General Pharmaceutical Council

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: 10/04/2024

Pharmacy context

This is an independently owned community pharmacy. The pharmacy is on a small parade of local shops and businesses in Greenford. It dispenses prescriptions. And it has a selection of over-the-counter medicines and other pharmacy related products for sale. And it can provide medicines in multi-compartment compliance packs for people who need them.

Overall inspection outcome

Standards not all met

Required Action: Statutory Enforcement

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 enough to ensure that its team members follow safe and effective procedures.
		1.4	Standard not met	The pharmacy has not appropriately responded to feedback from previous inspections by the GPhC.
		1.6	Standard not met	The pharmacy does not ensure that all its records are up to date, accurate and complete.
2. Staff	Standards not all met	2.4	Standard not met	The pharmacy does not respond openly and honestly to its opportunities for learning and improvement.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy team's procedures are insufficient to ensure that the pharmacy delivers its services safely and effectively every 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 keeps its records in the way the law requires. Or to respond to feedback from the General Pharmaceutical Council (GPhC). The pharmacy has insurance to cover its services. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) on duty had worked at the pharmacy regularly since November. He worked at the pharmacy part -time, four days per week. And a second part-time pharmacist covered the remaining two days. The team had a record book for recording its mistakes. But it did not generally record them. It had recorded four near miss mistakes over a seven-week period in the last six months. The records had been made following the pharmacy's last inspection. And no further records had been made after these records had been reviewed by the superintendent (SI) in October 2023. And so, from this and previous inspections, evidence showed that the pharmacy had not routinely recorded its near misses for over three years. And it did not regularly review them. But the RP described how he highlighted and discussed 'near misses' and errors at the time with the team member involved. This helped them to learn from their mistake and prevent it from happening again. But it appeared that the team still did not realise the benefits of keeping and reviewing records of near misses. And so, it continued to miss opportunities to reflect fully on its mistakes. And learn appropriately from them. In the two previous inspections, team members including the superintendent (SI), 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 yet to be put into practice.

The pharmacy had recently reviewed its standard operating procedures (SOPs). And team members had read them. And in general, they appeared to understand and follow them. The newly trained dispensing assistant (DA) consulted the RP or the technician when she needed their advice and expertise. And she knew the questions to ask before handing people's prescription medicines to them. Or selling a pharmacy medicine. But while written SOPs had been reviewed several of the pharmacy's day-to-day procedures had not been updated although they had been identified for improvement at the last two inspections. This included putting items back into stock after dispensing multi-compartment compliance packs. And procedures for recording and monitoring near misses. The RP had placed his RP notice on display where people could see it. The notice showed his name and registration number as required by law. People gave feedback directly to team members with their views on the quality of the pharmacy's services. The pharmacy also had a complaints procedure to follow. And the team knew how to provide people with details of where they should register a complaint if they needed to. If necessary, they could also obtain details of the local NHS complaints procedure online. But people's concerns were generally dealt with at the time by the pharmacy manager, the RP on duty or the SI if necessary. The pharmacy had responded positively to several aspects of the GPhC's last inspection such as management of CDs and staff training, but other items identified as not meeting standards had yet to be improved on. 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 generally kept its records in the way it was meant to including its controlled drug (CD)

registers. It kept a record of its CD running balances. And a random sample of stock checked during the inspection, matched the total recorded in the register. The pharmacy had a CD destruction register. So that it could account for the receipt and destruction of patient-returned CD medicines. And this was complete and up to date. The pharmacy's RP record was generally not in order. Records looked at from mid-February until the date of the inspection showed 10 pharmacy open days with no RP recorded for the day. And during the same period, pharmacists had signed out at the end of their shift on only two occasions. Many of the pharmacy's private prescription records were incomplete, where entries did not give the prescriber's details. Some of these gave a prescriber address only. And others had no prescriber's details at all. The pharmacy kept appropriate records for any emergency supplies it made. And team members understood the need to include a clear reason for making the supply. The inspector discussed record keeping with team members. And the importance of ensuring that all the pharmacy's essential records were up to date and complete. The team agreed to include all the necessary details when making records in future. Similar assurances had been given during two previous inspections. But these assurances had not all been acted on.

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 RP 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 has enough suitably trained and skilled team members for the tasks it carries out. And team members support one another adequately. Team members are comfortable about providing feedback to one another. And they consult the SI when they need his support. But they do not work together closely enough to ensure that essential tasks are completed properly. And in the way the law requires.

Inspector's evidence

The pharmacy had a small team. And its team members worked regularly together. On the day of the inspection the team consisted of the RP and the DA. The DA had successfully completed her training since the previous inspection. And she dispensed multi-compartment compliance packs, alongside attending to people at the counter. The pharmacy technician, who was also the manager was on a day-off but attended the pharmacy part-way through the inspection to support the inspection process. The pharmacy's two part-time locums covered the pharmacy's opening hours between them. Team members attended promptly to people at the counter. And they supported one another, assisting each other when required. The team had the daily workload of prescriptions in hand. And it generally dealt with queries promptly. But it had fallen behind with some of its routine tasks around medicines management.

Team members did not have formal appraisals or reviews about their work performance. But they discussed their concerns with the regular locum RPs. The SI had not visited the pharmacy in recent months. But team members often spoke to him on the phone. And the RP felt he could make day-to-day professional decisions in the interest of patients. The inspector and RP discussed the importance of ensuring that RPs fulfilled their responsibilities to keep the pharmacy's essential records in the way the law requires, including its RP log and its private prescription register.

Principle 3 - Premises ✔ Standards 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. And it had adequate lighting. And it was tidy. And the premises overall had air conditioning. Team members were responsible for keeping the pharmacy clean and tidy when they had time. And they described how they cleaned the pharmacy's floors and work surfaces when they could. The pharmacy's non-customer areas, including the dispensary, had not been refreshed for many years. And its fixtures and fittings were significantly scuffed and marked. 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 felt 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 was spacious. It 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. 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.

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 two of its rooms had a clutter of boxes, equipment, old display stands and fixtures. And bags and boxes of paperwork and other items. The pharmacy owner 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 yet to be done.

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. And 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 unnecessary obstacles, to provide a suitable environment for people with mobility issues. And the pharmacy could also order people's repeat prescriptions for them if they could not do so themselves. The team used baskets to hold individual prescriptions and medicines during dispensing to help prevent errors. It also supplied medicines against private prescriptions, some of which came from private online prescribing services.

The pharmacy dispensed multi-compartment compliance packs to people in residential homes and in the community. The pharmacy labelled its compliance packs with a description of each medicine, including colour and shape, to help people to identify them. Labelling directions generally gave the required advisory information to help people take their medicines properly. And the pharmacy 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. The RP was aware of the importance of counselling people when supplying the medicine to ensure that they were aware of the risks associated with it. And where appropriate he would counsel them to ensure they were on a pregnancy prevention programme. The RP also provided warning cards and information leaflets with each supply. And he was aware of recent changes in the law about supplying valproate medicines in their original packs. The pharmacy team described the problems they had getting some medicines. This included Trulicity injections. Trulicity contains dulaglutide. And it is used in the treatment of type two diabetes. The team had called the surgery and requested an alternative prescription. And the surgery had suggested that they supply semiglutide tablets instead. Semiglutide is a similar medicine also used in the treatment of type two diabetes. This substitution had been made several times. But the team did not check with the prescriber each time this substitution was made to ensure that it was appropriate for the individual person.
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 as in the previous two inspections the inspector found several dispensing bottles and packs containing loose tablets with untidy handwritten labels giving minimal information about the contents. These included a white carton of loose tablets labelled 'Bendroflumethiazide 2.5mg tabs', another white carton of loose tablets labelled 'furosemide 40mg'. And several dispensing bottles similarly labelled. These included 'Lansoprazole 30mg cap' and 'ferrous fumarate 210mg tablets'. A bottle labelled as containing alfacalcidol had a strength written on it which was unclear. The labels generally did not show any other details such as batch number, expiry date or product licence number. And so, they did not give enough essential dispensing information about the medicines. The pharmacy also had several loose strips of capsules and tablets on its shelves which had been removed from their original packs. And therefore, were not packaged with essential manufacturer's information. This practice of removing medicines

from their original containers had been taking place for some time. The inspector discussed this with the pharmacy manager. The inspector had held similar discussions with team members during the previous two inspections. This included discussions with the SI. The SI had 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. The pharmacy team had conducted a full date check of its stocks since the previous inspection. But during a random sample check of stock the inspector found an item which had expired two months ago. The team generally put its out-of-date and patient-returned medicines into dedicated waste containers. And it usually stored its CDs properly. But the team could not demonstrate that it stored its fridge items appropriately. 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. And the temperatures recorded were not accurate. This had been discussed at two previous inspections but had not been addressed. And so, it appeared that fridge temperatures had not been properly monitored for two years or more. 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. Team members tried to keep the pharmacy sink clean. But it 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.