

Registered pharmacy inspection report

Pharmacy Name: Little Chalfont Pharmacy, 3 Nightingale Corner,
LITTLE CHALFONT, Buckinghamshire, HP7 9PY

Pharmacy reference: 1029065

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

A pharmacy located on a high street in the village of Little Chalfont in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines at home and provides a supervised consumption service, Medicines Use Reviews (MURs) and a New Medicine Service (NMS).

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's working practices are safe. Team members record and review their mistakes to help reduce the risk of them happening again. The pharmacy keeps the records required by law and keeps people's information safe and team members help to protect vulnerable people. However, the team does not check some of its stock balances regularly. This may make it harder for them to easily detect and correct any discrepancies.

Inspector's evidence

The team demonstrated how near misses were recorded in a near miss log and entries included a description of what had happened. The near misses were highlighted when they were spotted by the pharmacist and they then asked the person who made the error to look at the mistake again, change it and then record the incident. Errors that leave the premises were submitted to the superintendent then would be passed on to the Professional Standards Manager who discussed the incident with the team. The team had highlighted all the nationally agreed 'Look Alike, Sound Alike' (LASA) drugs on the shelves of the dispensary. At the end of each month, the team received a collation of the incidents which had occurred across the company from their Professional Standards Manager, so they could learn from other branches and work to prevent the same mistakes from happening in their pharmacy.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were completed at different areas of the work benches. Multicompartment compliance packs (MDS packs) were prepared on a dedicated bench at the back of the pharmacy to reduce distractions. SOPs were in place for the dispensing tasks but had not been updated since December 2016. The team had signed the SOPs confirming that they had read and understood them, except for the pre-registration pharmacist who had only recently started and was working his way through them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of June 2020. There was a complaints procedure in place and staff were clear on the processes they should follow if they received a complaint. The team carried out an annual CPPQ survey and the results of the latest one were seen to be positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Zomorph 60mg capsules was checked for record accuracy and was seen to be correct. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed appropriately electronically. The specials records were all seen to be complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was collected in a confidential waste basket and later shredded. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members explained that they were aware of things to look out for which may

suggest there is a safeguarding issue. They were happy to refer to the pharmacist if they suspected a safeguarding incident and held a safeguarding policy in the SOPs with contact detail for the local safeguarding authorities. The team members were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team are appropriately trained for their roles. But, team members don't all have formal training plans to keep their knowledge and skills up to date. This could affect how well they care for people and the advice they give. Team members work in a supportive environment where they feel able to raise concerns if needed. They feel able to use their own professional judgement.

Inspector's evidence

During the inspection, there was one relief pharmacist, one pre-registration pharmacist, one dispenser and two medicine counter assistants. They were all seen to be working well together and seemed supportive of one another. The pre-registration pharmacist explained that he would soon be attending study days tailored around different clinical topics to prepare him for the pre-registration exam and would have a mock exam at the end of his training year. The team did not have a formal ongoing training programme, but the dispenser explained that they would often be updated on any professional changes such as CD changes or POM to P switches and they would be encouraged to attend any local training events held by the Local Pharmaceutical Committee (LPC). The pharmacist also explained that they regularly received pharmacy journals and magazines in the post and the team read them during their breaks and completed the quizzes in them.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the pharmacist explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the provision of its services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy. However, part of the pharmacy is dated in appearance which detracts from the overall image.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a large retail area, medicine counter, consultation room, large dispensary, stock room and staff bathroom. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy was dated in appearance from the public view with stained carpet tiles, some of which were peeling upwards. There was also peeling wallpaper near the top of the walls. The dispenser explained that the dispensary had recently been expanded and refitted to make it bigger, but the retail space had not been updated. The pharmacy was generally clean, and the team explained that they would clean the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the team explained that the shelves were cleaned when the date checking was carried out.

The dispensary was suitably screened to allow for the preparation of prescriptions in private and a small consultation room was available for private conversations. Conversations in the consultation room could not be overheard clearly. The consultation room could be locked and included seating and a small table.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Its team members source, store and generally manage medicines appropriately. And they usually provide their services safely although they do not always record relevant safety checks when people receive higher-risk medicines. This makes it difficult for them to show that they provide the appropriate advice when they supply these medicines.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There were leaflets available to the public about the services on offer in the pharmacy and general health promotion in the retail area. There was step-free access into the pharmacy and the team explained that they would provide ad-hoc deliveries for housebound patients and patients who had difficulty accessing the pharmacy if they asked for it. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aid for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside. The team explained that they would provide Patient Information Leaflets every month with each set of four compliance aids. The pharmacist explained that all the team were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the Patient Medical Records (PMR) to see if they had any patients in the at-risk group. The pharmacist explained that she would ask patients on warfarin for their INR levels, but if patients did not know, she would ask if they had their yellow anti-coagulant monitoring book and were aware of their dose and were having blood test results. The blood test results would not routinely be recorded on the PMR, but would be recorded during MURs. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD). The team had scanners in place, but their software had not yet been updated to allow them to decommission medicines. The pharmacy obtained medicinal stock from Alliance, AAH, Doncaster, Phoenix, Colorama, Sigma and Berkshire Wholesale. Invoices were seen to verify this. Date checking was carried out every month and the team highlighted items due to expire with coloured stickers.

There were destruction kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a separate bin for the disposal of hazardous waste and a list of hazardous waste medicines to be disposed of in these bins. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and secured well. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned an alert about medicines which had been taken out of the regulated medicines supply chain and then later re-introduced. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml and 10ml measures. Some were marked to show they should only be used with methadone liquid. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.