

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: 03/08/2023

Pharmacy context

This is a community pharmacy in a residential area of Greenford. The pharmacy provides a core range of services including dispensing prescriptions for people at home and for people living in residential and care homes. It has a selection of over-the counter medicines and other pharmacy related products for sale. It also delivers medicines to people who cannot collect their prescriptions.

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 does not adequately assess or manage the risks associated with its services.
		1.2	Standard not met	The pharmacy does not properly review or monitor risks to the safe and effective delivery of its services. And it does not reflect on how it can improve. Or put sufficient improvements in place.
		1.3	Standard not met	The pharmacy does not do have up-to-date or appropriate procedures for the services it delivers. And it does not review them appropriately to ensure the safe and effective running of the pharmacy.
		1.4	Standard not met	The pharmacy has not appropriately responded to feedback raised by the GPhC.
		1.6	Standard not met	The pharmacy continues to not keep its records as required by law.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have sufficient team members with the right skills and training to ensure that it delivers services safely and effectively.
		2.2	Standard not met	The pharmacy does not do enough to ensure it has team members with the appropriate skills and training for the tasks expected of them.
		2.4	Standard not met	The pharmacy does not respond openly and honestly to its opportunities for learning and improvement.
3. Premises	Standards not all met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.1	Standard not met	The pharmacy does not do enough to ensure that people can access all its services, appropriately and safely. And on a regular basis.
		4.2	Standard not met	The pharmacy's procedures are inadequate to ensure the safe and effective delivery of its services every

Principle	Principle finding	Exception standard reference	Notable practice	Why
				day.
		4.3	Standard not met	The pharmacy does not do enough to ensure that its medicines are all packaged and stored appropriately. And it does not ensure that it make all the necessary checks to ensure that its medicines and devices are safe or appropriate to use. So that it can protect people's health and wellbeing.
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 do enough to identify and manage the risks associated with its services. And the procedures it follows are not adequate for the safe and effective running of the pharmacy. The pharmacy does not do enough to ensure that its records accurately reflect its transactions. And it does not do enough to ensure that it keeps its records in the way the law requires. The pharmacy has insurance to cover its services. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

The inspector found that, on arrival, the pharmacy did not have a responsible pharmacist (RP) present or recorded as the RP. Staff reported that he was making prescription deliveries. The pharmacy had not fully recovered from the effects of the pandemic. Which had caused an increase in workload and staff shortages. This meant that team members had not yet caught up with many of their routine tasks. And at the time of the inspection, in the absence of a pharmacist, the small team had to deal with prescription queries from people visiting the pharmacy. Team members were aware that they should not hand out prescriptions without a pharmacist present. And during the inspection, when people came to collect their prescriptions, team members offered to deliver them later. This added further to the day's workload. The pharmacy had a system for recording its 'near miss' mistakes and errors. But team members had not recorded any for some time. And it did not regularly review them. The team could not locate the records during the inspection. A previous inspection last year identified that, at that time, the team had not recorded any in the previous 18 months. but the team described how pharmacists highlighted and discussed 'near misses' and errors at the time with them. This helped them to learn from their mistake and prevent it from happening again. But it appeared that the team did not realise the benefits of keeping and reviewing records of near misses. And so, it was missing opportunities to reflect fully on its mistakes. And learn appropriately from them. In the previous inspection, team members agreed that they should keep records. And that records should identify what team members would do differently next time to prevent mistakes and promote continued improvement. But this had not happened.

The pharmacy had a set of standard operating procedures (SOPs) to follow. But, as with the previous two inspections, the SOPs had not had a full and thorough review for several years. The superintendent pharmacist (SP) arrived part-way through the inspection. He informed the inspector that he was also the RP. The SP recognised the need for a full review of SOPs, particularly those that had remained unchanged since 2016, seven years earlier. Team members had read the existing SOPs relevant to their roles a few years previously. And they could describe their roles and responsibilities. But it was not clear if they were following proper procedure regarding dispensing activity and making recommendations about prescription medicines in the absence of the RP. The pharmacy's RP notice could not be seen clearly by the public and it showed the details of the pharmacist on duty the day before. The SP agreed that it was important to ensure that the RP notice was accurate and visible. This was also discussed at a previous inspection. But had not happened.

People could give feedback on the quality of the pharmacy's services. The team had received a few concerns in the past about pharmacist availability. But team members reported that, overall, they had not had many complaints from people. The pharmacy team could provide people with details of where they should register a complaint if they needed to. And if necessary, they could also obtain details of

the local NHS complaints procedure online. But customer concerns were generally dealt with at the time by the pharmacy manager, the RP on duty or the SP if necessary. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers.

The pharmacy did not keep its records in the way it was meant to. It had not completed its controlled drugs (CD) registers properly. The pharmacy had a CD destruction register for patient-returned medicines. But the team had not completed this properly either. The pharmacy's RP record was not in order. The inspector noted it had recorded its RP details on a total of 25 days only out of a possible 73 working days since the 09 May this year. While accounting for pharmacy closures on bank holidays and Sundays this meant that on 48 separate days, there had been no responsible pharmacist recorded as present and responsible for the safe running of the pharmacy. In addition, there had been no entry made on the morning of the inspection. It appeared that the pharmacy's private prescription records were in order and up to date, although it had not recorded any in the last month. Historically the pharmacy maintained and audited its CD running balances. But this required review. The SP recognised that the pharmacy should ensure that all its essential records are accurate and up to date. But he explained that the team had been under pressure with workload. And this had prevented it from completing all its tasks.

The pharmacy's team members understood the need to protect people's confidentiality. And they had completed general training on confidentiality. The pharmacy discarded its paper waste into separate waste containers. And it shredded the waste regularly. Team members kept people's personal information, including their prescription details, out of public view. The SP had completed appropriate safeguarding training. Other team members had been briefed although had not yet had any formal training. but they knew to report any concerns to the RP. The team could access details for the relevant safeguarding authorities online.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not adequately train all its team members for the tasks they carry out. And it does not always have enough suitably trained and skilled team members available to deliver its services safely and effectively.

Inspector's evidence

The inspector conducted the inspection during the pharmacy's usual trading hours and found that approximately one and a half hours after the pharmacy had opened for the day, there was no RP present. The SP arrived approximately one hour later after the trainee technician had contacted him about the inspection. The SP explained that he was the RP on the day, and he had been making deliveries. The rest of the team consisted of a trainee technician who was also the manager. And a healthcare assistant. The healthcare assistant (HCA) had not had any dispensing assistant training. But often helped with selecting medicines for multi-compartment compliance packs when this dispensing activity required dispensing assistant training. The need to train the HCA properly for these activities had been discussed at a previous inspection. But this had still not happened. Overall, team members were seen to work effectively with one another. The pharmacy had a small, close-knit team who worked regularly together. And it appeared to be up to date with the prescription workload. But the earlier absence of a pharmacist had meant that the team had to make additional deliveries later that day. And it had to deal with queries which it could not fully address at the time. Team members did not have formal appraisals or reviews about their work performance. But they discussed their concerns with the regular locum RPs. They also spoke to the SP regularly on the phone. RPs were generally able to make day-to-day professional decisions in the interest of people who used the pharmacy.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. And they are adequately clean and secure. But some areas of the pharmacy are cluttered. And its workspace does not fully benefit from the total space available.

Inspector's evidence

The pharmacy had a small retail space with a seat for waiting customers. It had a small medicines counter. And it kept its pharmacy medicines behind the counter. The retail area had been refreshed in recent years. But the rest of the pharmacy, including the dispensary, had not been fully updated for some time. And its fixtures and fittings were well used and dated looking. The pharmacy's small dispensary had a short run of dispensing bench which team members used for most of the pharmacy's dispensing activities. They dispensed and checked prescriptions on this bench. Because of its limited space the dispensary had several pinch points which meant that it could feel cramped when there were two or more team members working there. But in contrast to the size of the dispensary and retail space, the rest of the premises were spacious. The pharmacy had five further rooms at ground floor level and three extra rooms upstairs. It used one of the rooms on the ground floor as a consultation room. And it used the remaining ground floor rooms as stock rooms and an office. Because of the additional space it provided, the team used the consultation room for managing, dispensing, and storing multi-compartment compliance packs. The pharmacy generally stored its dispensed items and prescriptions so that it kept people's information out of view. And the team used one of the pharmacy's other rooms for private consultations when the consultation room was being used for dispensing. The team cleaned the main working areas of the pharmacy when they could, to ensure that contact surfaces were clean. But its floors had not all been vacuumed or washed recently. And they had a layer of dust and debris.

The dispensary had a desk just outside it for additional dispensing activities. This area provided much needed additional space. And team members had taken steps to ensure that people's private information was not on view when taking someone past this area towards one of the rooms at the rear for a consultation. But the pharmacy did not conduct many private consultations. And instead, it focused on essential services. The rooms upstairs were not in routine use. And while the SP had cleared out a great deal of the clutter found in previous inspections, two of its rooms still had a clutter of boxes, equipment, old display stands and fixtures. And bags and boxes of paperwork and other items. In general, stock on shelves was tidy. But while floors and work surfaces were mostly free from clutter the room used for dispensing compliance packs had baskets of medicines on the floor. At the time of the inspection room temperatures were appropriate 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 does not ensure that it keeps all its medicines for dispensing in appropriate packaging. It also does not ensure that it stores them properly. And it does not make all the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. The pharmacy tries to make its services accessible for people. But it does not do enough to ensure that people can access its main services when they need them. And it does not give up-to-date, appropriate information about the availability of its services. The pharmacy team gets its medicines and medical devices from appropriate sources.

Inspector's evidence

The pharmacy had a short ramp at its entrance, providing step-free access. And its customer area was free of clutter and unnecessary obstacles. But the absence of a pharmacist meant that people could not always access all the pharmacy's services during normal trading hours. And the pharmacy did not have a notice up to explain the absence of the pharmacist to people. The pharmacy had a delivery service for people who found it difficult to visit the pharmacy. And it could also order people's repeat prescriptions for them. The pharmacy team used baskets to hold individual prescriptions and medicines during dispensing. It did this to keep prescriptions and their corresponding medicines together. And to prevent error. It provided medicines in multi-compartment compliance packs for people living at home who needed them. And for people living in care home and nursing home environments. The pharmacy labelled its compliance packs with a description of each medicine, including colour and shape, to help people to identify them. Labelling directions gave the required advisory information to help people take their medicines properly. And the pharmacy generally supplied patient information leaflets (PILs) with new medicines. And with regular repeat medicines. Pharmacists gave people advice on a range of matters. The pharmacy had a small number of people taking sodium valproate medicines, none of whom were in the at-risk group. The SP was aware of the counselling required if it were to be prescribed for someone new. The pharmacy had an internet pharmacy website: <https://www.betterchemist.com>. The website indicated that internet services were associated with this pharmacy when they were instead associated with the owner's other branch. The SP agreed with the inspector previously that he should update the information on the website to ensure that it is not misleading. But this had not been done.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team generally stored its medicines appropriately and in their original containers. But the inspector found a dispensing bottle of loose tablets, with a handwritten label describing the contents as thiamine 100mg tablets. The label did not show any other details such as batch number, expiry date or product licence number. And so, the bottle did not give enough essential dispensing information about the medicines it contained. The inspector also found a loose, cut strip of capsules on the shelves which had the name of the capsules mostly removed, along with other essential manufacturer's information. This would make it difficult to properly identify the capsules or their quality. The inspector also found several containers of loose tablets and capsules which the team had used for dispensing compliance packs. Team members had placed the containers in baskets on the floor in the compliance pack dispensing room. And they had written the name and strength of the contents on the lids of some of the containers. The containers had no other manufacturer's information. This meant that the identity and quality of the contents could not be guaranteed. But it also meant that if team members accidentally

put the lids on the wrong pots, it could lead to error. Other tablets and capsules had been placed in white cartons with the name and strength of the medicines recorded untidily on the uppermost flap of the pack. The medicines had been put into these pots and cartons without an appropriate accuracy check. While some of these medicines may have been removed recently from compliance packs following changes to people's prescriptions, the number of tablets in many of them suggested that they may have contained mixed batches. It appeared that this practice had been taking place for some time. The inspector discussed this with the pharmacy manager. The inspector had held a similar discussion with the RP on duty during the last inspection. And they agreed that team members should review their understanding of the correct procedures to follow when dispensing a split-pack of medicines. And when putting medicines back into stock after dispensing. But this had not happened.

Stock on the shelves was generally tidy. But the pharmacy team had not fully date-checked the pharmacy's stocks for some time. And it could not find any recent records. And the inspector found two items of stock which were out of date. One had expired in October 2022, nine months earlier. And the other had expired in April 2023, three months earlier. Historically the pharmacy had date checked its stocks regularly. And it had some short-dated items on its shelves which had been identified and highlighted. But it was evident that it had fallen behind with this task. The team generally put its out-of-date and patient-returned medicines into dedicated waste containers. And it usually stored its CD and fridge items appropriately. But, while the fridge temperatures felt cool, the fridge thermometer on one fridge was not working. And team members did not appear to know how to read it. And the second fridge did not have a thermometer. So, the team could not monitor the pharmacy's fridge temperatures to ensure that it kept the medicines inside within the correct temperature range. This had been discussed at a previous inspection but had not been addressed. The pharmacy responded promptly to drug recalls and safety alerts. The team had not had any stock affected by recent recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

In general, the pharmacy has the equipment and facilities it needs to provide services safely. And it generally keeps them clean. The team uses its facilities and equipment to keep people's private information safe. But the pharmacy does not have all the necessary equipment to ensure that it stores all its medicines properly.

Inspector's evidence

In general, 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 stored dispensed prescriptions out of people's view. The pharmacy had two computer terminals which it had placed in the compliance pack room and dispensary. Its computers were password protected. But team members were using each other's smart cards to access patient medication records. And the pharmacy did not have working thermometers for monitoring the safe storage of its fridge medicines. The pharmacy sink was old and stained and in need of replacement.

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.