number of

mistakes made. Team members had access to robot engineers who could remotely access the system if there was a fault. An engineer could also attend the pharmacy the following day if the issue could not be fixed remotely. The RP said that several checks were made during the assembly of the packs, including double checking the electronic information relayed from other branches, checking the medicine packs before tablets were inserted in the robot, and carrying out a final check of the assembled pack.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. The pharmacy team checked the expiry dates of medicines at regular intervals and kept clear records of this. No expired medicines were found on the shelves in a random check in the dispensary. On the previous inspection, the pharmacy could not demonstrate that it stored all its medicines securely or that it kept its medicines requiring cold storage at the right temperatures. On this inspection, it was found that the fridge temperature was monitored daily and records indicated that the temperatures were maintained within the recommended range. The pharmacy's medicines were stored securely. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received electronically and filed for reference once they were actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

The pharmacy had a dispensing robot which was serviced annually. There were several tablet counting triangles, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. There were several clean glass measures. Two fridges were fitted in the dispensary and were used for storing medicines which required cold storage. The RP said that the blood pressure and the blood glucose monitors were replaced annually. The otoscope was new. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.