

Registered pharmacy inspection report

Pharmacy Name: Jade Pharmacy (Heston Road), 174-176 Heston Road, Heston, HOUNSLow, Middlesex, TW5 0QU

Pharmacy reference: 1034943

Type of pharmacy: Community

Date of inspection: 18/09/2019

Pharmacy context

An independent pharmacy located on a parade of shops in Hounslow, 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), New Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes and a delivery service.

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	Standard operating procedures have not been reviewed recently or signed by the current members of staff.
		1.2	Standard not met	Near misses are not routinely recorded or reviewed.
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 not all met

Summary findings

Overall the pharmacy does not manage its risks adequately. It does not record all its near misses or errors, so it may be missing opportunities to prevent similar mistakes happening in the future. The pharmacy does not have up-to-date written procedures in place. This means that there may be a risk of team members not completing processes correctly or in a consistent manner. The pharmacy satisfactorily maintains some of the records that it needs to by law, but its team members do not regularly check the stock levels of some of its medicines. This makes it harder for them to spot, and correct, any mistakes that may have been made. The pharmacy keeps people's information safe and team members help to protect vulnerable people.

Inspector's evidence

Near misses were recorded electronically. However, only four near misses had been recorded this year. The pharmacist explained that this was due to not having a regular pharmacist and the pharmacy being run on locums. The pharmacist explained that errors would also be recorded electronically using the same system, but error reports were not found on the day of inspection. The pharmacist explained that there wasn't a formal review process in the pharmacy where the team would look at all the incidents and find areas where they could improve.

There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Standard operating procedures (SOPs) were in place for the dispensing tasks but had not been updated and were due to have been reviewed on 16th November 2017. The current members of staff had not signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the 31st October 2019. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual Community Pharmacy Patient Questionnaire (CPPQ) survey and the results of last year's survey were seen to be positive and displayed on the nhs.uk website and by the medicines counter.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained electronically, and the running balance was checked every few weeks by the pharmacist. However, the methadone liquid balance had not been checked since the end of June 2019 and there was a large overage. The responsible pharmacist record was held electronically, and the correct 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 seen to be completed appropriately electronically. The specials records were all seen to be complete with the required information documented accurately.

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 a confidential waste basket and later shredded. The pharmacist had completed the

Community Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members explained that they were aware of things to look out for which may suggest there is a safeguarding issue. They were happy to refer to the pharmacist if they suspected a safeguarding incident. The team had a safeguarding policy in the consultation room along with a safeguarding SOP. The team members were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members work in a supportive environment where they feel able to raise concerns if needed. They feel able to use their own professional judgement. Team members are appropriately trained for their roles. But, they don't have formal training plans to keep their knowledge and skills up to date. This could affect how well they care for people and the advice they give.

Inspector's evidence

During the inspection, there was one pharmacist, one pre-registration pharmacist and one medicines counter assistant. There was also a beautician who was not pharmacy trained and would not provide any pharmacy services. The pre-registration pharmacist was trained using the Propharmace pre-registration programme and explained that she attends study days every month around different clinical areas in preparation for the pre-registration exam. The medicines counter assistant explained that members of staff would complete accredited training through Buttercups and the company would also hold CPD events at head office. Team members explained how they also attend local training events in the evening and the last one they went to was about smoking cessation. They explained that they were always happy 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 pharmacist explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally suitable for the provision of its services and 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, consultation room, dispensary and stock room. Part of the pharmacy was segregated and rented out to a beautician, but this was not clearly defined for the public. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. The pharmacy was professional in appearance and clean but cluttered in some areas of the dispensary. Team members explained that they would clean 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 pharmacist explained that the shelves would be cleaned when the date checking was carried out.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard clearly. However, the door to the consultation room was currently through the dispensary and so there could be a breach of confidentiality. The pharmacist explained the other door to the consultation room would soon be fixed to allow people to enter from the retail space and therefore reduce the chances of a confidentiality breach. The consultation room included seating, a computer with the PMR system, and storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and it generally manages them appropriately to help make sure that people receive effective care. It obtains medicines from licensed suppliers and the team makes some checks to make sure they are in good condition and suitable to supply. But the pharmacy does not always ensure that all of its medicines are supplied with all of the information that people may require to take them 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 retail area. There was step-free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services. The team were observed using various languages to communicate with patients who had difficulty communicating in English. The pharmacy team prepared multicompartiment compliance aids for domiciliary patients. However, the compliance aids did not include descriptions of the medicines inside and not all compliance aids were provided with the patient information leaflets. The pharmacist explained that team members 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 not routinely ask regular patients on warfarin for their blood test results, but he would ask them if they were having regular blood test tests and if they knew their doses. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD). He explained he was unsure what the plans were within the company with regards to FMD. The pharmacy obtained medicinal stock from AAH, Alliance, Colorama, B&S, Sigma, Beta pharmaceuticals. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted the expiry dates on items which were due to expire within 6 months. 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. However, the bins for hazardous waste in the pharmacy were very full and required collection. The fridge was in good working order and the stock inside was stored in an orderly manner. The pharmacist explained that MHRA alerts came to the team via email and would also be shared on the company's WhatsApp group and would be actioned appropriately. However, the last alert notice printed and filed in the pharmacy was from April 2016.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It looks after this equipment to ensure that it works properly.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 25ml 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. 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.