

Registered pharmacy inspection report

Pharmacy Name: Shilun's Ltd, 3 The Parade, Sudbury Heights Avenue, GREENFORD, Middlesex, UB6 0LZ

Pharmacy reference: 1034921

Type of pharmacy: Community

Date of inspection: 12/03/2020

Pharmacy context

This is a local community pharmacy belonging to a small independent pharmacy business. The pharmacy is located on a parade of shops in a residential area of Greenford. As well as NHS essential services, the pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS) and supplies medicines in multi-compartment compliance packs for people living in the local community. The pharmacy also has a prescription delivery service for the housebound.

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's working practices are safe and effective. Its team members understand their responsibilities in helping to protect vulnerable people. They discuss any mistakes they make and share information to help reduce the chance of making mistakes in future. The pharmacy team listens to people's concerns and tries to keep their information safe. But it is not thorough enough in ensuring that some patients' prescription information is protected.

Inspector's evidence

The pharmacy had a small team which worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. They worked in accordance with an up-to-date set of standard operating procedures (SOPs). And staff had read SOPs relevant to their roles. The pharmacy had procedures for managing risks in the dispensing process, where all incidents, including near misses, were discussed at the time and recorded. The team also had regular informal meetings to review and discuss any mistakes and ways of preventing a reoccurrence. This was small, established team who worked closely together, and it was clear that team members had regular discussions as part of the day to day running of the pharmacy. The regular RP reviewed all near misses each month using the CPQS recording system. And while the near miss record did not give much information about what had led to the mistake or what could be done differently in future. The CPQS form identified several areas which had been discussed. Staff were required to take extra care when selecting 'look-alike, sound-alike' drugs (LASAs), and were aware of the risks between products such as gabapentin and pregabalin, amitriptyline and amlodipine and ramipril tablets and capsules. Records showed that discussions were had within the team to raise awareness of the different forms of drugs such as salbutamol and salbutamol easi-breathe inhalers. The dispenser had been coached to check her own dispensing prior to setting aside for an accuracy check.

The pharmacy team listened feedback from their customers. And tried to keep specific brands of medicines for people who needed them to help with compliance. Although this could be difficult at times of medicines shortages and cost implications. Notes were added to individual patient medication records (PMRs) to ensure they were dispensed for those who needed them. A previous patient questionnaire showed a very small number of respondents felt that the standard of the consultation room could be improved. Consequently, a room at the rear of the premises had been adapted to provide a more professional environment. Staff offered the use of the consultation room to patients regularly. Customer concerns were generally dealt with at the time by the regular RP. More formal complaints would be referred to the Superintendent (SI). But staff said that complaints were rare and could not recall having had one for some time. But if they were to get a complaint it would be recorded. Staff could find details for the local NHS complaints advocacy and PALS on line if anyone requested them. The pharmacy had professional indemnity and public liability arrangements in place until the end of November 2020. So, they could provide insurance protection for staff and customers. Insurance arrangements were renewed annually.

All the necessary records were kept and were generally in order including Controlled Drug (CD) registers and records for the RP. And records for emergency supplies and unlicensed 'Specials'. Records for private prescriptions were generally in order although several had still to be entered in the relevant register. The pharmacy had a system for recording the receipt and destruction of patient returned CDs.

These records were necessary to provide an audit trail and give an account of all the non- stock Controlled Drugs (CDs) which pharmacists had under their control.

Staff had been trained to protect confidentiality. Discarded patient labels and prescription tokens were generally shredded regularly. However, a prescription token containing patient details had been discarded into the non-confidential waste bin by mistake. The pharmacist had completed level 2 CPPE training for safeguarding children and vulnerable adults. Team members had been briefed and knew to raise safeguarding concerns with the pharmacist. The pharmacy team had not had any specific safeguarding concerns to report. But had referred vulnerable patients to their GPs when staff had become concerned for their welfare. Contact details for the relevant safeguarding authorities were available online and staff had a SOP to follow.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members can make suggestions and get involved in making improvements to the safety and quality of services provided. They work well together in a supportive environment.

Inspector's evidence

The pharmacy was run by a regular RP. The RP had the support of locums to cover days off and holidays. On the day of the inspection the pharmacy was run by the regular RP and a full-time trainee dispenser. The pharmacist and trainee dispenser were observed to work well together. They assisted each other when required and discussed matters as they arose. Staff had noticed an increase in prescription volume and an increasing demand for over the counter medicines. People had expressed their concerns about obtaining their medicines as the number of cases of coronavirus (Covid-19) increased. But the daily workload of prescriptions was in hand and customers were attended to promptly. The RP described how sometimes stayed behind in the evening to complete any outstanding workload. He explained that he spent time reassuring people about medicines supplies. And tried to ensure that people ordered their prescriptions with enough time for the team to obtain them, order the drugs and dispense them.

Staff were able to discuss matters as they worked, and the pharmacist kept the team up to date with any current issues. And staff were encouraged to keep their knowledge up to date. Recent training had included safeguarding vulnerable adults and children and updates on the current situation concerning the spread of coronavirus. With staff being aware of hand washing requirements and guidance on maintaining a safe distance. However, they were finding it hard to prevent customers from crowding inside the shop on occasion. Staff were also aware of current problems around the availability of hand sanitiser and antibacterial hand soap, as a result of a significant increase in demand in recent days. The team had several requests for sales of hand sanitiser during the inspection. But they were unable to supply it as the wholesalers had run out. The Pharmacist said they would not sell a disproportionate amount of hand wash to any one person.

The dispenser described having regular informal discussions with the regular RP. And she was also able to raise concerns or make suggestions as to how services could be improved. She described how she helped with the running of the multi-compartment pack dispensing service. She did this by making sure prescriptions were ordered with enough time to have the packs dispensed for people when they needed them. She also chased the surgeries for any outstanding prescriptions. The pharmacist felt supported by the Superintendent (SI) and was able to make his own professional decisions in the interest of patients. But he would offer an MUR, an NMS consultation or flu vaccination when he felt it beneficial for someone. The team was tasked to manage the daily workload and provide a good, efficient service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises have a dated appearance. But they are clean, organised and professional looking. They provide a safe, secure environment for people to receive healthcare services. But the pharmacy does not have enough work space or storage space for the workload.

Inspector's evidence

The pharmacy had a traditional appearance. It had a spacious shop floor with a smaller dispensary and consultation room to the back. It had a full height window and a glass door to provide natural light. And its customer area was small but clear of obstructions. The pharmacy had a small seating area for waiting customers. Items stocked included a range of baby care, healthcare, beauty and personal care items. The dispensary was on a slightly raised plinth behind the counter. The dispensary was small and there was not much space to move around. Work surfaces were well used. And tote boxes had been stacked in the middle for convenience, but this caused unnecessary clutter and obstruction. The dispensary had an L-shaped run of dispensing bench which was used for general dispensing including multi-compartment compliance packs. It also had a smaller run of dispensing bench overlooking the shop floor which was usually used for dispensing 'walk-in' prescriptions. Overall, the dispensary was clean, tidy and organised. Access to the dispensary was restricted to authorised individuals only, and at the discretion of the pharmacist.

The pharmacy's premises were dated, although clean, tidy and adequately maintained. And shelves and sinks were clean. There was a consultation room within the back-shop area. But, completed prescriptions were stored on shelving on a walk way between the counter and the consultation room. While customers passing through this area would always be accompanied, patients' prescription details were on view to anyone who cared to look. Plans were in place to upgrade the premises and improve workflow.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally delivers its services in a safe and effective manner. And, people can easily access them. The pharmacy generally sources, stores and manages medicines safely. And it carries out checks to make sure its medicines are fit for purpose. Staff generally try to make sure they give people the advice and information they need to help them use their medicines safely and properly.

Inspector's evidence

The pharmacy advertised a sample of its services at the front window. And, there was a small range of information leaflets available for customer selection inside. The pharmacy had step-free access at its entrance, suitable for wheelchair users to cross. The shop floor was wide enough for wheelchair users to move around and the consultation room could also be accessed by someone using a wheelchair. The pharmacy offered a prescription ordering service for those who had difficulty managing their own prescriptions. Staff knew customers by name, and it was clear that there were many regular customers who relied on the pharmacy to organise their medication and repeat prescriptions for them. The pharmacists would often deliver people's medication to them. And had intervened when the surgery was having problems getting prescriptions ready in time.

The pharmacy had a set of SOPs in place. In general, staff appeared to be following the SOPs. They provided an audit trail of the dispensing process as per the dispensing SOP. And carried out a full CD stock audit on a regular basis as per the SOP. The quantity of stock checked matched the running balance total in the CD register. Multi-compartment compliance packs were provided for people who needed them. And the labelling directions on compliance packs gave the required BNF advisory information to help people take their medicines properly. The pharmacy generally provided patient information leaflets (PILs) with new medicines and with repeat medicines thereafter. Compliance packs bore a description of the medicines inside, including colour and shape, which would help people identify each of the medicines in the packs. This information would help people to take their medicines in the way intended and maximise the benefit from them. The pharmacy had conducted national NHS audits for sodium valproate and non-steroidal anti-inflammatory drugs (NSAIDs). The pharmacists understood the risks to people in the at-risk group taking sodium valproate. But at the time of the inspection the pharmacy did not have any at-risk patients on the drug. Packs of sodium valproate in stock bore the updated warning label. The pharmacy's audit on NSAIDs had identified all patients taking an NSAID to ensure that they had also been prescribed with a proton pump inhibitor (PPI) drug.

The pharmacy had the equipment and software for scanning products in accordance with the European Falsified Medicines Directive (FMD) and but had ceased scanning packs with a unique barcode after finding that many packs could not be scanned. Medicines and Medical equipment were obtained from AAH, Alliance Healthcare, Sigma and Colorama. Unlicensed 'specials' were obtained from Thame laboratories. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised fashion. A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read and recorded daily. General stock was regularly date checked and records kept. Short-dated stock was clearly highlighted. And stock which had reached its expiry date was removed from storage and put in the Doop bin for collection by a licensed waste contractor. The pharmacy had a list of hazardous waste to refer to, which would help ensure that they were disposing all waste medicines appropriately. Drug recalls and safety alerts were responded to in a

timely manner.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. In general, the pharmacy uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had a CD cabinet for storing CDs in accordance with safe custody regulations. And CD Denaturing kits were available for the safe disposal of CDs. The pharmacy had the measures, tablet and capsule counting equipment it needed. And most of its measures were of the appropriate BS standard. But there was one plastic measure which did not have a crown stamp or any ISO markings. The pharmacy had a separate counting triangle for cytotoxic tablets. All equipment was clean. Methadone measures were marked with a label to make sure they weren't used for any other liquids. But as the pharmacy did not currently have any methadone patients, these were not in use. Amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris. The pharmacy team had access to reputable and up-to-date information sources such as the BNF, the BNF for children and the drug tariff. Pharmacists also used the NPA advice line service. They also had access to the BNF app and had access to a range of reputable online information sources such as EMC, NHS and NICE.

There were two computer terminals available for use. One in the dispensary and one in the consultation room. All computers had a PMR facility, were password protected and were generally out of view of patients and the public. Staff were using their own smart cards when working on PMRs. Staff usually used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was appropriate and secure. Patient sensitive documentation was stored out of public view in the pharmacy. And the pharmacy had a shredder for disposing of confidential paper waste.

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.