

Registered pharmacy inspection report

Pharmacy Name: Whitefield Chemist, 76 High Street, Cheshunt,
WALTHAM CROSS, Hertfordshire, EN8 0AJ

Pharmacy reference: 1032377

Type of pharmacy: Community

Date of inspection: 13/06/2019

Pharmacy context

This community pharmacy is located along a small shop parade in Waltham Cross. It dispenses NHS prescriptions which it mainly receives from two local GP surgeries. It supplies some medicines in multi-compartment compliance aids. The pharmacy provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

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 generally manages its risks well. It monitors its dispensing service to make improvements. Its team members keep the legal records that they need to and generally make sure these are accurate. They manage confidential information well. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available which covered its services. The SOPs were last reviewed in August 2018. The pharmacy's team members had signed the SOPs. The responsible pharmacist's name and registration number were displayed on a notice that was visible from the pharmacy counter.

The pharmacy used a template to record near misses. Previous records covered several previous months and included details about mistakes. Information about contributing factors was sometimes recorded. The pharmacist said that he reviewed the pharmacy's records every four to six weeks. But the last documented review was dated in December 2018, so some learning opportunities may have been missed.

The pharmacy completed annual patient safety reports to meet contractual funding requirements. Reports indicated that the team had highlighted 'look alike and sound alike' (LASA) medicines. The pharmacist said that he also changed working hours to provide enough cover throughout lunchtime breaks.

Certificates were displayed which indicated that there were current arrangements in place for employer's liability, public liability and professional indemnity insurance. The pharmacy kept controlled drug (CD) records and maintained running balances. Different pages in most registers were used for different CD records which made it harder to follow the audit trail. Two CDs were chosen at random and matched the recorded running balances.

Several records in the private prescription register did not include the prescription date. There were some records of emergency supplies that had been requested by people which did not include the reason for the supply. The responsible pharmacist register did not usually record the time that the shift ended. Other records about returned CDs and unlicensed medicines were kept and maintained adequately.

The pharmacy provided regular satisfaction surveys to people who visited. The previous survey's results were positive. The pharmacy team said the people also provided verbal feedback. The pharmacy's practice leaflet provided additional information about providing feedback or complaints. The pharmacist said that he generally managed formal complaints.

The pharmacy had SOPs about safeguarding which were used to train the team. The pharmacy team members described actions they had taken to refer people to their GP or to the hospital. The pharmacist said that the driver also received training about safeguarding and had previously escalated his concerns. The pharmacy had contact details for local safeguarding organisations.

Confidential waste was segregated and shredded regularly. Team members received regular training about information governance and confidentiality. NHS Smart cards were used to access electronic prescriptions. The pharmacist said that he was applying to get Smart cards for some team members, so they could also access electronic prescriptions. The pharmacist said that staff used their own card to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in the practice leaflet.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. Its team members are suitably qualified to perform their roles. They complete some ongoing training to keep them up to date, and they refer to the pharmacist when appropriate.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (superintendent pharmacist) and a medicine counter assistant present. The pharmacist said that a dispenser was on annual leave. He said that another dispenser would be providing additional support in the afternoon. This staffing level appeared adequate to comfortably manage the pharmacy's workload.

The pharmacist said that team members generally worked the same hours each month. He said overtime could be used to provide additional support. The medicine counter assistant asked appropriate questions before selling medicines. She referred queries to the pharmacist when needed.

The team used informal discussions to share messages.

Training certificates were available which indicated that team members held appropriate pharmacy qualifications for their roles. The medicine counter assistant described the work-based pharmacy qualification she completed through a third-party company.

The pharmacist said that the team was provided with training booklets from suppliers every six to eight weeks. He said that team members had completed training on dementia and healthy lifestyles to meet contractual funding requirements. The pharmacist said that ongoing training was generally provided informally. The pharmacist provided feedback to team members through group and one-to-one discussions. He confirmed that records about staff meetings were kept. There were no targets in the pharmacy. The pharmacist said that he provided MURs so that people could receive appropriate advice about their medicines.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy safely provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and tidy. The dispensary's workbenches were used for different tasks which helped to efficiently manage available space. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy's consultation room was suitable for private consultations and conversations. The pharmacy had appropriate security arrangements.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well, and it stores its medicines appropriately. The pharmacy's team members generally make sure its medicines are fit for purpose. They largely provide suitable advice, so people can safely use their medicines.

Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. Leaflets in the retail area provided information about the pharmacy and its services. Multi-compartment compliance aids were supplied to around 25 people. The team kept records of medicines and administration times. Changes to medicines were also recorded. Packaged medicines included descriptions. This helped to identify individual medicines in the compliance aids. The pharmacist said that patient information leaflets (PILs) were supplied once a month. There were no assembled compliance aids to look at during the inspection.

The pharmacy kept records for prescriptions it ordered for people. It generally received prescriptions from two local GP surgeries.

The pharmacy kept invoices which indicated that it obtained its medicines from licensed wholesalers. Stock requiring cold storage was stored in the fridge. The pharmacy kept fridge temperature records to help make sure its medicines were stored in the right conditions.

CDs were stored appropriately. Expired CDs were separated from other stock so that they were not mixed up. The pharmacist said that medicines' expiry dates were checked regularly. The pharmacy did not keep records about recent checks, so it could not demonstrate how frequently the checks took place. The pharmacy kept records about medicines approaching their expiry dates, so they could be removed from stock when needed. Several stocked medicines were checked at random and had not reached their expiry date. The date was noted on bottles when liquid medicines were opened to make sure they were fit for purpose when being dispensed from.

Expired and returned medicines were segregated into clearly labelled drawers, sorted and then placed in to pharmaceutical waste bins. Returned medicines were kept separate from other stock so it did not become mixed up. The pharmacy had a list to help identify cytotoxic medicines. A separate bin for cytotoxic medicines was available.

The pharmacy used baskets to make sure prescriptions and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to produce an audit trail. The pharmacy's dispensing software highlighted interactions. The pharmacist said that dispensers verbally informed the him about interactions. The warnings could also be printed if needed.

The pharmacy appropriately highlighted CDs to its team members so they would not be supplied when the prescription was no longer valid. The pharmacist said that he provided people with advice when they received a new medicine so that they could use it safely and effectively. The pharmacy made sure that people received the right blood tests before they ordered warfarin prescriptions from local GP surgeries. It made records about this information.

The pharmacist was aware about pregnancy prevention advice to be provided to people in the at-risk group who were supplied with sodium valproate. The pharmacist confirmed that up-to-date guidance materials were available.

The pharmacy delivered some people's medicines. It kept records about completed deliveries, but these did not always include recipient signatures. The pharmacist said that this was because it was difficult for some people to sign.

The pharmacy had the hardware and software needed to help verify its medicines' authenticity. It had SOPs about the Falsified Medicines Directive (FMD). But, the pharmacist said that the FMD software was currently not being used because it was being updated.

The pharmacy received information about medicine recalls. It kept appropriate records about any actions that had been taken. This included a recent recall about co-amoxiclav.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy appropriately maintains the equipment and facilities it needs, to safely provide its services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and adequately maintained. The pharmacist said that he was responsible for managing maintenance issues.

People visiting the pharmacy couldn't see other people's confidential information. Computers were password protected to prevent the unauthorised access to people's medication records. Sinks had running hot and cold running water. Crown-stamped measures were available to accurately measure liquids. The pharmacy had access up-to-date reference sources and had access to the internet.

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.