

Registered pharmacy inspection report

Pharmacy Name: Orchard Village Pharmacy, Unit 3, Mick Fury House,
Lowen Road, Rainham, Essex, RM13 8QR

Pharmacy reference: 9011870

Type of pharmacy: Community

Date of inspection: 05/10/2023

Pharmacy context

This pharmacy is located on a housing estate in East London. It mainly serves the population in the local area. It provides a variety of services including dispensing of NHS prescriptions, the New Medicine Service (NMS), and seasonal flu vaccinations. It also provides medicines in multi-compartment compliance packs for people who have difficulty remembering to take their medicines.

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

On the whole, the pharmacy manages the risks associated with its services well. It has appropriate insurance in place to protect people. The pharmacy generally keeps all the records it needs to by law. And it keeps people's private information safe. Team members record any dispensing mistakes and discuss them regularly to help make the pharmacy's services safer. The pharmacy has written procedures to help team members work safely. But these have not yet been read by the relevant team members.

Inspector's evidence

Upon entry to the pharmacy, the correct responsible pharmacist (RP) notice was displayed. The RP at the pharmacy was also the superintendent pharmacist (SI). The RP initially had some difficulty in locating the standard operating procedures, but she was able to show the electronic versions on the pharmacy computer. Not all staff members had read the SOPs, with the trainee dispenser who had been working at the pharmacy since June 2023 stating that she had not read them. The RP said that she would ensure that the SOPs were updated and accessible in the pharmacy. And the RP would get the trainee dispenser to read them and sign to say they had been read.

The pharmacy recorded near misses which were dispensing mistakes spotted before they left the pharmacy. These were recorded on paper sheets in the dispensary. They contained some details about the type of mistake, but not much else. The RP said that going forward more detailed notes would be recorded on the paper sheets. The RP said that the team had weekly meetings to discuss mistakes. For dispensing errors which were mistakes that had reached a person, the RP said that she was not aware of any occurring yet. The RP explained that if a dispensing error occurred, a full investigation would be done. There would also be a team meeting to discuss the error and action taken to reduce the chance of the error occurring again.

Complaints and feedback could be submitted in several different ways. The RP said this could be done via email, in person or on the phone. Contact details were available on the pharmacy's website. People had also left reviews online about their experience at the pharmacy.

The pharmacy had appropriate indemnity insurance in place. Balance checks were carried out regularly in the controlled drug (CD) register, and the register contained all the details required by law. A balance check of a CD showed that the amount in stock matched the record in the register. Private prescription records seen were missing the address of the prescriber. The RP said this would be included going forward. Records for unlicensed medicines supplied and for emergency supplies of medicines were generally in order. The RP record was largely complete with a couple of times where the RP had signed out missing on entries seen. The RP said she would ensure that these times were always entered on the record.

Confidential waste was shredded as soon as it was no longer needed. No confidential waste was found in the general waste bins. The pharmacy also had a privacy notice on display explaining how they would use people's information. The RP had completed safeguarding level 2 with the Centre for Pharmacy Postgraduate Education (CPPE). The trainee dispenser was yet to complete any safeguarding training. However, the team knew what to do if a vulnerable person presented in the pharmacy. The RP also had

contact details for local safeguarding leads.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver a safe and effective service. And the team work well together. Members of the team complete the right training for their roles. And the team members can raise any concerns they have. They get some ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

One the day of the inspection there was the RP and a trainee who was doing the counter assistant and dispenser course. The trainee had qualified as a pharmacist in India. The team was observed working well together during the inspection. The RP said the pharmacy had another pharmacist who worked part time and a part-time university student who worked in the pharmacy. The trainee dispenser knew what tasks she could and could not do in the absence of a pharmacist. The RP said there were enough staff at present as the pharmacy had not been open long so did not have a very high volume of work yet.

The trainee dispenser said that she had no problems raising any issues at the pharmacy and would normally raise any issues directly with the SI. The team was not set any targets or incentives in the pharmacy. The RP said there was no structured ongoing training for the team. But they would have meetings to discuss any new medicines or services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is kept in a clean and professional state. And it is kept secure from unauthorised access. It also has a consultation room where people can have discussions in private.

Inspector's evidence

The shop floor area of the pharmacy was very clean and bright and professionally presented. And it contained plenty of floor space. The dispensary area was clean and tidy also. It contained a sink for preparing liquid medicines which was clean. It also had a staff toilet which was kept in a good state, it had hand wash and hot and cold running water. The temperature and lighting of the pharmacy was adequate. It was kept secure from unauthorised access.

The pharmacy had a consultation room for people who wished to have a conversation in private. It was kept in a neat and tidy state. It allowed for a conversation to be had at a normal level of volume without being heard from outside.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy dispenses its medicines in a safe and effective manner. And people with a range of needs can access the pharmacy's services. The pharmacy stores its medicines appropriately. And the team responds appropriately to safety alerts and recalls.

Inspector's evidence

The pharmacy had step-free access via an automatic door. The counter was easily accessible for wheelchairs and pushchairs. The pharmacy had the ability to cater for people with accessibility issues, for example by printing large-print labels for people with sight issues.

There were clear separate areas in the dispensary for dispensing and checking medicines. And baskets were used to separate prescriptions and reduce the risk of mix-ups with medicines. Pharmacy labels were signed with the initials of the dispenser and checker, so an audit trail was available. Multi-compartment compliance packs were also prepared in a designated area. The packs were labelled and included all the required dosing instructions and safety information. They also included a description of the colour, shape and any markings on the medicines. The RP said that patient information leaflets (PILs) were always supplied monthly with packs.

The pharmacy provided a delivery service. However, it was only for a very small number of people and was done by the RP, who would deliver the medicines when not working as the RP in the pharmacy. If a person was not in the RP would bring the medicines back to the pharmacy and contact the person to arrange redelivery. The RP did not have any records of deliveries. This could make it harder for the pharmacy to respond to any queries about delivered medicines. The RP said she would keep a record for deliveries going forward.

The pharmacy obtained medicines from licensed wholesalers. And invoices were seen to confirm this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Records for fridge temperatures were checked daily and records seen were all in range. And the temperatures were found to be in range during the inspection. Medicines were stored neatly on the dispensary shelves. Expiry date checks were carried out section by section on a rota basis. When a section had been checked a sticker was placed on the shelf to show the date the section had been checked. A random check of medicines on the dispensary shelves showed no out-of-date medicines.

The pharmacy used stickers to identify prescriptions with CDs, medicines requiring refrigeration or high-risk medicines which required pharmacist counselling. The RP stated that she would always give out any high-risk medicines and ensure people were counselled about their medicines. The team was aware of the risks associated with sodium valproate. The RP confirmed that they did not have anyone in the at-risk category. However, the RP knew what to do if a person in the at-risk category presented at the pharmacy.

Safety alerts and recalls of medicines and medical devices were received by email to the pharmacy. The SI was in charge of actioning these and alerts were actioned in a timely manner. However, when an alert was actioned, no record was kept of the outcome and the alerts were not archived. This could make it more difficult to find information regarding recalls if it was needed. The SI said that going

forward alerts and recalls would be stored in a folder in the dispensary after they have been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy had the equipment it needs to provide a safe and efficient service. And it uses its equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy had computers which had access to the internet. This allowed the team members to access any online resources that they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. The pharmacy had cordless phones to allow conversations to be had in private. The RP could not remember when the electrical equipment was last safety tested, but she knew a safety test was due. The RP said she would arrange for this to be completed.

The pharmacy had the appropriate calibrated glass measures for preparing liquid medicines. And these were kept in a clean state. It also had triangles for counting tablets. It had a separate one for counting cytotoxic medicines such as methotrexate.

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.