

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: 30/09/2020

Pharmacy context

This is a community pharmacy located on a parade of shops in Feltham, Middlesex. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It also offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), multi-compartment compliance packs for people who find it difficult to manage their medicines and a delivery service.

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 satisfactory processes to identify and manage the risks associated with its services. It acts to manage the risks from COVID-19. And this helps people to safely use the pharmacy's services during the pandemic. The pharmacy's team members handle their mistakes responsibly. And they largely understand how to protect the welfare of vulnerable people. But the pharmacy doesn't always maintain all its records as it should. This could mean that its team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy had identified the risks associated with COVID-19. The premises had been modified to help reduce the spread of infection (see Principle 3) and the responsible pharmacist (RP) had completed the necessary risk assessments. This helped ensure the pharmacy could safely operate during this time. Occupational risk assessments for the team had also been completed. The pharmacy was cleaned regularly. Staff were observed working in separate locations in the pharmacy. This helped them to socially distance where possible. The RP was aware of the requirement to report any cases of staff contracting COVID-19 during work. Three people at a time could currently enter the premises. This helped limit the spread of COVID-19 and this situation was observed to be manageable. A poster was on display at the front door to highlight this along with one that highlighted the importance of wearing masks upon entering the premises.

Team members had personal protective equipment (PPE) and they were wearing this during the inspection. The pharmacy held documented standard operating procedures (SOPs). They provided guidance for staff so that they could carry out internal tasks within the pharmacy appropriately. The SOPs were due to be updated and were described as work in progress. Staff had read and signed them. They understood their roles. And the correct RP notice was on display.

The pharmacy team recorded near miss mistakes electronically. A discussion with staff was held after mistakes happened. Medicines that had been involved in errors were separated with other stock placed in between them. The near miss mistakes were reviewed informally although there was a formal process in place to record dispensing errors that left the pharmacy. There had been no issues or concerns raised since the last inspection.

The RP had been trained on safeguarding the welfare of vulnerable people. This was to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Other staff had some knowledge on protecting the welfare of vulnerable people and described referring to the RP in the event of a concern. Staff used their own NHS smart cards to access electronic prescriptions. They had completed in-house training on data protection. Sensitive information could not be seen from the retail space and dispensed prescriptions awaiting collection were stored in an area where sensitive details on them were not visible to members of the public. Staff separated confidential waste into a separate bin. The RP described incinerating this and sometimes moving the confidential waste from this bin into a waste medicine bin which would be collected with the medicines that were returned by people to be destroyed. The risks of this method and inadequately disposing confidential information were discussed at the time. The RP gave an assurance that this would cease going forward.

The pharmacy's professional indemnity insurance was through the National Pharmacy Association and due for renewal after 31 March 2021. The pharmacy's records had mostly been completed in line with legal and best practice requirements. This included the electronic RP record and records for controlled drugs (CDs). Balances for CDs were checked at the point of dispensing. On randomly checking several CDs held in the cabinet, their quantities matched the balances recorded in the register. Staff had been keeping records of the minimum and maximum temperature of the fridge. This helped show that temperature-sensitive medicines had been appropriately stored. However, some electronic records of supplies made against private prescriptions had incorrect details recorded.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. It keeps up to date with its workload. And its team members cover each other as contingency. They receive appropriate in-house training from the RP and have some access to training resources. This helps keep them informed about current health matters.

Inspector's evidence

The pharmacy's staffing profile included the regular pharmacist who was also the owner, two dispensing assistants, a trained medicines counter assistant and a delivery driver. Dispensing members of the team had changed since the last inspection and had only been employed in this capacity for the last few months. The GPhC's minimum training requirements were discussed at the time. The RP explained that at the start of the pandemic, the pharmacy had been very busy, and staff had been off sick. The team had managed by covering each other but the situation had been difficult. Staff were observed to be managing the current workload appropriately. Counter staff asked appropriate questions before selling medicines. They knew when to refer to the RP and the activities that could take place in the absence of the RP. There were no formal ongoing training arrangements for staff, but team members used magazines, trade publications and literature produced by pharmacy support organisations to keep their knowledge up to date. The RP also provided in-house training and kept staff informed. The team's progress was monitored informally.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver healthcare services. The pharmacy has made suitable adaptations to its premises to help people socially distance during the pandemic. And it is clean.

Inspector's evidence

The pharmacy premises were appropriate for its use. Fixtures and fittings in the dispensary were dated but still functional. The pharmacy was appropriately lit, clean and ventilated. Staff cleaned the pharmacy regularly and wiped down services after people had used the pharmacy's services. The retail space and dispensary were of a medium size. There was enough space available for dispensing purposes and storing medicines. A consultation room was available for services and private conversations. The dispensary's position and location meant that prescriptions could be dispensed in private and confidential information was protected. The premises had been adapted to help ensure social distancing. A notice on the entrance provided information about how many people could enter at any one time. A screen had been placed along the medicines counter. This acted as a barrier between the staff and the people using the pharmacy's services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe manner. People can easily enter the pharmacy. The pharmacy obtains its medicines from reputable sources. It manages and stores them appropriately. And staff know to ask appropriate questions for people taking higher-risk medicines. This helps protect people's health and wellbeing.

Inspector's evidence

People could enter the pharmacy from the street through an automatic door. This meant that people with wheelchairs or restricted mobility could easily enter the premises. A few car parking spaces were available outside and some seats present for people waiting for their prescriptions. There were also some posters and leaflets on display about the services provided in the pharmacy. This included details about coronavirus.

The pharmacy provided multi-compartment compliance packs to people in their own homes after the RP had identified a need for this and liaised with the person's GP to set this up for them. People ordered their own prescriptions and when the prescriptions arrived at the pharmacy, details on them were cross-checked against specific records that the pharmacy team kept for this purpose. This helped identify any changes or missing items. Any queries were checked with the prescriber and the records were updated accordingly.

Medicines were delivered to people and the pharmacy kept records about this service. Due to COVID-19, people's signatures were not currently being obtained once they received their medicines. Failed deliveries were brought back to the pharmacy and medicines were not left unattended. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. Staff described the RP identifying people with higher-risk medicines and asking relevant questions, where possible about blood test results.

On receiving prescriptions and after staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used this facility as part of their audit trail. The pharmacy was not yet compliant with the decommissioning process under the European Falsified Medicines Directive (FMD). Medicines were obtained from licensed wholesalers such as Colorama, AAH, Alliance Healthcare, Phoenix and Sigma. Short-dated medicines were identified. The team date-checked medicines for expiry every few months, upon receipt from wholesalers, during the dispensing process and rotated stock. There were no out-of-date medicines seen. Some mixed batches and loose blisters were present. This was discussed at the time.

CDs were stored under safe custody and medicines had been stored appropriately in the fridge. The team stored medicines received from members of the public that needed disposing of inside separate designated containers. Drug alerts and information about product recalls were received by email and the team then took appropriate action.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the appropriate equipment and the facilities it needs to provide its services safely. But, the pharmacy is currently using conical measures that have not been approved to the required standards. This means that it may not always be accurately measuring its liquid medicines.

Inspector's evidence

The pharmacy mostly held the necessary equipment and facilities it needed to provide its services. This included current reference sources, counting triangles, and a dispensary sink for reconstituting medicines. There was hot and cold running water available. The CD cabinet was legally compliant, and the fridge was functioning appropriately. The pharmacy's equipment was clean. Its computers were password protected and positioned in a way that prevented unauthorised access. Cordless phones were available to help conversations take place in private if required. However, the team had been using plastic conical measures to reconstitute medicines. This meant that they had not been manufactured to standardised requirements which could lead to inaccurate measurements and doses being administered. After discussing this, the RP stated that he would order the standardised ones.

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.