

# Registered pharmacy inspection report

**Pharmacy Name:** Medico Pharmacy, 2 Parklands Parade, Bath Road,  
HOUSLOW, Middlesex, TW5 9AX

**Pharmacy reference:** 1034934

**Type of pharmacy:** Community

**Date of inspection:** 23/10/2019

## Pharmacy context

An independent pharmacy located on a busy parade of shops in Hounslow, West London. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), flu vaccinations, multi-compartment compliance aids for patients in their own homes, emergency hormonal contraception 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. It protects people's private information satisfactorily and keeps the records it needs to by law. Team members follow written instructions to make sure they work safely, and they understand how to safeguard and support vulnerable people. The pharmacy has adequate insurance arrangements in place to protect people if anything goes wrong.

### Inspector's evidence

A near miss log was present in the pharmacy, but only included 8 entries for 2019. The pharmacist explained that the team did not make many errors. The pharmacist explained that near misses were highlighted to the team member who made the error, and he asked them to look at it again, change it and record the incident. Errors that left the premises were recorded in an error book held in the pharmacy and included actions taken to prevent a recurrence. Every month, the dispenser completed a review of all the near misses and errors which had occurred and highlighted actions to prevent a recurrence which were shared with the rest of the team.

There was a logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartment compliance aids were prepared at the back of the dispensary to prevent distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every year with the last review having occurred in September 2018. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. However, the SOPs were a mix of the Pharmplus SOPs and ones created by the superintendent and they were not filed clearly making it difficult to access specific SOPs when required. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and valid until the end of November 2019 when it would be renewed. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. A poster about the complaints process was displayed in the pharmacy. The team carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the 2019 survey were positive and displayed on the nhs.uk website and on the external consultation room wall.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Oxycontin 80mg prolonged release capsules was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, but there wasn't a regular balance check. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed accurately electronically, and the specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was shredded. Team members had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacist had completed the Centre for Pharmacy

Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members explained that they were aware of things to look out for which may suggest a safeguarding issue. They were also Dementia Friends and had completed this learning online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

### Inspector's evidence

During the inspection, there was one pharmacist, two dispensers and one medicines counter assistant. The pharmacist explained that there was a new member of the team who was a registered pharmacist in India, but he had placed her on the medicines counter assistant course with a view to then training her to become a dispenser. Certificates of completed accredited training were displayed in the pharmacy. The staff were seen to be working well together and supporting each other during busy periods. There wasn't a formal appraisal in place for the staff, but the team explained that they could raise any development needs with the pharmacist and knew they would be supported by him to achieve these.

The dispenser was observed using an appropriate questioning technique to find out more information when someone presented at the pharmacy with symptoms of conjunctivitis. She asked the appropriate questions and made observations to ensure the patient did have bacterial conjunctivitis before counselling them effectively. The team completed training with McNeil and certificates were available to show they completed regular training on various health topics.

The team members explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. The pharmacist explained that one dispenser had recently suggested changing the system they used to retrieve prescriptions to allow them to use the storage space more effectively. The team were planning on implementing this suggestion over the coming weeks to see if it helped them. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, dispensary, consultation room, a staff and stock area and a staff bathroom. The entrance to the dispensary was at the side of the medicine counter and was protected by a pull-out tape barrier. The dispensary was large enough for the workload in the pharmacy and the work benches were clean and tidy.

The pharmacy was professional in appearance, clean and clutter free. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable A-Z generic manner and the shelves were cleaned when the date checking was carried out.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was signposted as being available for private conversations. The consultation room could be locked and included seating, storage and a computer with the PMR. Conversations in the consultation room could not be overheard.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to most people, and it manages them safely and effectively so that people receive appropriate care. It obtains its medicines from licensed suppliers, and it carries out regular checks to make sure that they can be supplied to people safely.

### Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the consultation room. The pharmacy had Healthy Living status and team members regularly updated their health promotion area based on national campaigns. The current campaign was for smoking cessation. There was step-free access into the pharmacy and seating was available should people require it when waiting for services.

The pharmacy team prepared multicompartiment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were supplied with patient information leaflets (PILs) every month. The team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the PMR to see if they had any patients in the at-risk group. There was an information pack about the risks of valproates in the dispensary which the team used when dispensing prescriptions for valproates to patients in the at-risk group. The pharmacist explained that the team asked patients taking warfarin if they were aware of their dose, their INR and they were having regular blood tests. He explained that the counter assistant usually asked for this information when she took in prescriptions for warfarin, or on hand out, and she recorded it on a paper log. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the pharmacist demonstrated how they were decommissioning medicines using the program supported by Nexphase. The pharmacy obtained medicinal stock from AAH, Alliance, Sigma, Doncaster, Colorama and Phoenix. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with a red pen.

There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and well secured to the wall of the pharmacy in accordance with the regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for ranitidine tablets. The recall notices were printed off in the pharmacy and annotated to show the action taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment satisfactorily so that it is safe to use.

### Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

### 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.