

Registered pharmacy inspection report

Pharmacy Name: Wilyman Chemist, 297 Baldwins Lane, Croxley Green, RICKMANSWORTH, Hertfordshire, WD3 3LE

Pharmacy reference: 1032275

Type of pharmacy: Community

Date of inspection: 27/11/2019

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 substance misuse.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	Medicines management and storage require review including: date checking records, CDs are not stored in accordance with safe custody requirements, some medicines are not stored in original packaging, some liquid medicines are not endorsed with a date of opening and temperature monitoring in the fridge and storage area with 'Perspex' type roof panels.
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 generally safe. Members of the pharmacy team are clear about their roles and responsibilities. The pharmacy has written procedures which are being updated to tell staff how to work safely. 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. They keep private information safe. The pharmacy team members do not record all their mistakes so they may miss opportunities to learn and prevent the same errors happening again.

Inspector's evidence

Near miss records were not seen although the pharmacist said incidents were reported through the NPA dispensing error reporting system. Following the visit, a near miss log was put in place.

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. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions. The dispensing audit trail to identify who dispensed and checked medicines was not always completed in a random sample of prescriptions which were awaiting collection. Staff said interactions between two medicines for the same person were shown to the pharmacist.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. 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 according to a matrix. 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 were folders to retain information relating to compliance aids and each patient had their own polythene sleeve to contain their discharge summaries, a sample backing sheet and notes. Some sample backing sheets had been corrected by over-writing when there were changes in medication and this made them difficult to read sometimes. Re-producing the backing sheet each time medication was changed was discussed. Labelling did not include a description to help patients or their carers identify individual medicines in the compliance aid. Patient information leaflets (PILs) were not routinely supplied with each set of compliance aids so patients had the most up-to-date manufacturer's information on their medication. After the visit, the pharmacist gave an assurance that PILs were supplied with each set of compliance aids and she was introducing descriptions of medicines in the compliance aids.

High-risk medicines such as alendronate were generally supplied separately from the compliance aid. The dates of controlled drug (CD) prescriptions were managed to ensure supply within the 28-day validity of the prescription. If possible, lansoprazole was supplied in compartments positioned to ensure it was taken before other medication or food in the morning.

The standard operating procedure (SOP) folder was not available. The superintendent pharmacist (SI)

confirmed that SOPs were in the process of being updated and reviewed at the time of the visit. One staff member who served at the medicines counter said she would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. If the pharmacist were present, she said she would not sell Nurofen Plus and Solpadeine Max to the same person as they both contained codeine. People with diabetes were generally referred to the pharmacist or doctor when they requested a remedy for a foot condition.

To protect patients receiving services, there was professional indemnity insurance in place provided by Numark expiring 31 Mar 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency and 'specials' supplies were generally complete although there were some missing prescriber details. There were no patient group directions.

The CD and methadone registers were generally complete but a record of when the balance of CDs was audited was not seen. A random check of the actual stock of two strengths of MST did not reconcile with the recorded balance in the CD registers. The pharmacist later confirmed these discrepancies had been resolved. Increasing the frequency of audit of CDs to detect discrepancies earlier was discussed. Supplier name was recorded but address and invoice number were not always recorded for receipt of CDs. There was a missing methadone entry and FP10MDA prescriptions were not always fully endorsed in places at the time if the patient did not attend. Patient returned CDs were recorded in the destruction register for patient returned CDs. All the patient returned CDs listed could not be located but the SI later confirmed that they had been stored in another small safe until being destroyed and the records completed.

Staff had signed confidentiality agreements and the pharmacists were aware of procedures regarding General Data Protection Regulation (GDPR). A privacy notice was not seen. The shredder to deal with confidential waste paper was broken at the time of the visit. The SI later confirmed that the new shredder was in place and confidential waste paper had been shredded. There was a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. The SI said there was a safeguarding SOP and the pharmacist was accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

Staff comprised: two regular part-time pharmacists, one full-time dispenser also accredited as a medicines counter assistant (MCA), one part-time dispenser, one part-time MCA and two staff members who had not yet been enrolled on accredited training as MCA. Following the visit, the SI said they had been enrolled on Buttercups training as MCAs. There was a vacancy for a part-time dispenser and a vacancy for the delivery person was filled after the visit.

Staff were provided with ongoing training via the Chemist & Druggist magazine articles and other industry publications. Staff performance was not formally monitored by appraisal. Staff felt able to provide feedback and had suggested introducing a delivery book to record deliveries of medicines outside the pharmacy and earlier delivery times when there was more daylight. Staff had suggested arranging dispensary stock alphabetically by generic names and separating amlodipine 5mg and 10mg tablets to reduce picking errors. There was a whistleblowing policy. Targets and incentives were not set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally clean and suitable for the provision of its services. The pharmacy prevents people accessing the premises when it is closed to keep medicines and information safe.

Inspector's evidence

The pharmacy premises were generally clean and the public facing retail area was tidy. The dispensary was located to the back of the premises which was level. There was a hatch providing a view of the public area and medicines counter. There were older fixtures and fittings. The dispensary sink and lavatory facilities were generally clean and handwashing equipment was provided. There was no consultation room but members of the public could have a private word with the pharmacist if necessary.

There was a storage area with a roof composed of 'Perspex' type panels. Medicines were stored in this area and the pharmacist was unaware of ongoing temperature monitoring as the temperature may fluctuate depending on season and time of day. There was sufficient ventilation and lighting in the dispensary and public areas of the pharmacy.

Principle 4 - Services Standards not all met

Summary findings

There are inadequate medicines management arrangements in place. The pharmacy does not always keep a record when checking that medicines are safe for people to take. This includes therapeutic monitoring checks so it may not be able to show that appropriate counselling was provided to protect patient safety. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources to protect people from harm. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. They know what to do if any medicines or devices need to be returned to the suppliers. The pharmacy team members give advice to people about where they can get other support.

Inspector's evidence

There was not wheelchair access, but staff went to the door to assist people with mobility issues. Staff said there were planned alterations to provide level access through an automatic entrance door. Large font labels could be printed to assist visually impaired patients. Staff could converse in Swahili, Italian and Gujarati to assist patients whose first language was not English. People were signposted to other local services such as local pharmacies or the doctor's surgery for a flu vaccination.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) would be explained. There was information to give to people in the at-risk group. The intervention was recorded on the patient medication record (PMR). The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. Ensuring interventions were recorded was discussed.

A 'speak to pharmacist' note was attached to prescriptions where counselling was required. When supplying warfarin, people were asked for their record of INR along with blood test due dates. The INR was not always recorded on the PMR but the pharmacist said the INR would be recorded on the PMR moving forward. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter (OTC) medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose and when to take folic acid. People were advised to seek medical advice if they developed an unexplained fever. People taking lithium would be asked for their most recent blood test dates and interactions with OTC medicines would be explained. Prescriptions for schedule 4 CDs were not highlighted to ensure supply within 28 days but the SI later said CD stickers had been ordered to highlight these prescriptions following the visit.

The pharmacy had conducted an audit to identify people taking sodium valproate in the at-risk group to counsel on PPP. The health promotions to increase public awareness included Stoptober. Medicines were delivered outside the pharmacy by the SI at the time of the visit. Following the visit, the SI explained that a new delivery person had been appointed.

Medicines and medical devices were obtained from Alliance, Phoenix, AAH, Sigma and Colorama. Floor areas were mostly clear, and stock was stored on the dispensary shelves. Stock was date checked but not recorded. The pharmacist said medicines were date checked as part of the final check during

dispensing. No date-expired medicines were found in a random check. Liquid medicines were not always marked with a date of opening and the pharmacist marked a newly opened bottle of Sytron and quarantined an open bottle of Oramorph with no date of opening. Medicines were generally stored in original manufacturer's packaging although there were de-blistered assorted medicines in containers which were not appropriately labelled and secured to manufacturer's packs with rubber bands. There were assorted strips of medication in a rubber band. Not recording the date of opening a liquid or storing medicines in original packaging may affect stability or mean that affected stock cannot be identified in response to a drug alert or recall. Cold chain items were stored in the medical fridge.

Compliance aid labelling did not include a description to identify individual medicines in the compliance aid. Patient information leaflets (PILs) were not routinely supplied with each set of compliance aids so patients had the most up-to-date manufacturer's information on their medication. After the visit, the pharmacist confirmed that backing sheets were being endorsed electronically with a description and PILs were being supplied. Sealed compliance aids awaiting collection were stored in the rear storage area with the 'Perspex' panel roof. The SI later said that the temperature was monitored to ensure conditions were suitable for medicines storage. Uncollected prescriptions were cleared from retrieval every three months after the patient had been contacted. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts and recalls were actioned and put in a drawer with current invoices.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

Current reference sources included BNF. There was a standard glass measure to measure methadone and a calibrated plastic measure for water. Ensuring this complied with weights and measures requirements was discussed. Minimum and maximum fridge temperatures were monitored and on the day of the visit were found to be outside range two to eight Celsius. The overall temperature was seven Celsius. Ensuring the fridge temperatures were within range to guarantee integrity of fridge items was discussed. There was a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. A new shredder was obtained after the visit.

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.