

Registered pharmacy inspection report

Pharmacy Name: Villiage Pharmacy, 7 Howard Drive,
BOREHAMWOOD, Hertfordshire, WD6 2NY

Pharmacy reference: 1032164

Type of pharmacy: Community

Date of inspection: 22/08/2019

Pharmacy context

The pharmacy is located in a parade of businesses in a residential area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery and supervised consumption.

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

The pharmacy's working practices are mostly safe and effective. The pharmacy manages risk and keeps people's information safe. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy has written procedures which tell staff how to complete tasks effectively. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

Some near miss records were seen. The pharmacist worked alone so taking a mental break in the dispensing and checking procedures was discussed.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. The pharmacist performed the clinical and final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines.

There was a procedure for dealing with outstanding medication. The original prescription was retained with the dispensing labels for owing items. An owing slip was not routinely issued but the patient was informed about medicines still to be supplied. An owing record was created on the patient medication record (PMR) if necessary. Ensuring the patient understood there was outstanding medication was discussed. For "manufacturer cannot supply" items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for a number of patients each week. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. There was a folder to retain record sheets, but discharge summaries were sent to the doctor's surgery. Some record sheets would have been clearer if re-written when there were changes in medication rather than corrected. Fixing backing sheets to the lid of the compliance aid and retaining a copy of the discharge summary was discussed.

Labelling included a description to identify individual medicines and the pharmacist gave an assurance that moving forward patient information leaflets (PILs) would be supplied with each set of blister packs. High-risk medicines such as alendronate were supplied separately from the blister pack. If a schedule 4 controlled drug was included in the compliance aid, the dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Sodium valproate was supplied in a compliance aid one week at a time. Checking with the manufacturer for stability of medicines such as valproate when de-blistered was discussed.

The practice leaflet was on display and included details of how to comment or complain, patient confidentiality and data protection. The annual patient questionnaire had been conducted. The standard operating procedures (SOPs) showed a preparation date of Mar 2018 and included responsible pharmacist procedures and recent training records. The owner later confirmed that the

complaints procedure was being re-drafted and reviewed. Ensuring SOPs reflected actual practice was discussed. For instance, the delivery SOP referred to a delivery record book although a drop sheet was compiled instead.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 30 Sept 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed although two entries were not dated as required. Records for private prescriptions were manual and generally complete although there was one private prescription which did not have all the required prescriber details. A prescription for isotretinoin had been annotated and endorsed regarding negative pregnancy test but the intervention had not been recorded on the PMR. A copy of specials supply certificate of conformity supplied following the visit had not been endorsed with all the required information such as prescriber details. Emergency supply records were manual.

The CD and methadone registers were generally complete and the balance of CDs was audited regularly although not always in line with the SOP. There was a small number of incomplete headers in the methadone register. Increasing the frequency of audit of methadone would reduce the manufacturer's overage. A random check of actual stock of three strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not always signed and dated. Invoice number and name of supplier but not the address was recorded for receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed a confidentiality agreement and the owner confirmed that staff were familiar with procedures relating to General Data Protection Regulation (GDPR). A range of procedures relating to access control, password management and use of smart cards was available. The owner provided a copy of the registration certificate with the Information Commissioner Office. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. The pharmacist was using her own NHS cards. The owner had undertaken dementia friends training and the pharmacist was accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacists manage the workload within the pharmacy. They are comfortable about providing feedback and are involved in improving the pharmacy's services.

Inspector's evidence

Staff comprised: the superintendent pharmacist (SI) and two to three regular part-time locum pharmacists. Deliveries were by the delivery person or the owner. There was no formal system of appraisal to monitor staff performance. The pharmacist said staff were free to provide feedback to the owner and had suggested streamlining the dispensing process by dispensing downloaded electronically transmitted prescriptions straightaway. The owner said targets and incentives were not set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure and suitable for the provision of its services.

Inspector's evidence

The premises had older fixtures and fittings but were clean and tidy. The dispensary sink was very clean and shiny. The lavatory facility was hygienic and handwashing equipment was provided. The consultation room was not locked when not in use but did protect patient privacy. There was sufficient ventilation and lighting but some overhead bulbs in the dispensary required replacement.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy gives advice to people about where they can get other support. They also make sure that people have the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

Inspector's evidence

There was not wheelchair access, but the pharmacist went to the door if necessary to assist people with mobility issues. Large font labels could be printed to assist visually impaired patients. Staff could converse in Persian, Gujarati and Hindi to assist patients whose first language was not English.

Patients were signposted to other local services including the walk-in centre and there were health related leaflets to give to people. Interventions were not always recorded on the patient medication record (PMR) but the pharmacist said moving forward interventions would be recorded. The pharmacist was aware of the procedure for supply of sodium valproate to people in the at-risk group. Information was given to people regarding the pregnancy prevention programme (PPP). The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. Although the intervention was recorded on the prescription recording the intervention on the PMR was discussed. Prescriptions for schedule 4 CDs were highlighted to ensure CDs were not supplied after the 28-day validity period and CD prescriptions for more than 30 days' supply of CD were queried with the prescriber as good practice.

Counselling was provided by the pharmacist to people with prescriptions for high risk medicines. When supplying warfarin people were asked about blood test dates and for their record of INR. The dose of the warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter medicines including herbal medicines and diet containing green vegetables which could affect INR. Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given regarding gastric side effects and to visit the doctor if sore throat or fever developed.

Audits had been conducted including for referral for prescription of proton pump inhibitor for gastric protection while taking non-steroidal anti-inflammatory drugs (NSAID) and use of inhalers in the treatment of asthma. The audit for people in the at-risk group taking sodium valproate had been conducted and reported on Pharm Outcomes. There were health related leaflets and posters including Stoptober, 'Blood in pee' and dementia friends.

Medicines and medical devices were delivered outside the pharmacy by the owner or a delivery person. The delivery SOP referred to a delivery record book although a drop sheet was compiled instead. Although the drop sheets were retained for a time, a more robust procedure and audit trail would make it easier to investigate a failed delivery.

Medicines and medical devices were obtained from Alliance and Colorama. Floor areas were generally

clear, and stock was neatly stored on the dispensary shelves. Stock was date checked and short-dated stock was marked. No date-expired medicines were found in a random check. The owner later confirmed that moving forward the date checking matrix would be completed. Methadone was not marked with the date of opening. Medicines were generally stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. Waste medicines were stored separately from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Uncollected prescriptions were cleared every two months. Drug alerts and recalls were actioned but the response was not recorded. Following the visit, a template showing actions taken in response to the alert was put in place.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

Current reference sources included BNF and Drug Tariff. There were standard glass measures to measure liquids including methadone. Measures required treatment to remove lime scale. Minimum and maximum fridge temperatures were monitored but not found to be within range two to eight Celsius. Not being able to guarantee the integrity of cold chain items if the temperature was out of range was discussed with the owner who confirmed following the visit that a new thermometer had been obtained and temperatures were being recorded in a log book daily.

The CD cabinet was fixed with bolts. The blood pressure monitor was due for re-calibration and replaced following the visit. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. The computer was password protected and backed up regularly.

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.