

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: 11/08/2020

Pharmacy context

The pharmacy is 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. The inspection took place during the Covid-19 pandemic. All aspects of the pharmacy were not inspected.

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 not all met	3.5	Standard not met	Extreme fluctuations in temperature and dampness in the storage area mean the environment is not suitable for storing medicines and medical devices.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy has inadequate medicines management procedures which include irregular temperature monitoring in the storage area.
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. The pharmacy has written procedures to identify and manage risks and it is updating them. They tell staff how to work safely. The pharmacy team members have introduced new ways of working to protect people against Covid-19 infection. The pharmacy generally keeps the records it needs to so it can show it supplies its medicines safely and legally. The pharmacy's team members understand their role in protecting vulnerable people. And they keep people's private information safe. But they do not record all their mistakes, so they may miss opportunities to learn and prevent the same errors happening again.

Inspector's evidence

The Responsible Pharmacist (RP) said some near misses were recorded although the records were not seen. Lookalike soundalike (LASA) medicines were separated on the dispensary shelves to minimise risk of picking errors. These included amitriptyline and amlodipine and amlodipine 5mg and 10mg tablets which were in different places. Different strengths of atenolol were in their own drawer to reduce picking errors. The pharmacy team used baskets to separate prescriptions and medicines during the dispensing process and there were different dispensing and checking areas.

The RP said completing risk assessments for the premises and individual staff members was in progress. The Pharmacy Quality Scheme (PQS) and available resources to help with business continuity planning and risk management were discussed. Staff had personal protective equipment (PPE). To encourage social distancing, there were posters displayed and a small table formed a barrier at which to wait to be served after entering the pharmacy. The floor was marked so people knew where to stand. One person was allowed to be in the pharmacy at a time. There was a screen at the medicines counter through which items could be passed. After payment had been taken, change, goods and receipts were placed in a basket on the outside of the screen. There was hand sanitiser, a pen and a calendar at the small table where people could sign their prescription. A chair was positioned behind the entrance door and away from the medicines counter if a member of the public needed a seat. People waiting for prescriptions to be dispensed were asked to wait outside and allow someone else to come into the pharmacy. The medicines counter assistant (MCA) had household cleaning wipes and was observed wiping down surfaces including the pen frequently. People entering the pharmacy were reminded about covering their faces or were served at the entrance.

The standard operating procedure (SOP) folder included CD, date checking and RP SOPs. The RP said the amended delivery procedure for the pandemic had been verbally agreed with the delivery person. Details of how to complain were available in the practice leaflet. The SOPs were in the process of being updated and reviewed at the time of the visit. Ensuring staff re-trained in the updated SOPs so they were working safely was discussed.

The pharmacy had professional indemnity insurance to protect patients receiving services provided by Numark and expiring 31 Mar 2021. The responsible pharmacist notice was on display. Records for private prescriptions, emergency and 'specials' supplies were not seen during the visit. There were no patient group directions.

The controlled drug (CD) registers were generally complete, and there were some records to show the balance of CDs was audited. Supplier name was recorded but address and invoice number were not always recorded for receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements. A privacy notice as required under General Data Protection Regulation (GDPR) was not seen. Confidential wastepaper was 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 RP said he was accredited at level 2 in safeguarding training and there was a safeguarding SOP.

Principle 2 - Staffing ✓ Standards met

Summary findings

On the day of the inspection the pharmacy had enough suitably qualified staff on duty to safely provide its services. The pharmacy's team members work 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: one regular pharmacist, one full-time dispenser also accredited as a medicines counter assistant (MCA), one part-time MCA and one part-time staff member who was enrolled on accredited training as MCA. The RP said he had advertised to fill vacancies for two part-time dispensers and pharmacist cover. Previously there had been two regular part-time pharmacists. The RP was working extra time when the pharmacy was closed to manage the workload, No staff had booked annual leave which would have to be covered for the near future.

There was a locum handbook in the SOP folder. Staff had been provided ongoing training which related to Covid-19 updates and guidance during the pandemic. Team member's performance was not formally monitored by appraisal. Staff felt able to provide feedback and described an open and honest culture. 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 not all met

Summary findings

The pharmacy does not do enough to reduce the extreme temperatures and dampness in the area it uses to store some of its medicines. The pharmacy has introduced additional cleaning measures and equipment to help protect people from Covid-19 infection. The pharmacy prevents people accessing its premises when it is closed so that it keeps its medicines and people's information safe.

Inspector's evidence

The pharmacy's premises were generally clean and the public facing retail area was tidy. The dispensary was located on the same level behind the retail area. 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. The RP had mixed hand sanitiser gel containing aloe vera gel and alcohol for staff use.

The pharmacy had displayed posters to encourage social distancing and a barrier (small table) at which people were asked to wait to be served after entering the pharmacy. The floor was marked so people knew where to stand. There was a screen at the medicines counter through which items could be passed. After payment had been taken, change, goods and receipts were placed in a basket on the outside of the screen. There was hand sanitiser, a pen and a calendar at the small table so people could sign their prescription. A chair was positioned behind the entrance door and away from the medicines counter if a member of the public needed a seat. The medicines counter assistant (MCA) had household wipes and was observed wiping down surfaces including the pen frequently. She said the pharmacy was cleaned regularly throughout the day.

The pharmacy had 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 RP was monitoring the temperature. Although there were gaps in the record, the recorded temperatures fluctuated depending on season and time of day. The thermometer showed the temperature was significantly in excess of 25 Celsius. In the same storage area, there was a leaking downpipe and water was collecting at the base. Green vegetation was collecting in a clear container at the top of the pipe. Following the visit, the RP said he had arranged for someone to look at the pipe.

The weather on the day of the visit was very hot and ventilation was provided by portable fan units. There was sufficient lighting in the dispensary and public areas of the pharmacy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy has inadequate medicines management arrangements in place. It keeps some of its medicines in conditions which are not suitable for storing medicines. The pharmacy does not always keep a record when checking that medicines are safe for people to take. So it may not be able to show it gives appropriate advice to help 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. 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

The pharmacy did not have wheelchair access, but staff went to the door to assist people with mobility issues. Large font labels could be printed to assist visually impaired patients. Staff could converse in Italian and Polish to assist patients whose first language was not English. People were signposted to other local services such the dentist, chiropodist and new patients to the doctor's surgery.

Workflow: the pharmacy team generated labels and picked medicines from reading the prescription. The pharmacist performed the clinical and final check of all prescriptions. The dispensing audit trail to identify who dispensed and checked medicines was seen to be completed during the visit. Interactions between two medicines for the same person were checked although interventions were not always recorded on the patient medication record (PMR).

The pharmacy had 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 pharmacy team asked the patient how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary. Medicines were delivered outside the pharmacy by the delivery person who had PPE. Deliveries were contactless but a more robust audit trail showing CDs had been safely delivered was discussed.

The pharmacy team prepared multi-compartment compliance aids for a number of patients. They 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. Information relating to compliance aids was retained in a folder 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 did not have the most up-to-date manufacturer's information on their medication. During the visit, the pharmacist gave an assurance that PILs would be supplied with each set of 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. One compliance aid was supplied at a time to the patient. If necessary,

compliance aids were re-dispensed to manage mid-cycle changes in medication. 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 did not have the most up-to-date manufacturer's information on their medication.

The pharmacist knew 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 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.

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 RP said the INR would be recorded on the PMR moving forward. Advice was given about side effects of bruising and bleeding and about over-the-counter (OTC) medicines. A 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. The RP said that prescriptions for schedule 4 CDs were highlighted to ensure the supply was made within 28 days of the date the prescription was issued.

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. Dispensary stock was date-checked but not always recorded. The MCA said OTC retail stock was date-checked on an ongoing basis. No date-expired medicines were found in a random check. Liquid medicines were marked with a date of opening. Medicines were generally stored in manufacturer's original packaging although there were some de-blistered medicines in containers which were not appropriately labelled and secured to manufacturer's packs with rubber bands. The RP removed these items from the dispensary shelves. Not 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. There were gaps in the fridge temperature records although the dispenser demonstrated taking minimum and maximum temperatures. Ensuring regular monitoring and recording of fridge temperatures to be assured of the integrity of fridge items was discussed.

Sealed and unsealed compliance aids were stored in the rear storage area with the 'Perspex' panel roof. The RP was monitoring the temperature. Although there were gaps in the record, recorded temperatures fluctuated depending on season and time of day. The thermometer showed temperatures significantly in excess of 25 Celsius. The RP immediately moved the compliance aids to other cooler areas of the pharmacy.

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 had been installed at the time of the visit. Drug alerts and recalls were actioned and but not always annotated and filed to show what actions had been taken.

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. The dispensary sink was reasonably clean. 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.