General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Shah Pharmacy, 382 Bath Road, HOUNSLOW, Middlesex, TW4 7HT

Pharmacy reference: 1034936

Type of pharmacy: Community

Date of inspection: 30/09/2019

Pharmacy context

An independent pharmacy located on a busy high street in Hounslow, London, serving a diverse community. 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), New Medicines Service (NMS), travel vaccinations, emergency hormonal contraception and multi-compartment compliance aids for patients in their own homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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

Overall, the pharmacy adequately manages most of the risks associated with its services. The pharmacy keeps the records that it needs to and the pharmacy's team members understand how to protect vulnerable people and people's personal information. But, the pharmacy does not record all of its mistakes. So it might miss opportunities to spot patterns and trends and so reduce the chances of the same things happening again.

Inspector's evidence

Near misses were recorded in a log held in the dispensary. However, not all near misses were recorded and the last records were from June 2019. The records did not all include the causes of the mistake and any following action. The pharmacist explained that any near misses would be highlighted to the team member who made it and the pharmacist would ask them to look at it again and change it. Errors that leave the premises were recorded on incident report forms electronically and reported to the National Reporting and Learning System (NRLS). Recently, the team had an incident with a multicompartment compliance aid patient who had the dose of one of their tablets changed. However, the team did not realise the patient had stopped taking those tablets twice a day and was now taking them just once a day. Due to this incident, the pharmacy started screening all prescriptions for compliance aids twice; once when the prescription came in and then just before it was finally accuracy checked.

Meetings were held regularly in the pharmacy to discuss any incidents and changes in the pharmacy and minutes of these meetings were recorded and maintained. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in a dedicated and screened area to reduce distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs.

A valid certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint and held a record of complaints in the dispensary. There was a poster displayed in the dispensary with the contact details of the GPhC and NHS Hounslow explaining that people could contact them if they were unhappy with the service in the pharmacy. The team carried out an annual community pharmacy patient questionnaire (CPPQ) survey and the results of the last survey were positive and displayed in the dispensary.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of MST 30mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacist had started checking the running balance regularly. 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 electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed electronically. Most 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 collected in confidential waste baskets and later shredded. The team had an information governance policy in place and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection (DSP) Toolkit. The pharmacists had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the pharmacy had a safeguarding SOP in place which all the team had signed. Team members explained that they were aware of things to look out for which may suggest there could be a safeguarding issue. They were happy to refer to the pharmacist if they suspected a safeguarding incident and they were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the right qualifications for the jobs they do, or they are in appropriate training. Team members work well together and are comfortable providing feedback to their manager. They get some ongoing training. But this does not happen regularly, so their knowledge may not be always fully up to date.

Inspector's evidence

During the inspection, there were two pharmacists, one NVQ Level 2 dispenser, two trainee dispensers and one trainee medicines counter assistant. Accredited training was completed with the NPA. Certificates of completed accredited training were on display in the pharmacy. The staff were seen to be working well together and were observed to be coaching each other.

The team did not have a formal on-going training programme, but they were updated regularly by the pharmacist on any changes. The pharmacist explained that he had recently updated the team on Quality Payments and diabetes checks. He explained that the team also attended any local training events held by the Local Pharmaceutical Committee (LPC). The dispenser also explained that the team regularly received pharmacy journals and magazines in the post which they would read.

The pharmacy team 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. There were no targets in place and the dispenser explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a professional environment for people to receive healthcare. The pharmacy has a private consultation room so that people can have confidential conversations.

Inspector's evidence

The pharmacy was located on the ground floor of the building and included a large retail area, consultation room, medicines counter, dispensary, further rooms used to hold stock and staff rest rooms. The pharmacy was tidy and work benches were kept clear and tidy. However, the carpet in the retail area was dated and stained and the fixtures and fittings were a bit older in appearance.

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 store was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the team explained that 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 advertised as being available for private conversations. Conversations in the consultation room could not be overheard clearly. The consultation room could be locked and included seating, storage and a computer with the PMR.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are well managed with people on high risk medicines being identified, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

Pharmacy services were displayed on posters around the pharmacy. There was a range of leaflets available to the public about health promotion in the consultation room. There was step-free access into the pharmacy and the pharmacy provided a delivery service for housebound patients and patients. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multi-compartment 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 every month. The pharmacist explained that the team were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that he would ask patients on warfarin for their yellow books to check their blood test results or if they knew their INR level and warfarin dose. If the patient was not aware of their dose or there was any confusion, the pharmacist would check the blood test results with the patient's GP.

The team also kept records of counselling on the PMR and the pharmacist demonstrated some counselling notes from a patient who was on lithium and how he had discussed interactions and toxicity. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription. The paperwork for the PGDs provided from the pharmacy was all kept appropriately and the PGDs themselves were complete and included service specifications, naming the pharmacist who could deliver them and exclusion criteria.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD) but the pharmacy had an SOP in place showing how they were planning to decommission medicines. The pharmacist explained that they were in the process of looking at software which was appropriate and trying to see if standalone software was better than a system integrated within the PMR. The pharmacy obtained medicinal stock from Alliance, Colorama, Sigma, Trident and DE. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with coloured stickers.

There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available. These were seen being used for the disposal of medicines returned by patients. The team also had a separate bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and were secured to the wall of the dispensary 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 bisacodyl 10mg suppositories. 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 so that it is safe to use.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml, 50ml 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 taking place 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.