General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Edwards & Taylor Chemists, 491 Staines Road, Bedfont, FELTHAM, Middlesex, TW14 8BN

Pharmacy reference: 1034900

Type of pharmacy: Community

Date of inspection: 26/06/2019

Pharmacy context

An independent pharmacy located on a parade of shops on a busy main road in Feltham, London. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home. The pharmacy provides a supervised consumption service for substance misuse patients and a local delivery service.

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 not all met	1.1	Standard not met	The pharmacy team has not identified the risks to patient safety, including having untrained staff dispensing, working with old SOPs and having medicines on the shelves without appropriate labelling.
		1.2	Standard not met	The pharmacy team does not regularly record and review near misses and SOPs have not been reviewed in the last 2 years.
		1.3	Standard not met	The staff do not have clear job descriptions or lines of accountability.
		1.6	Standard not met	Patient returned controlled drug records are not accurate or kept up to date.
		1.7	Standard not met	Confidential patient information is not kept secure or protected.
2. Staff	Standards not all met	2.2	Standard not met	Staff are not trained to requirements set out by the GPhC.
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 not all met**

Summary findings

The pharmacy does not record all near misses or errors, so it may be missing opportunities to prevent similar mistakes happening in future. The pharmacy keeps most records it needs to by law. But the team does not display just one responsible pharmacist notice. This means that it may be difficult for people to identify the pharmacist. The team also does not keep accurate records of patient returned controlled drugs meaning that they are open to misuse. The pharmacy does not always check its stock balances regularly. This means that mistakes may not be easily detected and corrected. The pharmacy does not do enough to protect people's personal information, but team members understand how to protect vulnerable people.

Inspector's evidence

The locum pharmacist demonstrated that the near miss log was kept on the computer. However, in the past 90 days, only 5 near misses had been recorded. The locum explained that if there were any significant dispensing incidents, the team would discuss them and ensure everyone was aware of what they could do to prevent recurrences, but these discussions were not recorded.

The team has old SOPs in place from 2010, which had not been reviewed since their creation, but all the team members had signed them. The team also had a set of current SOPs from the NPA, but they had not been signed off by the Superintendent or the team.

The pharmacy's team members were aware of their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. However, only the medicines counter assistant had completed an accredited training course.There was a complaints procedure in place within the SOPs and the staff explained they would refer to the pharmacist or the Superintendent if they received a complaint. A certificate of public liability and indemnity insurance from the NPA was available and was valid until the end of March 2020.

The team carried out an annual CPPQ survey and the results of 2017/2018 survey were seen to be displayed on the door of the consultation room and on the nhs.uk website and were very positive. However, the results for the 2018/2019 survey were not available.

A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. However, the controlled drug running balance was not checked on a regular basis and the patient returned controlled drugs register was not kept up to date and accurate to reflect all the patient returns.

The responsible pharmacist record was recorded electronically and the responsible pharmacist notice was displayed in pharmacy where patients could see it. However, on entry to the pharmacy, there were two Responsible Pharmacist notices on display in the pharmacy.

The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed appropriately electronically. The specials records could not be located during the inspection, but the team explained how they would ensure that each Certificate of Conformity was completed.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation area could not be heard outside. However confidential waste was found in the normal waste bins on the pharmacy. The team explained they would normally dispose of confidential waste in these bins. There was no evidence seen in the pharmacy of confidential waste being collected separately for secure destruction.

The pharmacy team was aware of how to safeguard children and vulnerable adults. The delivery driver was heard explaining a situation to one of the dispensers where she had tried to deliver a prescription, but the patient did not answer. The patient's neighbour explained that the patient did not leave their property and so the driver knocked on the downstairs windows and tried the back door, but there was no response. The driver asked the dispensers to phone the patient or contact their GP to obtain a number for a next of kin to ensure the patient was okay.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy has enough staff to provide its services safely. But team members are not trained to the required standard. This could affect how well they care for people and the advice they give. Pharmacy team members are able to make decisions to help people.

Inspector's evidence

During the inspection, there was one locum pharmacist, two dispensers and one healthcare assistant. A certificate of completes training for the medicines counter assistant was displayed in the pharmacy but the two dispensers explained they had been working in the pharmacy for a while and had only received in house training from the Superintendent. From the previous inspection, it was identified the staff were not appropriately trained and the superintendent explained he would put them on accredited training. One of the dispensers explained she had received training material in January of 2019 after being in the pharmacy for a few years, but she had not yet started the training. The other two members of the dispensary team had yet to be enrolled on the training despite this being an Action Plan point from the previous inspection.

The team explained they would be updated informally on professional changes by the pharmacist and they also demonstrated Counter Intelligence training materials in place which they could read when they had time. The pharmacy team explained they were happy to discuss ways in which they could improve their work with one another. There weren’t any targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is generally suitable for services and secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy. But the pharmacy office is very cluttered, which makes it difficult to find relevant information.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicines counter, dispensary, a small office and a storage area. Upstairs in the building was a staff room, a stock room and staff bathrooms.

The pharmacy was well presented from the public view and the dispensary was generally clean and tidy with suitable fixtures and fittings. However, the office was very cluttered and dirty, and it was difficult to find paperwork there as it was so disorganised. The team explained they would clean the pharmacy between themselves, but they would leave the office as it was the Superintendent's.

The pharmacy had a dedicated consultation room in place which included seating, a desk and a clean sink. Conversations in the consultation room could not be overheard. Medicines were stored on the shelves in an alphabetical manner and the team explained that the shelves would be cleaned when the date checking was carried out. The dispensary was screened to allow for preparation of prescriptions in private. There was a clean sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. The ambient temperature was suitable for the storage of medicines. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy services are accessible to people with different needs. Generally, the pharmacy team provides safe services and provides people with information to help them use their medicines. However, some people on high risk medicines may not always be identified. This means it may be difficult for the pharmacy to show supplies are safe. The pharmacy gets medicines from reputable sources. But the pharmacy could do more to ensure stock medicines are stored in appropriately labelled containers. The pharmacy team knows what to do if medicines are not fit for purpose.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and there was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion near the waiting area. The team had currently had health promotion leaflets about traveller's diarrhoea made up which were available for people to take.

There was easy access into the store via an electric sliding door and enough space for the movement of a wheelchair or a pushchair.

The pharmacy team prepared MDS trays for domiciliary patients. All the trays were prepared at the back of the dispensary to reduce distractions and the team ensured that descriptions for the tablets were accurate and they provided PILs with each monthly supply. Examined MDS trays were seen to include medicines such as valproates, which were hygroscopic. When asked about this, the team explained they were unsure whether the suitability of the medicines to be in MDS trays had been assessed against patient compliance.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. However, they explained they had not been formally trained on this and were only aware due to the changes in the packaging. Valproate information cards were seen to be on the leaflet stand by the waiting area of the pharmacy.

The team explained that they ask patients for their yellow books and check their INR levels and last blood test results or they place a note of prescription to ask for this when handing the prescriptions out. The pharmacist explained that he would sometimes record this on the PMR but usually it would be a verbal discussion about a patient's blood test results on hand out.

The team explained they were unaware of the EU Falsified Medicines Directive (FMD) but the locum pharmacist explained he thought he had seen a scanner in place in the pharmacy and paperwork about FMD.

Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The pharmacy obtained medicinal stock from licensed suppliers including Colorama, AAH, Alliance, Sigma and Phoenix.

Medicines were mostly stored appropriately, but bottles of loose tablets were found without the expiry dates or batch numbers and several boxes with mixed batches of medicines were seen to be stored together on the shelves. Stock bottles were also seen to have been opened but the date of opening was not marked on the bottles making it difficult to identify the expiry dates.

Date checking was carried out every two months and the team explained they would highlight items close to expiry with coloured stickers. The team had doop bins in place, but large boxes of expired medicines were stored in the stock room. And some expired medicines were found to be unmarked on the self, including Betamiga (mirabegron) 25mg tablets, while others were very close to expiry and unmarked, including Apatamil Pepti 1 baby formula.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. However, there weren't enough CD destruction kits available to destroy all the expired or patient returned CDs in the pharmacy.

The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the team via the wholesalers and the team explained they would action them when they saw them, but they were unsure if any audit trail of recall notices was maintained.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure that it works.

Inspector's evidence

There were appropriate measures available for use, including clean crown-stamped 250ml, 100ml and 50ml measures.

Amber medicines bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters including a triangle for cytotoxic medicines only.

Up-to-date reference sources were available such as a BNF, a BNF for Children and a Drug Tariff as well as other pharmacy texts. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service.

The computers were all password protected and the team used a consultation room to protect privacy when patients wanted to have a confidential conversation.

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.