

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy Cube, 1A Kingsley Gardens, Chingford, London, E4 8JS

**Pharmacy reference:** 9012289

**Type of pharmacy:** Closed

**Date of inspection:** 01/11/2024

## Pharmacy context

This is a closed pharmacy operating by appointment only, located in Chingford. It does not provide any NHS services but dispenses medicines against private prescriptions and offers a delivery service. It also offers consultations with a pharmacist, operates a travel clinic and provides other private services such as weight loss and ear wax removal using Patient Group Directions (PGDs).

## 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 has written procedures which are designed to help team members deliver its services in a safe and effective manner. It manages the risks associated with its services well and keeps the records it needs to by law. Team members protect people's information and have the relevant training to safeguard the welfare of vulnerable people using their services. People using the pharmacy's services can easily provide feedback in several ways, and the pharmacy has procedures to minimise errors and learn from its mistakes.

### Inspector's evidence

The responsible pharmacist (RP) record was completed in line with requirements. An RP sign was not visible in the patient consultation area at the time of inspection, however the RP gave assurances that this would be rectified before seeing any people for services. Standard operating procedures (SOPs) had been updated recently. Team members had read them, and they were available for reference when required. The pharmacy had current indemnity insurance.

The pharmacy did not hold stock of controlled drugs (CDs) requiring safe storage, process unlicensed medicines or issue emergency supplies. The RP said that CDs would be ordered as required to fulfil a prescription. No CD registers were currently being used at the time of the inspection. Consultation and travel risk assessment forms were seen to be completed for all services provided, ensuring that relevant details were documented, and any supplies made were safe and appropriate. Records included people's medical history, information provided by the pharmacy, medicines supplied, or treatment given and consent. This also included consent to notify people's regular prescriber. Private prescription records mostly contained the required information; however, the date of the prescription was sometimes entered incorrectly. This may mean that information is harder to find out if there was a query.

The pharmacy sent some private prescriptions to a compounding pharmacy for preparation and supply. It had completed checks about the compounding pharmacy including where active pharmaceutical ingredients were sourced. And stability data and technical specifications had been obtained for the medicines, to make sure supplies were completed safely.

The pharmacy had logs available to record dispensing mistakes that were identified before reaching a person (near misses). The RP explained that due to the low number of items the pharmacy dispensed, only one near miss had been recorded. And there had been no reported dispensing mistakes which had reached people (dispensing errors). A few medications with different strengths or those that looked alike, had been separated on the shelf, demonstrating some action taken to minimise mistakes. There was an SOP available for handling complaints, this included information on dealing with dispensing errors and team members described the actions they would take if a dispensing error occurred. This included an initial investigation, assessing the impact on the person and escalating to the superintendent pharmacist (SI) and other healthcare professionals, if necessary. A root cause analysis would be completed to establish learning outcomes and prevention actions and it would also be discussed at the weekly team meeting. They were aware of the Learn from Patient Safety Events (LFPSE) service to ensure any errors were reported to the national system.

Feedback or complaints from people using the pharmacy's services could be received in person, via

telephone, email or through the pharmacy's website and online review sites. If a complaint was received, team members could escalate issues to the SI and refer to the SOP.

The computers were password protected meaning confidential electronic information was stored securely. Confidential paper waste was shredded on-site and any other confidential information that was held was locked away to prevent unauthorised access. Team members had completed General Data Protection Regulation (GDPR) and information governance training. Team members also understood safeguarding requirements and were able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. They had completed level two safeguarding training and were aware they could refer onto safeguarding authorities if required. A safeguarding policy was available for reference.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient levels of staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members undertake additional training to help develop their skills. Team members can raise concerns if needed.

### Inspector's evidence

The team on the day of inspection consisted of two part-time pharmacists. Another part-time pharmacist and the SI also worked at the pharmacy, and they were all available to cover each other's absences or planned leave to ensure business continuity. There were no current numerical targets set for the services offered and there was no backlog of workload. Team members felt comfortable in using their professional judgement and said that they had support from the team to ensure services were provided safely.

There was no formal appraisal process for team members, however they described working openly and honestly with each other and had informal discussions about any concerns and feedback. Team meetings were held twice a week, one remotely and one in person. A brief agenda was shared on a group messaging app prior to the meeting to ensure each person could discuss their service and any learnings or areas for improvement. One of the pharmacists was nominated as clinical lead for the team. The pharmacist present on the day of inspection explained that they often discussed topical issues relating to the services offered, and how they could protect patient safety. For example, the clinical lead raised at the team meeting about trends occurring externally around semaglutide overdosing in weight loss services. This led to changes in the way the pharmacy delivered weight loss consultations, and asked people to obtain routine bloods for kidney function throughout the period of treatment.

Ongoing learning was available through the National Pharmacy Association, the Royal Pharmaceutical Society and Centre for Postgraduate Pharmacy Education (CPPE) resources. And this was completed in working hours. The pharmacists also had access to external support from other healthcare professionals and kept up to date with national guidance for the services they offered.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it has appropriate space for providing its services safely. The pharmacy premises are also safe, secure, and appropriately maintained.

### Inspector's evidence

The front doors to the pharmacy were always locked and people were given access at the time of their appointment. The main entrance that was used, led to a consultation and treatment room, with seating and a desk available for completing consultations with people. There was a small waiting area through the other front door which had seating for people awaiting service. Between the two areas there was a small kitchenette that contained a sink for washing equipment and toilet facilities for customers use. A loading bay was available when deliveries were received, and this led to a large storage room which was in the process of being fitted for a clinical trial medicines service. At the rear of the premises there was a dispensary with some shelving for stock and a clean sink for handwashing, another toilet for staff to use with separate handwashing facilities was at the back of the dispensary.

The pharmacy was clean and tidy. It had appropriate lighting and air conditioning to maintain a suitable temperature for the storage of medicines. Team members said that they had a cleaning rota to maintain the premises. There was a notice board to highlight pharmacy priorities in the dispensary. The pharmacy had a website which was clear and easy to navigate. People could view information about the services offered, how to contact the pharmacy, and details of the SI, so people were aware of who was responsible for the services they accessed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy suitably manages its healthcare services. It sources its medicines from licenced suppliers and stores them appropriately. Team members take the right actions to take in response to safety alerts and recalls, to ensure medicines and medical devices are fit for purpose.

### Inspector's evidence

People accessed the pharmacy through a doorway which was large enough for wheelchairs and pushchairs. There was step free access to the pharmacy. The pharmacy operated by appointment only, which were made by people using its website, or via telephone. Leaflets about the services offered were available in the consultation area. Team members were multi-lingual to help meet the needs of the local area. And could signpost people to other pharmacies if necessary.

All medicines were sourced from licenced suppliers. A spot check of stock revealed no expired medicines. The pharmacy received safety alerts and drug recalls, or information about other problems with medicines or medical devices, through the pharmacy's email. The RP said that the emails were checked by the team daily. The pharmacy did not have a current audit trail of the actioned alerts, the RP gave assurances that an audit trail would be created for future alerts to help demonstrate that all medicines and medical devices supplied were fit for purpose. The pharmaceutical fridge records were well kept, showing no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius.

Separate areas in the dispensary were used for labelling, dispensing, and checking processes, and team members mostly checked each other's work. If the RP needed to self-check, they explained that a mental break was taken in between activities to minimise the risk of mistakes. Information on the dispensing labels could be made larger for people if required. Higher-risk medicines had not been dispensed by the pharmacy. However, team members were able to describe some of the appropriate checks to perform before dispensing a prescription of this nature. The pharmacy had not dispensed any prescriptions for valproate containing products, but team members were aware of the risks and current guidance about these, including checking whether people were on a Pregnancy Prevention Programme (PPP) where appropriate.

The pharmacy had valid PGDs in place for the private services offered. Each pharmacist was responsible for a service and had completed the appropriate training for the service they offered. A proforma was used to obtain a signed order from any schools which enquired about anaphylaxis or inhaler kits. Orders that were seen during the inspection were on school headed paper with the name of the school, purpose for which the product was required, and quantity required. They were signed by the head teacher at the schools and team members explained that supplies were made only against the original signed order. The pharmacy planned to supply medicines to people participating in clinical trials and were in the process of putting together an agreement with a sponsor. The RP explained that stock for clinical trials would be held in the storeroom, separate from dispensary stock and balance logs would be held for all items.

A verbal agreement was held with a private clinic and a compounding pharmacy. The pharmacy received private prescriptions for hair loss products from the private clinic and made some

validity checks as well as checking people's allergy status. They then passed the prescriptions to the compounding pharmacy for preparation and delivery to people. Following the inspection, the SI gave assurances that a written agreement would be put in place to clarify who is responsible for each part of the process.

The pharmacy offered a delivery service through various couriers. All deliveries were completed through a 24-hours or same day, signed-for option. A specialised company was used for products that required refrigeration to ensure temperature excursions did not occur during transport.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use and has adequate resources to provide information.

### Inspector's evidence

The pharmacists had access to and used current and relevant reference sources for clinical checks and providing advice. The blood pressure monitor was replaced annually, and body weight scales were available in the consultation room. Anaphylaxis kits were also available, along with sharps bins for the safe disposal of vaccines. Ear wax removal equipment such as single use probes, suction consumables and disposable cups were stored with the loupes for looking inside the ear, and sterilising solution was available to clean the speculum and tubing. The pharmacy had two additional fridges in the storeroom which were not yet functioning, this was for when the clinical trials medicines were received. A portable telephone enabled the team to ensure conversations were kept private where necessary. Fire extinguishers were available in the loading bay and dispensary.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.