

Registered pharmacy inspection report

Pharmacy Name: Pelton Pharmacy, 81 Belgrave Road, Ilford, IG1 3AL

Pharmacy reference: 9011935

Type of pharmacy: Community

Date of inspection: 22/08/2023

Pharmacy context

The pharmacy relocated from its previous site across the road in November 2022. It is located within a parade of shops in a residential area. People who use the pharmacy are mainly from the local area. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It also provides the Community Pharmacist Consultation Service, the New Medicine Service and seasonal flu vaccinations.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy does not always manage its confidential information properly or dispose of its confidential waste securely. This could result in people's personal information being disclosed.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not always ensure that it enrolls its staff on the appropriate training in a timely way.
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 not all met

Summary findings

The pharmacy does not always store or dispose of people's personal information properly. However, the pharmacy's working practices are largely safe and effective. The pharmacy generally keeps the records it needs to by law so that medicines are supplied safely and legally. The pharmacy asks its customers for their views. Team members use the procedures in place to protect vulnerable people. And the pharmacy consistently records and reviews near misses which provides it with opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

Standard operating procedures (SOPs) were available, the responsible pharmacist (RP) and one of the team members had read the SOPs but there was no audit to show that these had been read and understood. The second team member had not read the SOPs. There was no indication if the SOPs had been reviewed since they had been implemented. The RP provided an assurance that he would raise this with the superintendent pharmacist (SI).

Dispensing mistakes which were identified before the medicine was handed out (near misses) were corrected and discussed with the team members and recorded on a near miss log. The RP was unsure if a review of recorded near misses was held over a period of time but described how near misses were discussed with the whole team as they occurred. As a result of past near misses prednisolone and propranolol had been separated on the shelves as had allopurinol 100mg and atenolol 100mg to avoid picking mistakes. The RP said there had not been any instances where a dispensing mistake had happened and the medicine had been handed to a person (dispensing errors). However, he was able to describe the steps that he would follow in the instance that there was one. Recording dispensing errors was discussed with the RP.

A correct responsible pharmacist (RP) notice was displayed. A team member was not fully aware of the tasks that could and could not be carried out in the absence of the RP and said assembled prescriptions which were checked and bagged could be handed out in the absence of the RP. The inspector informed the team member of the activities that could not be carried out. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure and people could leave reviews online or come in person and speak to the pharmacy manager or SI. Where possible the team tried to resolve matters in store. As a result of past feedback, a meeting had been held and team members had been advised to check with pharmacists if there was more than one prescription on the system with different dates to ensure the most appropriate one was supplied.

Records about private prescriptions dispensed, RP records, unlicensed medicines and controlled drug (CD) registers were well maintained. Although there were a few records for unlicensed medicines dispensed that had not been completed. CDs that people had returned were recorded in a register.

Team members had been verbally briefed on data protection and confidentiality. The two team members present on the day of the inspection did not have smartcards and the team were seen to use a colleague's smartcard who was not present. The pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally from people. Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy. However,

confidential waste was not disposed of securely. And the pharmacy did not store all people's personal data in secure areas.

The RP had completed level two and three safeguarding training. Team members had not completed any training for safeguarding but would refer any concerns to the RP. The RP thought there were a list of contacts for safeguarding boards in the local area. The delivery driver had worked at the pharmacy for ten years, but the RP was not sure if they had done any training and provided an assurance that he would check.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not always ensure it enrolls its staff on the required training appropriate to their roles. Pharmacy team members work well together and feel well-supported at work. There are generally enough team members to manage the pharmacy's workload. Staff get some ongoing training, but this is limited and not structured. So, this could make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the team comprised of the RP who was a regular locum pharmacist, a dispenser who was a Ukrainian pharmacist not registered with the GPhC and had completed the medicines counter assistant training. And another assistant who had worked at the pharmacy since January 2023 but had not completed any training or been enrolled on the training course for either the medicines counter or dispensary. The assistant predominantly worked on the medicines counter but was seen to help with the dispensing. The pharmacy had two regular pharmacists who covered some shifts and an accuracy checking technician came in to prepare the multi-compartment compliance packs. Another team member was on leave at the time of the inspection and had also not completed or been enrolled on any training. The RP said usually there were two dispensers and one counter assistant, but they had not been able to find cover for the day of the inspection. The RP felt that when the full team was present there were an adequate number of staff. At the time of the inspection one member of staff was on long term leave and another was on annual leave. The team was up to date with its workload.

The team member working on the counter counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of some medicines that could be sold over the counter.

Staff performance was managed informally. Team members were provided with feedback on an ongoing basis. The SI and pharmacy manager reviewed the number of prescriptions processed, if people had been texted to let them know their prescriptions were ready, if the multi-compartment compliance packs were up to date and the team was working a week in advance. Team members felt able to feedback or raise concerns to the SI and manager directly.

None of the team members were undergoing any formal training at the time of the inspection. There was no structured learning for ongoing training. But team members were briefed when there were any new updates or new products.

Team members discussed things as they arose. Pharmacists contacted each other if there were any issues and the Saturday pharmacist generally left notes with updates and steps that needed to be actioned. There were no targets set for services provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment from which to deliver its services. And its premises are suitably clean and secure. People using the pharmacy can have conversations with team members in a private area.

Inspector's evidence

The pharmacy had recently relocated into a new premises. These had a large retail area and dispensary and was bright and clean. The dispensary had ample workbench space were clear and organised. Medicines were arranged on the shelves in a tidy and organised manner. Cleaning was done by team members. A clean sink was available for preparing medicines. The room temperature was adequate for providing pharmacy services and storing medicines. Air conditioning was available to help regulate the temperature. The premises were secure from unauthorised access. The basement was used to store excess stock including medicines, this was only accessible to the team.

The consultation room was accessed from the shop floor. The door to the room was unlocked when not in use and so some items inside were not secure. The RP provided an assurance that these items would be moved to a secure area. The room allowed a conversation at a normal level of volume to take place inside and not be overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely and manages them well. It takes steps to help ensure that people with a range of needs can easily access the pharmacy's services. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was easily accessible from the street. There was easy access to the counter. The pharmacy team members were multilingual. Services were advertised to people using leaflets and posters. People were signposted to other services where appropriate and the team used the internet to find out details of local services. The pharmacy had the ability to produce large-print labels.

The pharmacy had an established workflow for dispensing prescriptions. Prescriptions were labelled and dispensed by one of the team members. These were then checked by the pharmacist. On some occasions pharmacists had to self-check; the RP described taking a mental break between dispensing and checking. The RP was also seen to ask the assistant to check his work during the inspection. Stickers were attached to highlight prescriptions for Schedule 2 and 3 CDs, but not Schedule 4. This could increase the chance that a CD could be handed out when the prescription was no longer valid. And this was discussed with the RP. Dispensed and checked-by boxes were available on labels, and these were routinely used to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, preventing transfer of items between people.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The pharmacy's system automatically generated warning labels. The pharmacy did not have anyone who collected sodium valproate that fell within the at-risk group. Additional checks were carried out when people collected medicines which required ongoing monitoring. When people collected warfarin, their yellow book was checked, but this information was not documented. For other medicines, the RP checked if people were monitored regularly.

Some people's medicines were supplied in multi-compartment compliance packs. Packs were prepared by the ACT. Individual sheets were available for each person on the service. These had a record of all their medicines and any changes were updated on these. Assembled packs were labelled with the product descriptions and mandatory warnings. There was an audit trail to show who had prepared and checked the packs. Patient information leaflets were issued monthly. Some prescriptions were received as repeat dispensing batches. For prescriptions ordered by the pharmacy one of the pharmacists set up the next cycles using the computer system which then triggered a reminder for the team to send off the requests.

The pharmacy offered a delivery service and had a designated driver. The team spent the first few hours in the morning processing all delivery prescriptions. The driver had a sheet with details of all the deliveries that needed to be carried out on the date and signed against each record once the medicines had been delivered. If someone was not available, their medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded; these were within the required range for storing temperature-sensitive medicines. Team members explained that date checking was done routinely every three months, but this was not recorded. No date-expired medicines were seen on the shelves checked. Short-dated stock was highlighted. Out-of-date and other waste medicines were separated and then collected by licensed waste collectors. Drug recalls were received electronically, and communication was shared with all branches. The team would check the stock and take the action as required. The RP was unsure if there was any audit trail kept for actioned recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean.

Inspector's evidence

The pharmacy had calibrated glass measures. Separate measures were available for certain liquids to avoid cross contamination. Tablet counting equipment was available. Equipment was clean and ready for use. A medical fridge was available. A blood pressure monitor was used for some services, this was fairly new. Team members were unaware of the calibration arrangements and provided an assurance that they would speak to the SI about this, Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

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.