

Registered pharmacy inspection report

Pharmacy Name: The Chief Cornerstone, 4 Eastmead Avenue,
GREENFORD, Middlesex, UB6 9RA

Pharmacy reference: 1034910

Type of pharmacy: Community

Date of inspection: 07/05/2021

Pharmacy context

This is an independently run, local community pharmacy, in a residential area of Greenford. It dispenses prescriptions and sells over-the-counter medicines. And it supplies medicines in multi-compartment compliance packs. It provides a delivery service for the vulnerable and housebound. And the pharmacy also provides a flu vaccination service in winter. The inspection was conducted during the COVID-19 pandemic.

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 met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not have adequate procedures to ensure that all of its medicines, are stored in the way required by law. And it does not have adequate procedures to ensure that these medicines are accounted for.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

In general, the pharmacy has adequate procedures to identify risk. It has written procedures in place to help ensure that its team members work safely. And it has insurance to cover its services. The pharmacy team has adapted its working practices suitably to minimise risks to people's safety during the COVID-19 pandemic. And it knows how to protect the safety of vulnerable people. But its procedures for protecting people's private information are not thorough enough. And while the pharmacy generally keeps all the records it needs to keep, it does not do enough to ensure that all its records are complete and accurate.

Inspector's evidence

The pharmacy had a small retail area. And so, during the pandemic it limited the number of people in the pharmacy to one at a time. It did this to keep people socially distanced from one another. People were seen to follow this by waiting outside when they could see someone else in the pharmacy. And people inside would leave to wait outside to allow someone else in. Team members had also placed hand sanitiser at the pharmacy counter for people to use. The team had a regular cleaning routine and wore personal protective equipment (PPE) which they changed regularly.

The pharmacy provided a core range of essential services as well as a flu vaccination service in winter. Its main service was dispensing prescriptions and delivering them to people who could not collect them. In general, it recorded its mistakes and reviewed them. But this had not happened so regularly during the pandemic due to workload demands. But the responsible pharmacist (RP) had recently returned to the pharmacy to work two and a half regular days. And he agreed that he and the other regular pharmacists would ensure that mistakes were recorded and discussed with the team regularly. He recognised that it was important to learn as much as possible from mistakes to help prevent them from happening again. It was agreed that records should identify what could be done differently next time to prevent mistakes and promote continued improvement.

The pharmacy had standard operating procedures (SOPs) in place. But team members had not re-read them for several years. They agreed that by re-reading relevant SOPs they could ensure that they were complying with them. The medicines counter assistant (MCA) appeared to be following procedures for date checking counter stock. She was seen checking expiry dates on stock items while cleaning shelves and removing anything which was no longer fit for sale. She described carrying out regular checks on stocks. The MCA also attended to customers promptly. And she referred to the RP when she required his intervention. The RP put his RP notice on display showing his name and registration number as required by law.

People could give feedback on the quality of the pharmacy's services. The pharmacy team sought customer feedback from general conversations with people. The pharmacy had not conducted a formal feedback survey over the last year due to the pandemic. But in general, the pharmacy team had received many positive comments from people. It had received positive comments from people who were grateful for the team's advice and support throughout the pandemic. And people had also been positive about the pharmacy's delivery service. Particularly when they had been shielding or were unwell. But the pharmacy had also received complaints from some people when it had been short staffed and unable to offer all of its services on some days. People had also been unhappy when their

prescriptions had not been ready when they expected them to be. This was often due to stock shortages which were out with the team's control. So, team members offered the pharmacy's delivery service when they could.

The pharmacy had a complaints procedure which corresponded with NHS guidelines. And team members could provide details of the local NHS complaints advocacy service and the Patient Advice and Liaison service (PALS) if necessary. But customer concerns were generally dealt with at the time by the regular pharmacists. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers. It had professional indemnity arrangements in place until 23 February 2022. And it had public liability insurance in place until 2 July 2022. It is understood that when these dates are reached the pharmacy will renew them for the following year.

In general, the pharmacy kept its records in the way it was meant to. This included private prescriptions, emergency supplies and the RP record. But the pharmacy did not have an accurate record of all the controlled drugs (CDs) on the premises. It was clear that the RP recognised the importance of maintaining the pharmacy's essential records so that they were complete and accurate. He agreed that all team members should understand the need for an accurate audit trail and the importance of maintaining an accurate record of all CDs including those returned by people or transferred from another pharmacy. The pharmacy's team members understood the need to protect people's confidentiality. Confidential paper waste was shredded. But the pharmacy stored some of its completed prescriptions in the walkway between the counter and the consultation room. And while it was unlikely that people would actively look at other people's prescriptions when passing, the RP agreed that the risk to people's confidentiality would be improved if the prescriptions were moved out of people's view and away from all customer areas. The RP had completed appropriate safeguarding training. Other team members had been briefed. And they knew to report any concerns to the RP. The team could access details for the relevant safeguarding authorities online. But it had not had any specific safeguarding concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team generally manages its workload safely and effectively. And team members generally support one another. They are comfortable about providing feedback to one another, so that they can maintain the quality of the pharmacy's services.

Inspector's evidence

The pharmacy had a trainee MCA on duty with the RP at the time of inspection. A trainee technician arrived towards the end of the inspection. Team members had read all the relevant SOPs. But accepted that they would benefit from refreshing their understanding of the pharmacy's procedures. The pharmacy had carried out an informal risk assessment for its team members but had not had to make any special adjustments for anyone. At the height of the pandemic staff at the pharmacy had helped their colleagues at their other branch. And while they had engaged the help of additional pharmacist locums when they could, staff shortages overall had put a strain on services at both branches. The situation had since improved. When asked, team members said they felt safe at work.

The RP and MCA were seen to work effectively together. The MCA was seen using the pharmacy's PMR system to find out if the pharmacy had received someone's prescription. She did this efficiently without having to interrupt the pharmacist unnecessarily. She also asked the pharmacist for help when she needed it. The daily workload of prescriptions was in hand and customers were attended to promptly. The pharmacy had a small close-knit team. The RP was able to make his own professional decisions in the interest of patients. The MCA felt supported by her colleagues and could raise concerns with the RP if she needed to.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. And they are sufficiently clean and secure. The pharmacy has made some sensible adjustments to help keep people safe during the pandemic. But it does not fully benefit from the total space available.

Inspector's evidence

The pharmacy had a small retail area and a small dispensary. The team followed a regular cleaning routine to ensure that contact surfaces were clean. And so, the pharmacy was generally clean and tidy. But it had not been fully updated for many years and its fixtures and fittings were scuffed and dated looking. The dispensary had one small dispensing bench and several pinch points which meant that only one person at a time could work comfortably in the dispensary. In contrast, the pharmacy had a larger back shop area with a total of five further rooms. This included stock rooms, the consultation room and an office. The pharmacy had further stock rooms upstairs. But these were not in general use. Team members had been using the consultation room for dispensing multi-compartment compliance packs. But this meant that part dispensed multi-compartment compliance packs and prescriptions were on view to people when they were in the room. The pharmacist agreed that as the pharmacy had some rooms which were not fully used, the team could use a separate one for dispensing multi-compartment compliance packs. So that people's confidential prescription information could be protected.

The pharmacy had a walkway connecting the front of the pharmacy to the rooms at the back. And rooms in the back area were generally tidy and free of clutter. Team members had placed a desk just outside the dispensary for additional dispensing activities. They also used this area for storing completed prescriptions for delivery. The RP agreed that while this area provided much needed additional space, he would find a more discreet way of storing prescription details so that people's private information could not be viewed by others. While the RP had not used the consultation room much during the pandemic, he was aware of the need to clean contact surfaces in the room and wash or sanitise his hands between consultations. People using the room would also be asked to sanitise their hands.

The medicines counter was immediately in front of the dispensary. It had a small Perspex screen on the countertop to help reduce the spread of the coronavirus. While the entry from the customer area into the general pharmacy and back shop area did not have a screen, the MCA said she would draw people to the screened area when they approached. There were notices in the front window advising people that only one person should be in the pharmacy at a time. And that they should wear a face covering. The pharmacy had a small seating area for waiting customers. Room temperatures were appropriately maintained to keep staff comfortable and were suitable for the storage of medicines. The pharmacy had staff facilities to the rear.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy doesn't give people enough information about the medicines it supplies in multi-compartment compliance packs. And it doesn't always make its services accessible enough. The pharmacy does not do enough to make sure that all of the medicines on the premises are stored appropriately. But, the pharmacy generally provides its services safely. The pharmacy team gets its medicines and medical devices from appropriate sources. And team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy entrance had a small step-up from the pavement outside. This could make entry difficult for unassisted wheelchair users and those with mobility difficulties. The customer area was small but free of obstructions. So, once inside, people could move around. Access to the walkway for the consultation room was through a narrow entrance at the side of the counter. And so, it was unlikely that wheelchair users would be able to pass through this to get to the consultation room. But team members often provided advice over the phone. And they would offer the pharmacy's delivery service to people who found it difficult to visit the pharmacy. Demand for deliveries had increased significantly during the pandemic.

The pharmacy had reduced its range of services during the pandemic. And currently offered a core range of services and a flu vaccination service in the winter. When dispensing, the pharmacist was seen to complete one prescription and store it or hand it out before moving on to the next. He did this to avoid unnecessary clutter on the small dispensing bench. The pharmacy provided multi-compartment compliance packs for people who needed them. Compliance packs had a description of each medicine, including colour and shape, to help people to identify them. But the pharmacy team had not labelled the packs with the required advisory information to help people take their medicines properly. And they did not include patient information leaflets (PILs) with compliance packs, either for new medicines or for regular repeat medicines. The RP gave people advice on a range of matters. And would give appropriate advice to anyone taking high-risk medicines.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team stored its medicines, appropriately and in their original containers. And stock on the shelves was generally tidy and organised to help team members to pick the correct item. The pharmacy team date-checked the pharmacy's stocks regularly. And a random sample of stock checked by the inspector was in date. In general, short-dated stock was identified and highlighted. And the team put its out-of-date and patient returned medicines into dedicated waste containers. The team stored items in a fridge as appropriate. And it monitored its fridge temperatures to ensure that the medication inside was kept within the correct temperature range. In general, the pharmacy's stored its CDs appropriately in the CD cabinet. The pharmacy responded promptly to drug recalls and safety alerts. The team had not found any stock affected by recent recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. Team members had access to a range of up-to-date reference sources. And they had access to PPE, in the form of sanitiser, face masks and gloves, which were appropriate for use in pharmacies.

The pharmacy had two computer terminals. One in the dispensary and one in the consultation room. Computers were password protected and their screens could not be viewed by people. Team members used their own smart cards when working on PMRs, so that they could maintain an accurate audit trail and ensure that access to patient records was appropriate and secure.

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.