

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: 29/01/2020

Pharmacy context

An independent pharmacy located on a parade of shops 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 provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes and a 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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.1	Standard not met	One of the staff members working in the dispensary has not been placed onto an accredited dispensing course in the 15 months she has worked at the pharmacy.
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 operates in a satisfactory manner. Members of the pharmacy team generally deal with their mistakes responsibly. It has written instructions to help with this which are updated regularly. But the pharmacy cannot show that these have been updated recently. The pharmacy keeps its records sufficiently up to date. But it does not dispose of confidential information satisfactorily which may mean that people's private information is not safeguarded.

Inspector's evidence

Near misses were recorded electronically in the dispensary and when near misses or errors occurred, the team would have a discussion to identify why the incident had occurred and what they could do to prevent a recurrence. Standard operating procedures (SOPs) were in place for the dispensing tasks and had last been updated in October 2018. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and valid until the 31st March 2020. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the 2019 survey were positive and displayed on the nhs.uk website. Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained but there was no evidence of a regular balance check. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. 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 electronically, and the specials records were complete with the required information documented. 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 room could not be overheard. There were cordless telephones available for use and confidential waste paper was disposed in a dedicated waste bin in the dispensary. However, the pharmacist explained that he would move the confidential waste from this bin into a waste medicine bin to be collected with the waste medicines. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection Toolkit. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members explained that they were aware of things to look out for which may suggest a safeguarding issue. The contact details for the local safeguarding authorities were available to the team online.

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 pharmacist, one trained medicines counter assistant and two members of dispensing staff. One of them had just started that week and the pharmacist explained she would be placed onto an appropriate training course. However, the other member of staff had been working at the pharmacy since October 2018 and had not been placed on dispensing course or had completed the medicines counter assistant course. This member of staff was observed completing dispensing tasks including making up multi-compartment compliance aids and putting away the delivery.

The medicines counter assistant was observed using an appropriate questioning technique to obtain further information when someone presented at the pharmacy counter with symptoms of conjunctivitis. She asked the appropriate questions, referred to the pharmacist, sold an appropriate product and then counselled the person effectively. The team did not have a formal on-going training programme, but they received regular pharmacy magazines which they could read.

The team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed could improve service provision. There were no 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's premises are clean and suitable for the provision of its services. The premises are maintained and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, an office and stock room at the back. Upstairs in the building were bathrooms and a further stock room. The dispensary was large enough for the workload in the pharmacy and work benches were clean but cluttered with prescriptions awaiting an accuracy check from the pharmacist.

The pharmacy was generally presented professionally but health promotion posters stuck to the medicines counter were ripped and detracted from the overall image of the pharmacy. The consultation room was suitable for use and allowed for private and confidential conversations. The consultation room included a table, sink and two chairs.

The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of services. Medicines were stored on the shelves in a suitable manner and the shelves were cleaned when the date checking was carried out. The dispensary was screened to allow for the preparation of prescriptions in private and conversations in the consultation room could not be overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access easily. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team make sure people have the information they need to take their medicines safely. They carry out the checks they need to so they can make sure the pharmacy's medicines are fit for purpose. They dispose of waste medicines properly. And they respond well to drug alerts or product recalls. So, people get medicines or devices which are safe.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion by the medicines counter. There was step-free access into the pharmacy via an electric sliding door. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were sometimes supplied with patient information leaflets (PILs). Despite being untrained, the member of staff who prepared the compliance aids was able to explain which medicines can go into the trays and which medicines should not be de-blistered for use in the trays. The pharmacy team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the PMR to see if they had any patients in the at-risk group. When presented with prescriptions for warfarin, the pharmacist demonstrated how he would ask patients for their INR levels and last blood test results and would record this on the PMR. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD). The pharmacist explained that he had a scanner in place but had not started using it. The pharmacy obtained medicinal stock from Colorama, AAH, Alliance, Sigma and Phoenix. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with coloured stickers. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and correctly secured to the floor of the pharmacy in accordance with regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for ranitidine 150mg and 300mg tablets. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. However, the measures used are not pharmaceutically approved. This means that they may not be suitable for preparing medicines.

Inspector's evidence

There were several measures available for use, including 250ml, 100ml and 10ml measures. However, they were plastic and not stamped to show they are of the appropriate quality. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. 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 conversations going on inside the consultation room could not be overheard.

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.