

# Registered pharmacy inspection report

**Pharmacy Name:** Greenway Pharmacy, 73 Sherwood House, Bush Fair, Harlow, Harlow, Essex, CM18 6NW

**Pharmacy reference:** 9011771

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 21/03/2024

## Pharmacy context

This pharmacy is located in a parade of shops in Harlow. It mainly dispenses NHS prescriptions to people in the Harlow area and delivers all medicines to people's homes. It also dispenses medicines in multi-compartment compliance packs to people who have difficulty remembering to take their medicines. The pharmacy provides the Pharmacy First service under Patient Group Directions (PGDs) and sells General Sales List (GSL) medicines over the counter.

## 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

The pharmacy manages the risks associated with its services well. And its team members review their mistakes regularly. It has written procedures in place to help the team work safely. The pharmacy keeps the records it needs to by law. It has appropriate insurance arrangements in place to protect people. And it keeps people's private information safe.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was on display in the pharmacy. The RP was also the superintendent pharmacist (SI). The pharmacy had a range of standard operating procedures (SOPs), these had been read by all team members, but they had not all signed to say that they had read them. The SI said he would get all team members to sign to say that they had read the SOPs. The SOPs were due a review last month and the SI said that these would be reviewed. The pharmacy recorded near misses (dispensing mistakes spotted before the medicines leave the pharmacy) on paper log sheets in the dispensary regularly and in a good level of detail. The SI said that near misses were regularly discussed with the team. The SI stated that as a result of recent near misses, two medicines with similar sounding names were separated on the dispensary shelf to reduce the chances of the same near miss occurring again. With regards to dispensing errors (mistakes that had reached a person), the SI said that there had not been a dispensing error for a long time. However, he explained that if a dispensing error occurred, it would be investigated, an error report would be completed, and a meeting would be had to discuss the error.

Complaints and feedback about the pharmacy could be submitted in several different ways. The pharmacy's website provided details about how people could make a complaint or provide feedback to the pharmacy. This could be done via email or over the phone to the pharmacy's customer service team or in person at the pharmacy. The website also provided details for Patients Advice and Liaison Service (PALS) where complaints could be escalated if the person was not satisfied with the pharmacy's response.

The pharmacy had current indemnity insurance in place. Balance checks were carried out regularly of controlled drugs (CDs), and the CD register contained all the details required by law. A balance check of a CD showed that the amount in stock matched the recorded stock. Private prescription records were complete with all entries seen having the necessary information recorded. Records about supplies of unlicensed medicines were complete with all entries seen having the required details. The RP record was also complete with all entries seen showing a start and finish time.

Confidential waste was stored securely in designated confidential waste bins. When full, the waste was collected by an external company for safe disposal. No confidential waste was found in the general waste bin, and no person identifiable information could be seen from outside the dispensary. The SI confirmed he had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The SI explained that all team members including the delivery drivers had completed safeguarding training. The SI said they had not been any recent safeguarding concerns, but that the pharmacy had contact details of local safeguarding leads if they ever had a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload effectively. Team members do the right training for their roles. And they have a regular formal review of their progress. Team members have no concerns about providing feedback or raising any concerns they have.

### Inspector's evidence

The team consisted of the SI who worked three days a week in the pharmacy and another two pharmacists who worked as the RP the other days of the week. There were also two dispensary assistants, two pharmacy technicians and four delivery drivers. The SI stated that all team members had either completed an accredited training course or were in the process of completing one. This included the delivery drivers. The SI said the pharmacy had enough staff to manage its workload and dispensing was up to date. Team members confirmed that they received information and resources from head office about various different topics to help keep their knowledge and skills up to date. The SI said that he had regular informal reviews with team members to monitor their progress, but that team members also had a formal appraisal yearly. Team members said they had no concerns raising any issues or providing feedback, they said they would usually go to the RP or SI with any issues that they had. Team members knew what could and could not be done in the absence of an RP. And they confirmed that they were not set any targets in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy, and its team members have enough space to carry out their work. It has a consultation room for people who wish to have a conversation in private. The pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The front fascia of the pharmacy was in an adequate state of repair. The pharmacy was clean, bright and had enough space for team members to carry out their work. There were some boxes on the floor of the dispensary which could present a trip hazard for team members, the SI said these would be moved. The temperature and lighting of the pharmacy were adequate. And it had air conditioning and central heating to adjust the temperature if required. The pharmacy had a sink for preparing liquid medicines which was clean. The team had access to a toilet with hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a private conversation. It was of a good size, clean and tidy and allowed for a conversation at a normal level of volume to take place without being heard from the outside. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and efficiently. And it generally stores its medicines appropriately. The pharmacy obtains its medicines from reputable sources. And it takes the right actions in response to safety alerts and recalls for medicines and medical devices to ensure people are getting medicines that are fit for purpose.

### Inspector's evidence

The pharmacy had step-free access via an automatic door. The team explained that all medicines were delivered to people by their delivery drivers. However, people could access the pharmacy to purchase GSL medicines or to access the pharmacy's services. People could not collect their medicines from the pharmacy and the pharmacy did not sell any Pharmacy only (P) medicines. The shop floor areas of the pharmacy had enough space for people with pushchairs and wheelchairs to easily navigate around the pharmacy. And the pharmacy could cater for people with accessibility issues, for example by printing large-print labels for people with sight issues.

For deliveries of medicines, drivers used electronic devices to manage the deliveries. The devices were linked to an electronic system in the pharmacy which kept a record of deliveries. If there was a failed delivery, a note would be left to arrange a redelivery and the medicines returned to the pharmacy. The SI explained that people could nominate the pharmacy by via email, by phone, by completing and returning a paper nomination form or through their GP.

Multi-compartment compliance packs were prepared in a separate area of the pharmacy. Packs seen were labelled with dosage instructions and warning notices as well as a description of the medicines. This included the colour, shape and any markings on the medicines to help people identify their medicines. The team confirmed that patient information leaflets (PILs) were supplied monthly with all packs. Team members stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment. As all people got their medicines delivered to them, there were less opportunities for people to ask questions or get information about their medicines. The SI explained that he would call people taking higher-risk medicines to discuss their medicines with them so that people got appropriate counselling for their medicines. Contact details for the pharmacy were also available on the website for people to call and speak to the pharmacist if necessary. The team was aware of the risks associated with sodium valproate and knew what to do if they received a prescription for someone in the at-risk category. The SI said the pharmacy did not have anyone currently in the at-risk category taking sodium valproate. Team members knew where to apply a dispensing label to not cover any important details.

The pharmacy obtained its medicines from licensed wholesalers. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored in two fridges in the pharmacy. One fridge contained pharmacy stock. Minimum, maximum and current temperatures for this fridge were recorded daily and were all within the required range including the temperatures seen during the inspection. A second fridge was used to store dispensed items prior to being sent out for delivery. Temperatures for this fridge were not routinely recorded, so, the team could not be sure that these medicines were being stored at the appropriate temperature. However, the minimum, maximum and current temperatures of the fridge were all within the required range when checked during the

inspection. And the team stated that the fridge was only used to store dispensed stock prior to delivery and so medicines were only stored in the fridge for a short period of time and never overnight. But the SI said that the pharmacy will record daily temperatures for the second fridge going forward. Expiry-date checks were carried out every two months. Short-dated stock was highlighted and stock that was due to expire soon was quarantined in a separate tray. A random check of medicines on the shelves found no expired medicines.

Safety alerts and recalls of medicines and medical devices were received by email. These were usually actioned by the RP or SI. Alerts were printed off and actioned, with a note on each sheet stating what action was taken. These were then archived in a folder kept in the pharmacy.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services effectively. And it uses its equipment to protect people's privacy.

### Inspector's evidence

The pharmacy had computers with access to the internet, which allowed team members to access any online resources they needed. Computers were all password protected. Team members were observed using their own NHS smartcards. The pharmacy had cordless telephones to allow for conversations to be had in private. The SI stated that the electrical equipment had previously been safety tested but was not sure exactly when. He said he would confirm this and get the equipment re-tested if it was overdue. The pharmacy had the appropriate calibrated glass measures which were clean. It also had triangles for counting tablets and a separate one for cytotoxic medicines such as methotrexate. The pharmacy had a blood pressure monitor in the consultation room, the SI confirmed that it was new and so did not require recalibration or replacement.

### 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.