

# 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:** 27/04/2021

## 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 and Pharmacy Collect Service (supply of lateral flow tests). The inspection took place during the COVID-19 pandemic. All aspects of the pharmacy were not inspected.

## 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's working practices are generally safe. 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. The pharmacy has written procedures which tell staff how to work safely. And some of these are not available at the pharmacy so staff may not be following the correct procedure.

### Inspector's evidence

The pharmacy team recorded some near misses although the records were not seen. The responsible pharmacist (RP) discussed near misses with pharmacy team members at the time they were identified. Lookalike soundalike (LASA) medicines were separated on the dispensary shelves to minimise risk of picking errors. So, amlodipine and amitriptyline tablets were separated on the dispensary shelves and amlodipine 5mg and 10mg tablets were in different places. Different strengths of atenolol were in a drawer to reduce picking errors. Medicines were mostly stored in manufacturer's original packaging but there was a small number of de-blistered medicines in containers which were not appropriately labelled. The RP removed these items from the dispensary shelves.

Although there was limited bench space, there were different dispensing and checking areas. The pharmacy team used baskets to separate prescriptions and medicines during the dispensing process. Some completed baskets of prescriptions and medicines were stacked awaiting final RP check and there may be a risk of items 'jumping' from one basket to another.

The pharmacy team members had personal protective equipment (PPE). The pharmacy displayed posters to remind members of the public about social distancing. One person at a time waited to be served at a small table between the entrance and the medicines counter. The floor was marked so people knew where to stand and there was hand sanitiser for people to apply. There was a screen at the medicines counter to protect people from COVID infection. Payments were mostly contactless. The medicines counter assistant (MCA) placed goods and receipts in a basket on the outside of the screen. 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 standard operating procedure (SOP) folder included controlled drug (CD), date checking and RP SOPs. The RP explained the amended delivery procedure for the pandemic which had been verbally agreed with the delivery person. The delivery audit trail was completed by the delivery person. The pharmacy team members referred complaints to the RP. Some SOPs were in the process of being updated and reviewed at the time of the visit and were not seen. Re-training in SOPs and ensuring the updated folder of SOPs was available to staff (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 2022. The RP notice was on display. The RP record was maintained manually but there were some missing entries. The RP confirmed the missing entries had been completed after the visit. Records for private prescriptions were seen on the pharmacy computer and were mostly complete. 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. 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 was accredited at level 2 in safeguarding training and there was a safeguarding SOP.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough suitably qualified staff to safely provide its services. The pharmacy's team members work well together and are comfortable about providing feedback to the pharmacist. They are involved in improving the pharmacy's services.

### Inspector's evidence

The total workforce comprised: one regular pharmacist, two part-time dispensers (both also accredited as a medicines counter assistants (MCA)), two part-time MCAs (one enrolled on accredited training) and one part-time delivery person. There was an advertisement to recruit part-time staff displayed. Previously there had been two regular part-time pharmacists. The pharmacy team had been vaccinated against COVID and the staff vaccination questionnaire had been completed.

There was a locum handbook in the SOP folder. Team members had been provided with ongoing training which related to COVID-19 updates and guidance during the pandemic. They had taken some annual leave during the pandemic. Team members' performance was not formally monitored by appraisal. They felt able to provide feedback and described an open and honest culture. The team had suggested arranging dispensary stock in a way that reduced 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 secure, clean and suitable for the provision of its services. Team members have 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. A hatch in the dispensary provided a view of the public area and medicines counter. There were older fixtures and fittings. The dispensary sink and the lavatory facilities were generally clean and handwashing equipment including an automatic hand drier was provided.

The pharmacy displayed a notice to encourage social distancing. The pharmacy team asked people 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. Change, goods and receipts were placed in a basket on the outside of the screen. There was hand sanitiser, and a pen at a 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. Team members cleaned the pharmacy surfaces regularly throughout the day to minimise the risk of infection. 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 had not exceeded 25 Celsius. At the time of the visit, the thermometer reading was 18 Celsius. Monitoring the maximum and minimum temperatures would indicate if storage conditions were too hot or too cold to store medicines. In the same storage area, there was a leaking downpipe which the RP had had repaired following the previous visit. At the time of this visit, the pipe was leaking slightly. Following the visit, the RP confirmed that the pipe was re-sealed and cleaned. And the area around the pipe had been refurbished.

There was sufficient lighting in the dispensary and public areas of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources to protect people from harm. Team members know what to do if any medicines or devices need to be returned to the suppliers. They give advice to people about where they can get other support. The pharmacy team does not always make 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. The pharmacy does not always keep adequate records to show it keeps some of its medicines in conditions which are suitable.

### Inspector's evidence

The pharmacy did not have wheelchair access, but staff went to the door to assist people with mobility issues. Members of the public came into the pharmacy one at a time to manage social distancing. 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 as the dentist, chiropodist and new patients to the doctor's surgery.

Workflow: the pharmacy team 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 shown to the pharmacist. Interventions were not always recorded on the patient medication record (PMR). The pharmacy had a procedure for dealing with outstanding medicines. 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 and the audit trail was completed by the delivery person.

The pharmacy team prepared multi-compartment compliance aids for a number of patients. They managed prescription re-ordering on behalf of patients. Information relating to compliance aids was retained in a folder and each patient had their own polythene sleeve to contain their prescriptions, discharge summaries, a sample backing sheet and notes. Some sample backing sheets had been corrected 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 included a description to help patients or carers identify some individual medicines in the compliance aid. Patient information leaflets (PILs) were supplied with each set of compliance aids so patients had the most up-to-date manufacturer's information on their medication.

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.

The pharmacist knew the procedure for supplying 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 showing advice which was given so medicines were safe to take was discussed. The RP said that prescriptions for CDs were highlighted to ensure the supply was made within 28 days of the date the prescription was issued. Prescriptions containing fridge items were highlighted. Uncollected prescriptions were removed from the retrieval system after two months.

Medicines and medical devices were obtained from Alliance, Phoenix, AAH and Sigma. Floor areas were mostly clear, and stock was stored on the dispensary shelves. The MCA said OTC retail stock was date-checked on an ongoing basis. No date-expired medicines were found in a random check in the dispensary. Liquid medicines were not always marked with a date of opening. Medicines were generally stored in manufacturer's original packaging although there was a small number of de-blistered medicines in containers which were not appropriately labelled. 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 medicines were stored in the medical fridge. There was a significant gap in the temperature record when the fridge temperature was not recorded. Compliance aids were stored in the rear storage area with the 'Perspex' panel roof. There was a thermometer to monitor the temperature in this area but a significant gap in the record of these temperatures. So the pharmacy could not show they checked the temperature and these medicines were always stored correctly.

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.

### 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.