General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Delite Chemist, 4 Moneyhill Parade, Uxbridge Road, RICKMANSWORTH, Hertfordshire, WD3 7BQ

Pharmacy reference: 1032283

Type of pharmacy: Community

Date of inspection: 17/09/2019

Pharmacy context

This is a community pharmacy located along a parade of shops on a main road in Rickmansworth, Hertfordshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines, provides advice and services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations, smoking cessation and administers travel vaccinations. The pharmacy also provides multi-compartment compliance aids for people if they find it difficult to take their medicines on time.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 manages risks in a satisfactory way. It has a set of instructions to guide the team on the pharmacy's processes. Members of the pharmacy team generally work in a safe manner. And, they identify and deal with their mistakes responsibly. The pharmacy's records are generally maintained in accordance with the law. And, in the main, people's private information is protected. But the pharmacy does not always record enough details for all its records. This means that the team may not have all the information needed if problems or queries arise. And, team members are sharing their NHS smart cards to access electronic prescriptions. This makes it more difficult for them to control access to people's records and keep information safe.

Inspector's evidence

The pharmacy was busy, and its workload was being managed appropriately during the inspection. There was a range of documented standard operating procedures (SOPs) to support the provision of the pharmacy's services and evidence that the SOPs had been reviewed recently. The date of the review was not marked on them to verify this but the responsible pharmacist (RP) explained that this had taken place in the last few months. He was advised to ensure this information was documented. The staff had read and signed the SOPs, they understood their roles, responsibilities and limitations and they knew when to refer to the pharmacist. Team members roles and responsibilities were not defined within the SOPs. However, bespoke lists for the staff had been created that highlighted the team's roles and they were on display in the dispensary. The correct RP notice was on display and this provided people with details of the pharmacist in charge of operational activities on the day.

The pharmacy's workflow involved prescriptions being dispensed from the back areas of the dispensary and the RP conducted the final accuracy-check from a separate space. This area was kept clear of clutter although the dispensary was somewhat cluttered. This was observed to be work in progress and staff stated that they ensured the dispensary was tidied by the end of the day. Once prescriptions were dispensed, they were placed into bags or carrier bags and placed on one of the dispensing benches or on the floor (see Principle 3). Staff explained that this then allowed the RP to carry out the final check and they knew that the bags placed in this location still required this.

To maintain safety, more than one person was involved during the dispensing process, prescriptions were processed and assembled in batches and three accuracy-checks took place. The first was during the dispensing process by staff, the second by the RP and the third was on hand-out, as bags were re-opened and the contents re-checked against prescriptions by the pharmacist.

There were some near misses being recorded although they were few compared to the volume of the pharmacy's workload. Staff were made aware of them at the time. The accuracy checking technician (ACT) collectively reviewed the near misses according to the team and shared details with them. Look-alike and sound-alike medicines as well as medicines that had been involved in previous mistakes were identified, highlighted and separated. Some caution notes were placed in front of stock as an additional visual alert. This included highlighting clarithromycin and ciprofloxacin and different forms of aspirin as well as ramipril. However, there were no details seen documented or located about the review process. This limited the ability of the pharmacy to verify that trends or patterns were being routinely identified and managed.

There was a documented complaints procedure and the pharmacist's process for handling incidents was generally in line with this. The RP explained that the level of harm was checked, the person's GP would be informed, and details were documented onto the person's medication record. However, this meant that the record could not be easily retrieved without knowing the person's name. Using the pharmacy's system to collectively record relevant details in a format where this information could be easily brought up was advised during the inspection. The RP stated that incidents would be reported to the National Reporting and Learning System (NRLS) if required. There was also no information on display to inform people about the pharmacy's complaints procedure. This could affect how easily people raise concerns.

Dispensing staff could identify signs of concern to safeguard vulnerable people and provided an example of when they had needed to do this. They were trained by their previous employment and reported concerns in the first instance to the pharmacist. The pharmacy's chaperone policy was on display. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). However, counter staff were not trained to protect the welfare of vulnerable people, they could not identify vulnerable groups of people or signs of concern easily. There were also no local contact details for the safeguarding agencies or local policy information present. Remedying this situation was advised at the time.

There was information on display in the pharmacy's front window to inform people about how the pharmacy maintained their privacy. Staff segregated confidential waste before this was shredded and details on dispensed prescriptions awaiting collection were not visible from the retail area. The team had been trained on data protection and the European General Data Protection Regulation (GDPR). Summary Care Records were only accessed for queries in an emergency capacity if the pharmacist required contact details for people who were not local. There was an information governance policy present to help provide guidance to the team. However, this was blank. Staff were also using each other's NHS smart cards to access electronic prescriptions and their passwords were known and shared.

The maximum and minimum temperatures for the fridges were checked every day and records were maintained to verify that temperature sensitive medicines had been stored appropriately. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and this was due for renewal after 31 October 2019. Staff kept a full record of controlled drugs (CDs) that were returned by people and destroyed by them although some records were missing details about the pharmacist's oversight.

A sample of registers seen for CDs and most records of emergency supplies were maintained in line with statutory requirements. On randomly selecting CDs held in the cabinets, their quantities matched entries in the corresponding electronic registers. Some of the abbreviations used for records of emergency supplies did not provide enough information to help justify the supply and on occasion, random digits were used. There were some incomplete or incorrect prescriber details documented in the electronic register for private prescriptions, a faxed prescription dated August 2019 without the original was seen and records of unlicensed medicines were missing details about the prescriber.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. They are provided with resources to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy's staffing profile included the owner who was the regular pharmacist, a pre-registration pharmacist, an ACT who was the owner's wife, a pharmacy technician who was currently on maternity leave, two dispensing assistants, one of whom was undertaking accredited training with Avicenna and two medicines counter assistants (MCAs), one of whom was a trainee and had been enrolled onto accredited training but had not yet started the course. This member of staff had been employed at the pharmacy for the past four months. There was also a locum pharmacist who provided regular and additional cover on Fridays. This helped the RP to conduct some of the pharmacy's services. There were no formal targets in place to complete services.

Staff covered each other as contingency for annual leave or absence. Team members wore name badges and some of their certificates of qualifications obtained were seen. Staff understood their roles. Counter staff asked relevant questions to obtain necessary information before they sold OTC medicines and routinely checked sales with the RP when required. The pre-registration pharmacist was provided with regular, set aside time to complete her studies, the RP was her tutor and she felt supported by the team. Ongoing training for staff included completing training modules from Avicenna, CPPE and taking instruction from the pharmacists. Appraisals were held in an informal manner to monitor the staff's progress. Team meetings were held when required and staff were routinely kept informed about relevant information. The latter was conveyed verbally to them.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean, secure and in general provides an appropriate environment to deliver its services. And, it has a separate area where confidential conversations and services can take place.

Inspector's evidence

The pharmacy’s premises consisted of a medium sized retail space and dispensary at the rear, with designated storage space for dispensed prescriptions to one side of the dispensary and a stock room as well as staff facilities situated at the very rear. The pharmacy was relatively clean. It was presented appropriately, well ventilated and suitably lit. There was enough space for dispensing processes to take place but some bagged prescriptions awaiting a final check were stored directly on the floor. This was to one side of the dispensary, although there was still a risk that medicines could be damaged or be a trip hazard.

Pharmacy (P) medicines were stored behind the front counter and staff were always present to restrict their self-selection. There was also a barrier that could be drawn across to help prevent unauthorised access to this area and the dispensary. A signposted consultation room was available for services and for private conversations. There were two entrances, one was from the retail space and the other led into the back-storage area as well as faced the entrance to the dispensary. Both doors were kept unlocked. There was no confidential information stored inside the room and the room was of a suitable size for its purpose.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible. The pharmacy provides its services in a safe and effective manner. The regular pharmacist is proactive in seeking helpful outcomes for people.
And, the team takes extra care for people prescribed higher-risk medicines. This helps ensure that people can take their medicines safely. The pharmacy obtains its medicines from reputable sources, it largely manages and stores them appropriately. The team are making some checks to ensure that medicines are not supplied beyond their expiry date. But, the pharmacy has no up-to-date written details to help verify this.

Inspector's evidence

There was a wide front door, ramped access at the front of the pharmacy with some clear space inside the premises as well as wide aisles. This meant that people with wheelchairs could easily access the pharmacy's services. Staff explained that they also attended people with pushchairs or those with limited mobility at the front if this was required. Team members used written communication for people who were partially deaf, they explained details verbally to people who were visually impaired and described speaking clearly for people whose first language was not English or pictures on people's phones were used to help assist.

Details about the pharmacy's services, its' opening times and a range of leaflets about other services were on display. There were two seats available for people waiting for prescriptions or services and several car parking spaces present outside the premises. The team signposted people to other organisations from their own local knowledge of the area. The pharmacy was healthy living accredited and promoted this by running campaigns on certain topics. This was in line with the national campaigns. There was a dedicated section at the front of the pharmacy where people were provided with relevant information and some leaflets were available in this area. The current campaign was about high blood pressure. The RP explained that the ACT was the healthy living champion, she took pictures when the campaigns were being held and the pharmacist encouraged people to improve their lifestyles (see below). However, there was no information seen documented or present to help verify the pharmacy's role as a provider of this service.

The team provided blood pressure checks for people if required although there was limited uptake with this service. Staff had been trained to measure people's blood pressure by attending a relevant course, they used a chart to help them to know when to refer appropriately and the RP explained that on occasion, they had referred people to the GP where further treatment or checks were initiated.

The pharmacy provided its enhanced services via appointments or on a walk-in basis. The pharmacist described MURs providing the most impact out of all of their services. A 30-minute time slot was arranged which enabled an in-depth discussion to be held with people about their medicines. This including helping them to understand how to take their medicines appropriately, providing advice about healthier living, advising on and improving people's inhaler techniques as well as occasionally referring people to their GP to see if medicines could be changed for alternative formulations. According to the pharmacist, this had helped people improve compliance with taking their medicines as prescribed by their doctor.

The pharmacy had completed an audit on asthma. Staff had identified some people who were frequently prescribed, dispensed and used Ventolin inhalers only. They were referred to their GP by the pharmacy, assessed by them and subsequently returned with prescriptions for Seroflo (a combination inhaler consisting of a long acting reliever and a corticosteroid inhaler). This meant that people were now being appropriately managed in line with the national guidelines for asthma.

The RP and ACT were trained as smoking cessation advisers, the pharmacy was described as achieving around a 70% quit rate for people using this service. An out of hours service for people was provided by the RP on his own accord, if this was required for people who could not attend the pharmacy during its opening hours. As a result, he received referrals direct from Hertfordshire's smoking cessation service because of this.

In addition, the pharmacy had been providing a travel vaccination service for the past six years. This had been set up due to local demand in the area, the pharmacy was only one of a few local pharmacies to provide the service and the GP surgeries directed people to them for this. The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations and the regular pharmacist was accredited to vaccinate people requiring this and other travel vaccinations. The PGDs to authorise this were readily accessible and signed by the pharmacists. Risk assessments were completed before vaccinating. Before people were vaccinated, the RP explained that he asked them to bring in a record about their previous vaccinations from their GP. This assisted him in assessing their suitability for the vaccine. The RP also actively encouraged people to share details about the vaccination with their GP and their consent for this was obtained. Equipment to safely provide the service was present. This included sharps bins and adrenaline to assist anyone experiencing a severe reaction to the vaccines.

Staff were aware of the risks associated with valproates, these medicines were stored separately, identified by the team as requiring potential intervention and there was educational literature available to provide to people if required. The team had not seen any prescriptions for people at risk of becoming pregnant. The RP explained that relevant parameters were asked for people prescribed higher-risk medicines. This included asking people prescribed warfarin about the International Normalised Ratio (INR) level and this information was seen recorded to verify this.

Medicines were supplied to people within compliance aids after the person's suitability for them was assessed by the RP or initiated by the person's GP. The pharmacy ordered prescriptions on behalf of people and details on them were cross-referenced against records on the pharmacy system as well as individual records to help identify any changes or missing items. They were checked with the prescriber and audit trails were maintained to verify this. Patient information leaflets (PILs) were routinely supplied, descriptions of the medicines within the compliance aids were provided and the compliance aids were not left unsealed overnight. Mid-cycle changes involved the compliance aids being retrieved, amended, re-checked and re-supplied.

Not all medicines were de-blistered and removed from their outer packaging before being placed into the compliance aids. Staff were dispensing some medicines such as finasteride or oro-dispersible formulations, still in its original foil, in the compliance aids. They were somewhat aware of the potential risks of supplying it in this way. They explained that this was necessary due to stability or handling concerns. Counselling had been provided and the dosage instructions updated to ensure that people were informed that the outer packaging required removing before taking the tablets. However, there were no details documented to confirm this and this situation was not discussed with the prescriber. Nor was there any evidence that the pharmacy had carried out any risk assessment. This made it difficult for them to show that that they had considered all the risks involved or that appropriate advice

had been provided when these medicines were supplied. After discussing this with the RP, staff started to create notes about this situation during the inspection.

The pharmacy provided an occasional delivery service to people who were housebound, and it kept records to help verify this process. The RP delivered medicines. CDs and fridge items were identified although people's signatures were not obtained when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with people called to inform them about the attempt made. Medicines were not left unattended.

As described under Principle 1, for some of the dispensing processes staff dispensed prescriptions directly into individual bags before the final accuracy-check took place. Baskets as well as an alphabetical retrieval system were also used in the dispensary. The latter two held prescriptions once they were processed and before dispensing took place. This helped prevent any inadvertent transfer. Dispensing audit trails were in use to identify staff involved in various processes. This was through a facility on generated labels. However, some pre-assembled bottles of methadone were seen stored inside bags without the labels attached. This was prior to the final check. Ensuring this practice complied with the law was advised at the time.

The team stored prescriptions once they were assembled within an alphabetical retrieval system. Fridge items and CDs (Schedules 2-3) were identified or made up at the time when people came to collect them. Uncollected medicines were removed every three months. Not all the counter staff knew how long prescriptions for CDs were valid for and they could not identify Schedule 4 CDs. As dispensed prescriptions were brought to the attention of the pharmacist before they were handed out, the risk of supplying the latter after the 28-day prescription validity was low but the pharmacy was advised to consider highlighting all CDs.

The pharmacy obtained its medicines and medical devices from licensed wholesalers. This included AAH, Alliance Healthcare, Nexus and Sigma. Unlicensed medicines were obtained through the latter. The team was not aware about the processes involved for the EU Falsified Medicines Directive (FMD), there was relevant equipment present and the RP explained that the pharmacy was registered with SecurMed, it was ready to comply with the process, but they had not yet implemented this.

Some of the pharmacy's medicines could have been stored in a more ordered manner. Staff explained that medicines were date-checked for expiry upon receipt and they rotated the position of medicines when they were putting the stock away. A matrix was in place to verify that this process had taken place, but this was only completed every month up until July 2019. Short-dated medicines were identified using elastic bands. There were no elastic bands seen placed around stock during the inspection. The odd mixed batch, date-expired medicine and poorly labelled container when medicines were stored outside of their original packaging were seen. This was discussed during the inspection. Liquid medicines in general, were marked with the date upon which they were opened. Medicines were stored appropriately in the fridges. CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received by email and by post. The process involved checking for stock and acting as necessary. Only a limited paper audit trail was present to verify the process. Keeping a full record was discussed during the inspection.

Medicines returned by people for disposal were stored within designated containers. However, there was no separate container for hazardous or cytotoxic medicines and no list available for the team to readily identify these medicines. People returning sharps for disposal were referred to the local council for collection and details about this were on display in the retail area. Returned CDs were brought to

the attention of the RP, they were segregated in the CD cabinet prior to destruction and relevant details were entered into a CD returns register.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment helps to protect the privacy of people.

Inspector's evidence

The pharmacy was equipped with the necessary equipment and facilities it needed to provide its services. This included current versions of reference sources, counting triangles, a medical fridge, legally compliant CD cabinets and clean, crown-stamped conical measures for liquid medicines. The dispensary sink used to reconstitute medicines was clean. There was hand wash here as well as hot and cold running water available. Computer terminals were positioned in a way that prevented unauthorised access. A shredder was available to dispose of confidential waste and staff stored their NHS smart cards securely overnight. The blood pressure machine and the monitor for the smoking cessation service had been replaced very recently.

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.