

# Registered pharmacy inspection report

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

**Pharmacy reference:** 9011935

**Type of pharmacy:** Community

**Date of inspection:** 14/03/2024

## Pharmacy context

This community pharmacy is located within a parade of shops in Ilford in London. It provides a variety of services including the New Medicine Service (NMS), supervised consumption of medicines and seasonal flu vaccinations under a patient group direction (PGD). It also provides medicines in multi-compartment compliance packs to 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
<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

Overall, the pharmacy manages the risks associated with its services well. It has appropriate insurance arrangements in place. And team members generally take the right steps to protect people's confidentiality. People can give feedback about the pharmacy's services. And the pharmacy generally keeps the records it needs to by law.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available in a folder in the dispensary. Some of the SOPs did not have any details in relation to a review date or whom they had been reviewed by. The responsible pharmacist (RP) who was a regular locum pharmacist said she would raise this with the superintendent pharmacist (SI). However, it was likely an administrative error as most SOPs did contain these details and showed that the SOPs were not currently in need of a review. Team members stated that they had read the SOPs, but they had not been signed by any team members to say they had been read. The RP stated she would get team members to sign to say that they had read the SOPs.

The pharmacy had paper log sheets in the dispensary for recording near misses (dispensing mistakes spotted before a medicine was handed to a person). Near misses were recorded regularly and in good detail. And the RP said she would discuss all near misses with the team member involved. With regards to dispensing errors (a mistake which reached a person), the RP stated that there had not been a dispensing error for some time. However, she stated that if a dispensing error did occur, the error would be corrected, an investigation and report would be done and discussed with the team and sent to the SI for review.

The pharmacy had a complaints procedure. People could submit a complaint or feedback about the pharmacy in person or on the phone. People could also leave feedback online which the pharmacy would respond to. The RP said the pharmacy would initially handle the complaints, but they could be escalated to the SI if necessary. The RP confirmed she had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The team knew what to do if a vulnerable person presented in the pharmacy and the RP had contact details of local safeguarding leads. Confidential waste was shredded onsite as soon as it was no longer needed, and team members were observed regularly doing this during the inspection. One small label with patient details was found in the general waste bin. This was highlighted to staff and shredded immediately. The RP gave assurances that she would remind staff about how to dispose of confidential waste appropriately. No other confidential information was found in the general waste bin. And no person-identifiable information could be seen from outside the dispensary.

The pharmacy had current indemnity insurance. Balance checks were carried out for controlled drugs (CDs), and the CD registers seen included all details required by law. A balance check of a CD showed that the amount in stock matched the recorded stock in the register. The pharmacy kept records about unlicensed medicines supplied to people and these had all the required details including the name of the person for whom the medicine was for and the date of dispensing. The private prescription register was not always complete with some entries seen not having the prescriber's name or address. The RP said that all entries would have prescriber details added in the future. Records about emergency supplies were complete with entries seen listing the nature of the emergency. The RP record was also

complete with all entries seen having an entry and exit time. The incorrect RP notice was displayed in the pharmacy, the RP said this would be changed to the correct one.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. And team members do the right training for their roles. Team members do some ongoing training to keep their knowledge and skills up to date. And they feel comfortable about raising any concerns that they have.

### Inspector's evidence

The pharmacy team consisted of the RP who was a regular locum pharmacist. Other team members included a second locum pharmacist as well as the SI also worked some days in the pharmacy as the RP. Other team members included a Ukrainian pharmacist not registered with the GPhC who had completed a counter assistant course, a trained pharmacy technician, an accuracy checking technician (ACT) and a dispenser who was currently enrolled on a training course. The RP stated that all team members had either completed training or were currently enrolled on an appropriate training course with an accredited training provider.

The RP felt the pharmacy had just enough team members to manage the workload, as the team was generally up to date with its dispensing, Team members were observed working well together during the inspection and asking the appropriate questions when supplying Pharmacy-only (P) medicines. And they generally knew what could and could not be done in the absence of an RP, although one dispenser thought medicines could be dispensed if an RP had not signed in. The dispenser was reminded that this should not be done.

The RP confirmed the team received some ongoing training in the pharmacy, for example when a new medicine or service was launched. And the RP said she also did informal teaching sessions with staff to keep their knowledge up to date. Team members had an informal review every six months or so with the SI to discuss and review their progress. Team members had no concerns about raising any issues and would usually go to the RP first who could escalate to the SI if necessary. The RP confirmed that the team were set some targets in relation to services in the pharmacy, but that these targets did not affect the team's ability to provide a safe service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are safe and suitable for the provision of pharmacy services. And the pharmacy is kept clean and tidy. People can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The front fascia of the pharmacy was modern and professional looking. The shop floor area of the pharmacy was clean and tidy. P medicines were stored securely behind the counter. The dispensary area was clean and bright and had enough space for team members to work in. The dispensary had a sink for preparing liquid medicines which was kept clean. The temperature and lighting in the pharmacy were adequate. And it had air conditioning to help control the temperature. It also had a toilet at the back of the pharmacy with access to hot and cold running water and handwash. The pharmacy had a consultation room for people who wished to have a conversation in private. It was generally kept clean; however, some medicines that required disposal were being stored in there. These were removed when prompted. However, the room was kept locked when not in use and it allowed for a conversation at normal volume to be had 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 it stores its medicines appropriately. The pharmacy takes the right action in response to safety alerts ensuring people get medicines which are fit for purpose. And people with different needs can access its services.

### Inspector's evidence

The pharmacy had step-free access via a manual door. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The pharmacy provided the driver with a paper log sheet with people's delivery details. This sheet was then returned to the pharmacy and stored. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

Multi-compartment compliance packs were prepared in a separate area of the dispensary. Packs that were seen had the required dosage instructions and warning information. The packs also had a description of the shape, colour and any markings on the medicines which was printed on the backing sheet in the packs to help people identify their medicines. A team confirmed that patient information leaflets (PILs) were supplied only with the first set of packs but not after this. This could make it harder for people to have up-to-date information about their medicines and the team said that going forward PILs would be supplied monthly. Team members stated that they would contact the prescriber regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers. CDs requiring safe custody were stored securely. The RP stated that she recorded the date of expiry on CD prescriptions to reduce the chance of an expired prescription being handed out. Medicines requiring refrigeration were stored appropriately. Temperatures were recorded daily and were all within the required range. And the current temperatures were found to be in range during the inspection. Expiry date checks were carried regularly, and a random check of medicines on the shelves found no expired medicines. The opening dates of liquid medicines were recorded on the box or bottle to reduce the chance of an expired medicine being supplied. Safety alerts and recalls were received by email, which were actioned as appropriate and shared with other branches within the company. The RP said that actioned alerts were then stored in a folder in the dispensary.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented a prescription at the pharmacy. Team members were shown where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. And the RP was aware of recent changes to guidance for supplying sodium valproate.

The pharmacy provided seasonal flu vaccinations under a patient group direction (PGD), as well as the

Pharmacy First service. The PGDs were available in the pharmacy and were up to date and signed. However, the pharmacy had only one adrenaline pen in the consultation room for use in the event of an adverse reaction to a vaccine. A second one was added when prompted by the team. Both were in date and fit for use.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment to provide its services safely. And it protects people's privacy when using its equipment.

### Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. The pharmacy had cordless phones so conversations could be had in private. Computers were password protected and faced away from public view to protect people's privacy. The team was observed using their own NHS smartcards. The RP said the electrical equipment had been safety tested previously but could not confirm when it was last done, she said she would confirm this with the SI. The pharmacy had a blood pressure machine in the consultation room which was relatively new and did not require recalibration or replacement yet. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines which were kept clean. It also had tablet triangles for counting medicines.

### 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.