

Registered pharmacy inspection report

Pharmacy Name: Jaypharm Chemist, 361 Commercial Road, London, E1 2PS

Pharmacy reference: 9011749

Type of pharmacy: Community

Date of inspection: 25/04/2022

Pharmacy context

This pharmacy is located within a parade of shops on a main road. It serves a mixed local population and a large proportion of patients of Bengali origin. The pharmacy receives most of its prescriptions electronically. It provides a delivery service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. The inspection took place 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 adequately 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 generally respond appropriately when mistakes happen during the dispensing process. People who use the pharmacy can provide feedback. But the pharmacy could do more to ensure that its confidential waste is always disposed of appropriately.

Inspector's evidence

The responsible pharmacist (RP) said that near misses, where a dispensing mistake was identified before the medicine was handed to a person, were documented. These were reviewed at the end of the month and a patient safety report was generated to help identify trends. An annual patient safety review was also conducted. Near misses were seen to be recorded but there were some gaps in the records, for example, none had been recorded between August 2021 and February 2022. The RP described changes the pharmacy had made to help improve the dispensing service, for example, team members had been briefed to dispense against the prescription rather than the labels. The team were still arranging stock on the shelves after moving into the new premises recently. A procedure was in place for dealing with dispensing mistakes which had reached a person (dispensing errors). The RP said there had not been any dispensing errors since the pharmacy moved to the new premises. He explained that he would report the dispensing mistake on the National Reporting and Learning System and make a note on the person's electronic medication record. Both regular pharmacists, the accuracy checking technician (ACT) and trainee pharmacist had completed a training module on risk management. There was ample workspace in the dispensary and baskets were used to separate prescriptions and prevent transfer between patients. A separate dispensary was used to manage the multi-compartment compliance pack service.

The pharmacy's standard operating procedures (SOPs) were not available as they had been damaged following a leak from the property above. The RP said that he was in the process of arranging for a new set of SOPs at the pharmacy. He said he would ask team members to read and sign the relevant SOPs to confirm they had understood them. Following the inspection the superintendent pharmacist (SI) sent samples of the new set of SOPs.

The pharmacy had conducted individual staff risk assessments in response to the Covid-19 pandemic. The RP said that one member of the team who was at a higher risk was asked to work at the back rather than cover the front counter. Face masks and hand sanitising gel were available. The pharmacy premises were disinfected every morning.

The correct RP sign was displayed. Team members understood their roles and responsibilities. The RP record was kept electronically, and samples checked were generally in order. The pharmacy had current indemnity insurance cover. Records for the supply of private prescription were generally in order but they did not always include the correct prescriber details or date on which the prescription was issued. Emergency supply records did not always include the nature of the emergency. This may make it harder for the pharmacy to show why it had made a supply of a medicine. Audit trails were not always maintained for unlicensed medicines. This may make it harder to track the unlicensed medicines in case of a product recall or issue. Controlled drug (CD) registers were maintained in accordance with

requirements. A random stock checks of a CD agreed with the recorded balance.

The pharmacy normally conducted annual surveys to gather customer feedback but had not done one the previous two years due to the pandemic. People were able to provide feedback online or verbally. The RP had briefed the team to contact people receiving multi-compartment compliance packs to confirm time slots for their medicines if it was not clear on the prescription, following some feedback from people about their preferences.

The RP said that information governance policies were stored in the SOP folder which had been destroyed by a recent leak. All team members had completed training on the General Data Protection Regulation. Confidential waste was shredded on site, but a small amount of confidential information was found inside the normal waste bin. This was removed during the inspection. The RP said that people were provided with the opportunity to use the consultation room for private conversations and informed about the chaperone policy. Cordless telephones were available so that members of the team could have private conversations away from people. Computers were password protected and smartcards were used to access the pharmacy's electronic records, but these were seen to be shared. The RP said that individual smartcards would be ordered for all team members.

The RP and accuracy checking technician (ACT) had both completed Level 2 safeguarding training from the Centre for Pharmacy Postgraduate Education (CPPE). Some members of the team had not completed any training but were able to describe signs of abuse and steps they would take should they wish to raise a concern. The RP said he would brief the team and display a flow chart with the local safeguarding team's contact details.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained or enrolled onto suitable courses for the jobs they do. They feel comfortable about raising concerns and complete some ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of a regular pharmacist, an ACT, two trained dispensers, a trainee dispenser, a trainee pharmacist, and a trainee medicine counter assistant (MCA). The ACT was registered with the General Pharmaceutical Council and all trainee staff had enrolled onto the appropriate training course. The superintendent pharmacist (SI) arrived partway through the inspection.

The team was split into two parts. One team covered the walk-in dispensary and the other managed the multi-compartment compliance packs. All team members were trained to cover both sections and supported each other when needed. Both teams managed their workload well throughout the inspection and team members communicated effectively with each other. A rota was in place to help ensure that each team member understood their daily responsibilities.

The trainee pharmacist had started at the pharmacy in June 2021. She said that her tutor reviewed her progress every week and she felt supported by the team. She had been enrolled onto a training course with a third party and attended online sessions once a month with them. She was also provided with study time every week.

The trainee MCA had recently been enrolled onto the counter assistant course. She described her responsibilities which included serving customers, sending reminder texts to people and selling over-the-counter medicines. She asked several questions and always referred to the pharmacist before selling medicines. She was aware of medicines which were open to abuse and described how she would deal with multiple requests for these. She completed her training modules at home and said she regularly asked the pharmacists questions. Both regular pharmacists kept her up to date with information, for example, on medicines and how they worked.

The ACT said he regularly completed training modules to help keep his skills and knowledge up to date. He had recently completed CPPE modules on safeguarding, reducing look-alike and sound-alike errors, sepsis, summary care records and health inequalities. He had also completed the Covid-19 vaccinations training.

Team meetings were held to discuss areas for improvement and errors. Formal performance reviews were done annually. Team members described receiving regular feedback from both regular pharmacists. They were happy to raise concerns directly to the pharmacists or SI. Targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure, clean and maintained to a level of hygiene appropriate for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had relocated to the current premises four months ago. Fittings were new and well maintained. A dispensary was located on the ground floor, at the back of the premises. The dispensary had ample storage space and was fitted with four island workbenches, each with a computer terminal. Another dispensary, which was on the first floor, was used to manage the multi-compartment compliance pack service. This was also fitted with workbenches, an island bench and storage shelves. It was accessed via the ground floor dispensary.

The retail area was clean and organised. There were two wipeable chairs available for people wanting to wait for a service. Two consultation rooms were available. One was used for private conversations and services and the other was used to dispense medicines which was kept locked when not in use. Both rooms were fitted with sinks.

A staff room and separate male and female staff toilets were available. The cleaning was shared by all team members. A cleaning rota was in place to help keep track. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy has some systems in place for making sure that its services are organised. It orders its medicines from reputable sources and largely manages them properly. But its multi-compartment compliance packs are not always assembled with the original prescription being present. And this could increase the chance of mistakes happening. And it could do more to ensure that people taking higher-risk medicines are identified and provided with appropriate advice on their medicines.

Inspector's evidence

Access into the pharmacy was step-free. There was ample space in the retail area, and this assisted people with restricted mobility or using wheelchairs. Some services were promoted on a television screen fitted in the window. Some members of the team were multilingual, and some signs were translated in Bengali. The pharmacy displayed information about the nearest Covid vaccine site. And leaflets were available in the retail area and consultation room. People were sent text messages to promote services.

Bags of dispensed medicines were stored inside boxes in the dispensary and were not visible to people. Prescriptions were filed in alphabetical order and annotated with the box number the bag had been placed in. Text messages were sent to people to remind them to collect their medicine.

Dispensed and checked-by boxes were generally used by team members to ensure that there were dispensing audit trails. Baskets were used to separate prescriptions and prevent transfer between patients. The pharmacy did not routinely highlight prescriptions for Schedule 3 and 4 CDs where additional checks may be required. A prescription for zopiclone tablets which had been dispensed was found in the retrieval system although it was no longer valid.

The pharmacy offered a delivery service to people's homes. Records were maintained and people were asked to sign delivery records to confirm receipt of their medicines. But several bag labels were placed on one sheet which could increase the risk of inadvertently sharing patient sensitive information.

The RP and SI were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group but could not define the at-risk group accurately. The RP said he would read the guidance and brief the team again. Information leaflets and cards were available at the pharmacy. Some higher-risk medicines, such as methotrexate, were stored on a separate shelf to help reduce picking errors and ensure members of the team took extra care when dispensing them. The pharmacy did not have a system in place to highlight prescriptions for higher-risk medicines and did not routinely check if people taking these medicines were being monitored.

Multi-compartment compliance packs were dispensed by a robot at another branch. The service was managed in the dispensary located on the first floor. Team members ordered and checked prescriptions before sending the updated backing sheets to another branch. The packs were then dispensed against the backing sheets by a robot. The pharmacy was advised to review this process as team members at the other branch were dispensing the packs without having access to the original prescriptions. This

could increase the risk of errors. The packs were labelled with this branch's details so it may not be clear to people that their packs had been dispensed at another branch. Bulk medication was dispensed at this branch and attached to the assembled packs using elastic bands. This could increase the risk of mixing peoples' medicines if the bands broke. The SI said that the service would be reviewed to ensure that packs were dispensed against prescriptions and that it was clear for people where their packs were being dispensed. Photographs of the medicines were printed on the packs to help people identify their medicines.

A Methameasure device was used to dispense methadone solution. Instalments were dispensed by the trainee pharmacist and double checked by the pharmacist before hand-out. Instalments were dispensed in a separate area, as and when the person came in. The trainee pharmacist said this was less time consuming as it meant that she did not need to update the electronic system and return uncollected stock at the end of the day. The device was cleaned with disinfectant liquid every week, but the pharmacy was not maintaining records to confirm this and help keep track.

Stock was generally stored tidily. There were several loose blisters on the shelves, and some did not have a batch number or expiry date. These were removed from shelves and disposed of. Team members said expiry date checks were conducted regularly but records were not maintained. Short-dated medicines were marked with a coloured sticker. No expired medicines were found on the shelves in a random check in the dispensary. The fridge temperatures were monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. The RP said that drug alerts and recalls were received electronically and actioned. They were also reviewed as part of the monthly patient safety reviews. But records of any action that had been taken in response to the alerts or recalls were not maintained. He said that he would retain alerts in the future.

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 several glass and plastic measures. The plastic measures were disposed of during the inspection. There were tablet counting triangles, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. There was a large fridge in the dispensary. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. The Methameasure device was calibrated and cleaned daily and serviced annually. The tablet counting device had last been serviced in 2018. The RP said he would arrange for another service. 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.