General Pharmaceutical Council

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: 02/09/2020

Pharmacy context

A community pharmacy set on a row of shops in Heston. The pharmacy opens six days a week. And most people who use it live nearby. The pharmacy sells a range of over-the-counter (OTC) medicines. And it sells some health and beauty products too. The pharmacy dispenses people's prescriptions. And it offers substance misuse treatments. The pharmacy supplies medicines in multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to a few people who have difficulty in leaving their homes. The pharmacy provides Medicines Use Reviews (MURs) and the NHS New Medicine Service (NMS). And it also offers travel and winter influenza (flu) vaccinations. This inspection took place during the coronavirus (COVID-19) pandemic.

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 generally manages its risks appropriately. And it has written procedures to help make sure its team works safely. The pharmacy keeps most of the records it needs to. And it has adequate insurance to help protect people if things do go wrong. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They review the mistakes they make. So, they can try to stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy team had risk assessed the impact of COVID-19 on the pharmacy and its services. And, as a result, some of the pharmacy's diagnostic services were suspended. The pharmacy offered to undertake an occupational risk assessment for each team member to help identify and protect those at increased risk in relation to COVID-19. The inspector reminded the responsible pharmacist (RP) of the need for community pharmacy employers to report instances of exposure to COVID-19 in the workplace. The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. The pharmacy's superintendent pharmacist had reviewed the SOPs since the last inspection. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles. The pharmacy team had received some supplemental guidance from head office to help it manage its services safely during the pandemic.

The team members responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the RP who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they shared any learning from these reviews with each other. So, they could try to stop the same types of mistakes happening again. The pharmacy separated the different formulations of ramipril on the shelves after the wrong one was selected during the dispensing process.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to the RP. The pharmacy had a complaints procedure. It undertook a patient satisfaction survey most years. And the results of some surveys were available online. The pharmacy team asked people for their views. And the pharmacy displayed a notice telling people how they could provide feedback about the pharmacy. The pharmacy team tried to keep people's preferred makes of prescription-medicines in stock when asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy team generally kept the controlled drug (CD) register in order. But it sometimes didn't record the address from whom a CD was received from. The pharmacy had a

record to show which pharmacist was the RP and when. It also kept records for the supplies of unlicensed medicinal products it made. But it didn't always record the name of the person supplied and when the supply was made. The pharmacy team used an electronic register to record the emergency supplies it made and the private prescriptions it supplied. And while these records were mostly in order, the address of the prescriber was occasionally entered incorrectly.

The pharmacy had an information governance policy. And its team members were required to read and sign this. The pharmacy had arrangements to make sure confidential waste was collected and then destroyed securely onsite. And its team tried to store prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy had safeguarding procedures and contacts should its team need to tell someone about a safeguarding concern. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team can keep their skills and knowledge up to date. So, they can deliver safe and effective care. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one.

Inspector's evidence

The pharmacy team consisted of a full-time pharmacist (the RP), a full-time pre-registration pharmacist trainee, a full-time medicine counter assistant (MCA), a part-time delivery driver and a part-time pharmacy undergraduate student. The RP was a locum pharmacist. But he helped the superintendent pharmacist manage the pharmacy and its team. The RP, the MCA and the pharmacy undergraduate student were working at the time of the inspection. The pharmacy relied upon its team, team members from nearby branches and locums to cover absences.

The team members worked well together. So, people were served promptly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the team. The pharmacy had a sales of medicines protocol which its team needed to follow. One of the team members described the questions they would ask when making OTC recommendations. They referred requests for treatments for babies, people who were pregnant or breastfeeding, people who were old and people with long-term health conditions to a pharmacist. Members of the pharmacy team needed to undertake accredited training relevant to their roles. Team members could talk to the superintendent pharmacist about their development needs. They were encouraged to ask questions and familiarise themselves with new products. They completed training to make sure their knowledge was up to date. And they could train while they were at work when the pharmacy wasn't busy. The pharmacy held meetings and one-to-one discussions to update its team and share learning from mistakes or concerns.

The pharmacy didn't set any targets or have incentives for its staff. And its team didn't feel under pressure to complete the tasks it was expected to do. The pharmacy only provided MURs and NMS consultations when a suitably qualified pharmacist decided it was clinically appropriate to do so and when the workload allowed. The pharmacy had a whistleblowing SOP. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to a change in the way prescriptions were processed and assembled.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was air-conditioned, bright, secure and appropriately presented. It had the workbench and storage space it needed for its current workload. It also had an adequately sized dispensary. This meant that team members could generally socially distance themselves from each other. But there were times when this was difficult. The pharmacy had a consulting room for the services it offered and if people needed to speak to a team member in private. The pharmacy team locked the consulting room when it wasn't being used. So, its contents were kept secure. The pharmacy had a few sinks. And it had a supply of hot and cold water. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy. They cleaned the pharmacy the days it was open. And they wiped and disinfected the surfaces they and other people touched. The pharmacy had handwash and alcoholic hand sanitiser for people to use. So, its team members could wash or sanitise their hands regularly.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy tries to help people access its services. Its working practices are generally safe and effective. And its team is helpful. The pharmacy offers vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources. And it stores them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. The pharmacy team disposes of most people's waste medicines properly too.

Inspector's evidence

The pharmacy didn't have any automated doors. And its entrance wasn't level with the outside pavement. So, some people, such as wheelchair users, had difficulty getting into the pharmacy. But the pharmacy team tried to make sure these people could use the pharmacy services. The pharmacy advertised its services in-store. And it displayed health information electronically on screens above its counter and behind one of its windows. Members of the pharmacy team were helpful. They spoke different languages. They took the time to listen to people. So, they could help and advise them. And they signposted people to another provider if a service wasn't available at the pharmacy.

The pharmacy delivered prescriptions to a few people who had difficulty in getting to the pharmacy. And the demand for this service had increased recently. The pharmacy dispensed substance misuse treatments. And the RP could supervise people taking these. But the need to do so had reduced since the start of the pandemic. The pharmacy had the resources it needed for its vaccination service. And the RP was appropriately trained to vaccinate people. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated and their consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bin was kept securely when it wasn't being used. But the RP didn't always get another team member to check that the vaccine they selected was the correct one before administering it. The pharmacy had patient group directions for its vaccination service. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. Members of the pharmacy team checked whether a medicine was suitable to be repackaged. But while they kept an audit trail of the person who had checked a compliance pack, they didn't for the person who had assembled it. The pharmacy team generally supplied people with patient information leaflets for their medicines. The pharmacy didn't routinely provide a description of each medicine contained within a compliance pack. And cautionary and advisory warnings about the medicines within the compliance packs weren't routinely provided. So, sometimes people didn't have all the information they needed to make sure they took their medicines safely. The RP gave an assurance that this would be addressed. The pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person collecting the medication or if other items, such as CDs and refrigerated products, needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines when it dispensed them and at regular intervals.

And it marked products which were soon to expire. This helped the team reduce the chances of it giving people out-of-date medicines by mistake. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy kept a record of the destruction of patient-returned CDs. The pharmacy team kept patient-returned and out-of-date CDs separate from in-date stock. The pharmacy team was aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock. And they were unsure when the pharmacy would become FMD compliant. The pharmacy had procedures for handling unwanted medicines people returned to it. And it had plenty of pharmaceutical waste bins. But it didn't have an appropriate bin for the disposal of hazardous waste. And some intact patient-returned gabapentin capsules were found in a pharmaceutical waste bin. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take when they received a drug alert. But they didn't routinely record these actions.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is kept clean.

Inspector's evidence

The pharmacy had reviewed the equipment its team needed as a result of the pandemic. It had two plastic screens on its counter. And a barrier rope and some markings on the floor were there to help people keep two metres apart. The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment, including face masks, its team members needed when they couldn't socially distance from people or each other. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure the equipment they used to measure, or count, medicines was clean before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The pharmacy had a cordless telephone system. So, its team could have confidential conversations with people when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.