

Registered pharmacy inspection report

Pharmacy Name: Ashford Lodge Pharmacy, 122 Feltham Hill Road,
ASHFORD, Middlesex, TW15 2BX

Pharmacy reference: 1034825

Type of pharmacy: Community

Date of inspection: 11/06/2019

Pharmacy context

A community pharmacy set in a small row of shops in a residential area of Ashford. The pharmacy opens six days a week. And most of the people who use it live nearby. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. It provides a comprehensive substance misuse treatment service. It also supplies medicines in multi-compartment medicine packs to people who live in their own homes.

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 has written procedures to help make sure its team works safely. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. The pharmacy adequately monitors the safety of its services. Its team members review the mistakes they make to try and stop them happening again. The pharmacy has appropriate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. But it could do more to make sure they're checked regularly. The pharmacy acts upon people's feedback. And it keeps people's private information safe. The pharmacy team understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had comprehensive standard operating procedures (SOPs) in place for the services it provided. But they haven't been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles.

Staff tried to keep the dispensing workstation tidy. They used baskets in the dispensing process to separate prescriptions. The responsible pharmacist (RP) referred to prescriptions when labelling and picking medicines. He separated the assembly and accuracy checking stages of the dispensing process with a mental break as he was solely responsible for the dispensing activity at the time of the inspection. He initialled each dispensing label in line with the SOPs.

Systems were in place to review pharmacy services, including the recording of dispensing errors and near misses. But only a few recent dispensing error and near miss records could be found. The pharmacy team discussed its mistakes to share learning and to try to stop them happening again; for example, it separated different strengths and formulations of ramipril following a recent picking error.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described in some, but not all, of the SOPs. Staff knew what they could and couldn't do, what they were responsible for and when they might seek help; for example, the medicines counter assistant (MCA) explained that repeated requests for the same or similar products were referred to the pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The pharmacy displayed the results of a recent patient satisfaction survey for people to read. The pharmacy team tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's records for emergency supplies and its RP records were adequately maintained. The address from whom a controlled drug (CD) was received from wasn't routinely included in the CD register. Most of the CD register's running balances weren't checked weekly as required by the SOPs. And some haven't been checked in the past year. The pharmacy dispenses very few private prescriptions. But the details of the prescriber were missing from some of the pharmacy's private prescription records. The date a specials line was obtained and when it was supplied were unclear in some of the pharmacy's 'Specials' records.

An information governance policy was in place and the pharmacy team were required to read and sign a confidentiality SOP. Prescriptions awaiting collection were stored in such a way to prevent people's details being visible to the public. Confidential waste was shredded on-site. Safeguarding procedures were in place and key contacts for safeguarding concerns were available. The RP has completed some safeguarding training. And staff could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy relies upon a few employed staff members and regular locum pharmacists to deliver its services safely. The pharmacy's team members are suitably qualified or undergoing training for their roles. And they're supported to keep their skills up to date. Members of the pharmacy team are comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 54 hours a week. And it dispensed about 2,500 prescription items a month. The pharmacy team consisted of three part-time locum pharmacists, a full-time MCA and a part-time trainee MCA. The team members have completed or were undertaking accredited training relevant to their roles. One of the regular locum pharmacists managed the pharmacy. The pharmacy was reliant upon its staff, its owner and locum pharmacists to cover absences.

A locum pharmacist (the RP) and the MCA were working at the time of the inspection. The MCA also provided the pharmacy's delivery service. So, the RP was sometimes left to work on their own when deliveries were being made.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. The MCA described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant, elderly people or people with long-term health conditions.

Staff performance and development needs were discussed informally throughout the year. Members of the pharmacy team could ask the pharmacist questions, familiarise themselves with new products, attend training events and complete accredited or supplementary training to keep their knowledge up to date. They sometimes got time to train whilst at work when the pharmacy wasn't busy.

One-to-one discussions were used to update staff and to share learning from mistakes or concerns. The pharmacy's team members felt comfortable in making suggestions about the pharmacy. And they knew how to raise a concern with the owner in line with the pharmacy's whistleblowing SOP. Staff feedback led to changes in the way prescriptions were filed. Whilst the pharmacy team was encouraged to promote the pharmacy's services, the owner didn't set targets or incentives for his staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was refurbished during 2016. It was bright, clean and professionally presented. But it wasn't air-conditioned. It had the storage and workspace it needed for its current workload. The pharmacy team was responsible for keeping the premises clean and tidy.

A consultation room was available if people needed to speak to a team member in private. And it was locked when not in use to ensure its contents were kept secure. The pharmacy's sinks were clean. And the premises had a supply of hot and cold water. Antibacterial hand wash and alcoholic hand gel were also available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. And its services are accessible to most people. The pharmacy's team members are helpful. But they could do more to make sure people have all the information they need to take their medicines safely. The pharmacy gets its medicines from reputable sources and generally stores them appropriately and securely. Members of the pharmacy team check stocks of medicines regularly to make sure they are in-date and fit for purpose. The pharmacy generally disposes of people's waste medicines safely too.

Inspector's evidence

There was no automated door into the pharmacy. But its entrance was level with the outside pavement and staff opened the door. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy's services were advertised in-store. Staff were helpful and knew where to signpost people to if a service was not provided.

The pharmacy offered a delivery service to a few people who couldn't attend its premises in person. An audit trail was maintained for each delivery. The pharmacy provided one or two Medicine Use Reviews a month and very few New Medicine Service consultations were undertaken. People were required to provide their written consent when recruited for these. The pharmacy provided a winter influenza (flu) vaccination service. Its pharmacists administered 60 flu vaccinations last winter. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service.

The pharmacy's substance misuse treatment and needle exchange services were established. The pharmacist could supervise the consumption of some substance misuse clients' treatments. The pharmacy team asked needle exchange clients to return spent sharps within the containers provided and deposit these into a designated receptacle. Some of the pharmacy's team members recently attended a training course in readiness for the pharmacy to participate in a locally commissioned naloxone supply service to help reduce opiate overdose related deaths.

The pharmacy used disposable and tamper-evident multi-compartment compliance packs for its Monitored Dosage System dispensing service. A dispensing audit trail was maintained for the assembled packs seen. And a brief description of each medicine contained within the packs was provided. But sometimes patient information leaflets weren't supplied. So, people didn't always have the information they needed to take their medicines safely.

The RP was aware of the valproate pregnancy prevention programme. And he knew that girls and women of childbearing potential who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available. Recognised wholesalers, such as AAH, Alliance Healthcare, B&S and OTC Direct, were used to obtain medicines and medical devices. Pharmaceutical stock requiring refrigeration was appropriately stored between 2 and 8 degrees Celsius.

CDs, which were not exempt from safe custody requirements, were appropriately and securely stored. A record of the destruction of patient returned CDs was maintained. Staff were required to mark and keep patient-returned and out-of-date CDs separate from in-date stock. Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical

stock was subject to date checks, which were documented, and short-dated products were marked.

Staff were aware of the Falsified Medicines Directive (FMD). The RP could check the anti-tampering device on each medicine was intact during the dispensing process. But he couldn't verify and decommission stock at the time of the inspection as the pharmacy didn't have the appropriate equipment nor software to do so. The pharmacy's SOPs hadn't been reviewed to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy team explained that the pharmacy should comply with the requirements of FMD within the next six months.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as household chemicals, were appropriately signposted. Although pharmaceutical waste receptacles were available and in use, the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products. A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were received via email. A record of the actions taken by the pharmacy team following the receipt of some recent alerts was seen.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide services safely.

Inspector's evidence

The pharmacy had up to date reference sources available and it had access to the NPA's information department. The pharmacy had a range of clean glass measures including separate measures for methadone. And it had equipment for counting loose tablets and capsules too.

A refrigerator was used to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked regularly and recorded. The pharmacy provided blood pressure checks on request. And its blood pressure monitor was recently replaced.

Access to the pharmacy computer and the patient medication record system was restricted to authorised personnel and password protected. The computer screen was out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.