

Registered pharmacy inspection report

Pharmacy Name: OneClinic Leigh Ltd, 1 Old Leigh Road, Leigh-on-Sea, Essex, SS9 1LB

Pharmacy reference: 9012196

Type of pharmacy: Community

Date of inspection: 20/05/2024

Pharmacy context

The pharmacy is in a largely residential area in the seaside town of Leigh-on-Sea. And it is co-located with a private GP and private dentist. It provides private dispensing services, and it uses patient group directions to supply sumatriptan and medicines for urinary tract infections. And it sells pharmacy-only medicines. People who use the pharmacy are mainly those who have been seen by a clinician at the on-site private dentist or GP.

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

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It protects people's personal information well. And people can provide feedback about the pharmacy's services. The team understand its role in protecting vulnerable people. And the pharmacy largely keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs). Team members had signed to show that they had read, understood, and agreed to follow them. And team members' roles and responsibilities were specified in the SOPs. The pharmacy would remain closed if the pharmacist had not turned up and it would be closed if they were absent from the premises. The superintendent pharmacist (SI) worked on the days the pharmacy was open.

The SI said that there had not been any near misses, where a dispensing mistake was identified before the medicine had reached a person. She said that if one happened, it would be recorded on the near miss record and the record would be reviewed regularly for any patterns. The SI said that she was not aware of any dispensing errors, where a dispensing mistake had reached a person. She confirmed that an incident report would be completed, and a root cause analysis would be undertaken.

There was an organised workflow and workspace in the dispensary was free from clutter. The SI explained that she only dispensed one prescription at a time to help minimise the risk of medicines being transferred to a different prescription. The SI signed the prescription to show that she had dispensed it. And she said that she initialled the dispensing label when she dispensed and checked each item. She took a mental break between dispensing and checking medicines.

The pharmacy had current professional indemnity insurance. The right responsible pharmacist (RP) notice was clearly displayed, and the RP record was completed correctly. The SI explained that the required information was recorded on the patient's medication record when a private prescription was dispensed. Several records were examined, and they appeared to contain the required information. The SI was not able to produce a summary record of the private prescriptions dispensed on the pharmacy's computer. She said that she would contact the software provider to ensure that this was made available or keep paper records in future. The pharmacy did not supply medicines in an emergency without a prescription. The SI said that she would signpost another healthcare provider or to the NHS 111 service.

The pharmacy had a shredder for processing confidential waste. Computers were password protected and people using the pharmacy could not see information on the computer screens. The SI said that she had completed training about the protecting people's personal information.

The complaints procedure was available for team members to follow if needed and the pharmacy contact details were available online. The SI said that there had not been any complaints. There was a box in the waiting area where people could submit a concern or complaint.

The SI had completed the Centre for Pharmacy Postgraduate Education level 3 training about protecting vulnerable people. She could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the local safeguarding lead. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. And the SI said that there had not been any safeguarding concerns at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. And they do some relevant training to support their learning needs and maintain their knowledge and skills. They can raise any concerns or make suggestions and have regular meetings. The pharmacist can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There was one pharmacist (who was the SI) working on the day of the inspection. The pharmacy was up to date with its dispensing and the workload was well managed. The SI appeared confident when speaking with people. She was aware of the restrictions on sales of medicines containing pseudoephedrine. And said that she would refer the person to their GP if they regularly requested to purchase medicines which could be abused or may require additional care.

The SI was aware of the continuing professional development requirement for professional revalidation. She explained that she had recently completed training in the following: CQC registered manager, decontamination, menopause, and antibiotic stewardship. And she had recently undertaken some training to enable her to provide sumatriptan and medicines to treat urinary tract infections. She had completed declarations of competence and consultation skills for the relevant services offered, as well as associated training. And she felt able to make professional decisions.

The SI explained that she attended monthly meetings with the GPs in the practice. She the GPs had requested that the pharmacy keep some controlled drugs in stock. And this was something that she would consider. The SI said that her performance was reviewed yearly by the dental excellence lead. She felt able to discuss any issues with the other director or make suggestions. Targets were not set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The premises was secured from unauthorised access. It was bright, clean, and tidy throughout which presented a professional image. Air conditioning was available, and the room temperature was suitable for storing medicines. There were some prescription-only medicines potentially accessible to the side of the counter. The SI moved these during the inspection. Following the inspection, the SI confirmed that a screen had been installed to restrict access to these medicines.

There were several chairs and a bench in the waiting area for people to use. The pharmacy's main consultation room was accessible to wheelchair users. It was suitably equipped, well-screened, and kept secure when not in use. Conversations at a normal level of volume in the consultation room could not be heard from the shop area. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. People with a range of needs can access the pharmacy's services. The pharmacy gets its medicines from reputable suppliers and stores them properly. And it responds appropriately to drug alerts and product recalls.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. There was a clear view of the main entrance from the medicines counter and people could be helped into the premises where needed. Services and opening times were clearly advertised, and a variety of health information leaflets was available.

There were signed in-date patient group directions available for the relevant services offered. The pharmacy had not supplied any higher-risk medicines such as methotrexate, warfarin, or valproate medicines. The SI said that she would speak with people if they were prescribed a higher-risk medicine and check that they were having the relevant tests done at appropriate intervals. The pharmacist said fridge items were checked with people when handing them out. The pharmacy did not have any part-dispensed prescriptions. The SI said that people waited for their prescriptions to be dispensed fully before collecting.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the MHRA and some wholesalers. The SI explained the action the pharmacy took in response to any alerts or recalls. But the pharmacy did not keep a record of any action that had been taken. This could make it harder for the pharmacy to show what it had done in response. The SI said that she would keep records in future.

Stock was stored in an organised manner in the dispensary and short-dated items were marked. Expiry dates were checked regularly, and this activity was recorded. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging.

Fridge temperatures were checked regularly, and maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and it was not overstocked.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Triangle tablet counters were available and clean. The SI said that these were cleaned thoroughly between use to help minimise any cross-contamination. Up-to-date reference sources were available in the pharmacy and online. The blood pressure monitor had been in use for around six months. The SI said that it would be replaced in line with the manufacturer's guidance. The weighing scales and the shredder were in good working order. The phone in the dispensary was not portable, but the SI explained that calls could be diverted to another room to allow for a more private conversation.

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.