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: 03/05/2024

Pharmacy context

This is a community pharmacy in a residential area of Hounslow. The pharmacy provides a range of services including dispensing prescriptions. And supplying medicines in multi-compartment compliance packs for people living at home who need them. It has a selection of over-the counter medicines and other pharmacy related products for sale. It provides a core range of other services, including a medicines delivery service for people who need it and a travel vaccination 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	The pharmacy does not take appropriate action to identify and manage the risks associated with all its services.
		1.2	Standard not met	Once risks associated with its services have been identified, the pharmacy team does not properly review them. And take action to reduce them.
		1.4	Standard not met	The pharmacy does not adequately respond to previous feedback from the GPhC.
		1.6	Standard not met	The pharmacy does not adequately ensure that its essential records are accurate. And that they are all completed in the way the law requires.
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 not all met	4.3	Standard not met	The pharmacy routinely places its medicines for dispensing in inappropriate packaging. And it does not make sufficient checks to ensure they are appropriate for supply. And to protect people's health and wellbeing.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not do enough to identify and manage the risks associated with all its services. It has procedures in place to help ensure that its team members work safely. But it does not ensure that its team members understand and follow them properly. And it does not adequately respond to previous feedback from the GPhC. The pharmacy usually completes its essential records. But it does not do enough to ensure that they have enough detail. And they are all completed in the way required by law. The pharmacy has insurance to cover its services. The pharmacy team knows how to protect the safety of vulnerable people. And it protects people's confidential information suitably.

Inspector's evidence

The pharmacy had a system for recording its 'near miss' mistakes and errors. Responsible Pharmacists (RPs) generally highlighted and discussed 'near misses' and errors at the time with the team member involved. To help prevent them from making the same mistake in future. And while the pharmacy did not have a formal process for reviewing its mistakes, the team discussed them during team meetings. The team had been made aware of the risk of confusing look-alike sound-alike medicines (LASAs). And in response to several near miss mistakes with LASAs it had separated several of these products including ramipril capsules and ramipril tablets, by putting different products in between them. It had done this to reduce the risk of selecting the wrong one. But it did not routinely record its near misses. And it had not recorded any mistakes over the previous three months. And all previous records had regular gaps. The last two inspections, held seven months ago and two years ago, found similar gaps in near miss records. So, while the team discussed what had gone wrong. And it took some action in response to its mistakes, it did not record what individual team members had learned or how they would improve. And without records against which the team could review wany trends, it may be missing opportunities to learn fully from its mistakes. And improve. This had been discussed with the team in three previous inspections, but assurances given had yet to be acted on.

The pharmacy had a set of up-to-date standard operating procedures (SOPs) for its team members to follow. And they had read them. And in general, they appeared to follow them. And while team members generally worked on their own tasks, they assisted each other when necessary. The medicines counter assistant (MCA), who was also a trained dispensing assistant (DA) asked appropriate questions before handing people's prescription medicines to them. And when selling a pharmacy medicine. She did this to ensure that people got the right advice about their medicines. But it was clear that not all team members followed suitable practices. This was evident in the way that they dispensed and stored split pack quantities of medicines. Even although these procedures had been reviewed by the superintendent (SI) after the previous inspection. The RP had placed his RP notice on display where people could see it. The notice showed his name and registration number as required by law. People gave feedback directly to team members with their views on the quality of the pharmacy's services. The pharmacy also had a complaints procedure to follow. And the team knew how to provide people with details of where they should register a complaint if they needed to. If necessary, they could also obtain details of the local NHS complaints procedure online. But the team usually dealt with any concerns at the time. The team worked closely with local surgeries to ensure that people did not go without essential medicines. And it arranged for alternatives when they received a prescription for an item that they could not get. It also tried to keep people's preferred brands of medicines in stock so that they did not have to wait while the team ordered them. The pharmacy had professional indemnity and public

liability arrangements so it could provide insurance protection for the pharmacy's services and its customers.

The pharmacy mostly kept its records in the way it was meant to, including its private prescription records. And its controlled drug (CD) registers were generally in order. The pharmacy kept a record of its CD running balances. The pharmacy had a CD destruction register. So that it could account for the receipt and destruction of patient-returned CD medicines. Its RP record was generally in order although it had some gaps where pharmacists had forgotten to log out at the end of their shift. Its emergency supply records were also in order. But not all its records were accurate and up to date. And so, it was not clear if the team recognised the importance of ensuring that all the pharmacy's essential records are kept the way they should be.

The pharmacy's team members understood the need to protect people's confidentiality. And they had completed suitable training. They discarded confidential paper waste into separate waste containers as they worked. And they discarded the contents of the containers into confidential waste bags each day. The pharmacy's confidential waste was discarded into separate waste containers. And team members shredded it regularly. And they generally kept people's personal information, including their prescription details, out of public view. But the inspector found a small pile of prescriptions at the counter behind its transparent plastic screen. And while the risk of people looking at these prescriptions was low, team members agreed that prescriptions should always be kept out of public view. Most team members had completed appropriate safeguarding training. And they knew to report any concerns to the pharmacist. The team could access details for the relevant safeguarding authorities online. But it had not had any concerns to report.

Principle 2 - Staffing ✔ Standards met

Summary findings

In general, the pharmacy adequately trains its team members for the tasks they carry out. And in general, it manages its workload safely and effectively. Team members provide feedback to one another, so that they can improve the quality of the pharmacy's service. But the pharmacy does not do enough to ensure that team members work together to complete all its tasks. And to ensure they follow the procedures necessary for the safe and effective delivery of services.

Inspector's evidence

The responsible pharmacist (RP) was a locum. The locum often covered the regular RPs days off. On the day of the inspection the rest of the team consisted of the MCA DA and the trainee DA. The trainee had worked at the pharmacy for almost two years. And had recently started a formal training programme. Although he had been working as a dispensing assistant for some time. The MCA DA had worked at the pharmacy for many years and although she had been a qualified dispensing assistant for some time she generally worked on the counter and looked after the retail area.

Overall, team members, attended to their allocated tasks. But it appeared that they were not all aware of their shared responsibility to support each other in keeping the pharmacy, clean, tidy and organised. In general, the team attended to the pharmacy’s customers promptly. And it was up to date with the daily workload of prescriptions. Team members felt that they could discuss their concerns with the RP and the SI. They had regular team meetings. And they could discuss their concerns and their work performance with the RP. Team members felt that they were kept up to date and supported in their work. They could raise concerns and discuss issues with the SI. And previously they had worked with him to improve their procedures and meet GPhC standards. But it appeared that not every team member continued to adhere to the procedures laid down by the SI. They did not all work in the same way. And some team members had reverted to old practices in the way they managed medicines. In general, pharmacists could make their own professional decisions in the interest of people and were not under pressure to meet additional business or professional targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are bright and well lit. And they are generally tidy, and organised. They are also mostly clean and secure. But some areas of the pharmacy are untidy.

Inspector's evidence

The pharmacy was on the corner of an intersection of two busy roads. It was on a small parade of local shops and businesses. And it was relatively spacious. It had seating for waiting customers. And it had a medicines counter which supported a transparent plastic screen on both sides. The pharmacy kept its pharmacy medicines behind the counter. And it had a spacious dispensary. The dispensary had dispensing benches on two sides which were used for most of the pharmacy's dispensing activities. And it had storage facilities above and below the benches. And on the remaining two walls. The accuracy checking bench faced the customer area so that team members could see people waiting. The pharmacy's worksurfaces and floors were generally tidy. But it still stored medicines in boxes on the floor.

The pharmacy had a spacious back-shop area which could be accessed through a door from the customer area or a door from the dispensary. This area housed the pharmacy's COVID-19 vaccination suite. The vaccination suite had enough space for seats for people waiting and for those to sit and recover after they had been vaccinated. The vaccination suite consisted of a vaccination room and two vaccination booths. But the booths were not currently in use. The back-shop area also contained an office, storage areas, staff facilities and a consultation room. But the team often used the office for consultations, and it also used it for making up multicompartment compliance packs. When the office was being used for dispensing, the RP used the consultation room for private consultations. At the time of the inspection room temperatures were appropriate to keep staff comfortable and were suitable for the storage of medicines.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy does not ensure that it keeps all its medicines for dispensing in appropriate packaging. It also does not ensure that it stores them properly. And it does not make all the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. The pharmacy tries to make its services accessible for people. And the pharmacy team gets its medicines and medical devices from appropriate sources.

Inspector's evidence

The pharmacy had step-free access. And its customer area was generally free of clutter and unnecessary obstacles. It had a delivery service for people who found it difficult to visit the pharmacy. And it could also order people's repeat prescriptions for them if necessary. The pharmacy team used baskets to hold individual prescriptions and medicines during dispensing. It did this to keep prescriptions and their corresponding medicines together. And to prevent error. The pharmacy dispensed multi-compartment compliance packs for people living at home who needed them. It ordered their prescriptions every four weeks and checked them against people's patient medication records (PMR) for any changes which might require intervention. The pharmacy supplied patient information leaflets (PILs) with new medicines and at the beginning of the cycle. This was to provide people with additional information about their medicines. And it added the advisory warnings and information as required by the British National Formulary (BNF) which is required to help people take their medicines properly. The pharmacy labelled its compliance packs with a description of each medicine, including colour and shape, to help people to identify them. But one of the descriptions given on the pack inspected did not match the item dispensed. The team agreed with the inspector that to help people identify their medicines properly the descriptions should be accurate.

Pharmacists gave people advice on a range of matters. And the locum RP would give appropriate advice to anyone taking high-risk medicines. The pharmacy had a small number of people taking sodium valproate medicines, none of whom were in the at-risk group. The RP was aware of the precautions he would need to take, and counselling he should give, when supplying it. And he was aware of the need to supply the appropriate warning leaflets and cards each time. The pharmacy offered the NHS Pharmacy First service. This allowed people to access medicines for seven common conditions after an appropriate consultation with the pharmacist. And without having to see a GP. The pharmacy had received requests directly from people. And a smaller number from its local GP surgeries. The pharmacy had the appropriate protocols to follow. And it kept the necessary records for each supply. It was clear that the RP understood its limitations and when to refer people to an alternative health professional.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. But the inspector found several packs of medicines containing different batch numbers and expiry dates. And other packs containing several strips from different manufacturers. Also, with different expiry dates. And some with no expiry dates at all. This meant that the information given on the outer packaging did not accurately reflect what was inside. This increased the risk of mistakes. And it increased the risk of supplying an out-of-date medicine. It also meant that these medicines would be more difficult to identify if subject to a medicines recall or a safety alert. The inspector had discussed this with the team at the previous inspection. But the practice had continued. And so, it was again agreed that team members should review their procedures for putting medicines back into stock after

dispensing to ensure that procedures improved.

The pharmacy checked the expiry dates of its medicines and devices periodically. And it kept records. During the inspection, a random stock check found medicines to be in date. The pharmacy team members explained that they highlighted any short-dated stock so that it could be easily identified during the dispensing process. But the inspector found two items of short-dated stock which had not been highlighted. team members agreed that they should highlight short dated stock during regular date checks. The team put its out-of-date and patient-returned medicines into dedicated waste containers.

The team generally stored its CD items appropriately. And it had a fridge for storing its fridge items. But team members had not been reading and recording the pharmacy's fridge temperatures properly. And so, the records it kept were not complete or accurate. The inspector discussed this with the team who agreed that all dispensing team members should be re-trained on how to read the maximum and minimum temperatures on the fridge thermometer. And on how to reset it every time a reading is taken. The team understood that keeping accurate records of fridge temperatures would ensure that they could monitor fridge temperatures properly and provide assurance that the medicines within it were being stored appropriately. The pharmacy responded promptly to drug recalls and safety alerts. And it kept records of these. The team had not had any stock affected by recent recalls.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules. And for measuring liquids. It used suitably calibrated and clean conical measures during the dispensing process. And it had separate conical measures and tablet counting triangles for higher risk medicines to prevent cross contamination. Team members had access to a range of up-to-date reference sources. Including online versions of the BNF and the electronic medicines compendium (emc). The pharmacy had enough computer terminals in its dispensary. And it had a dedicated computer for managing the COVID-19 vaccination service in the vaccination room. Although this was not often used. Its computers were password protected. And out of people's view. Team members understood that they should use their own smart cards, but they often shared each other's. And one of the cards in use belonged to a dispenser who was not in work that day. The inspector discussed this with the team. And staff agreed that they should use their own smart cards to ensure that they had the appropriate level of access to patient records for their job roles. And to ensure an accurate audit trail. Team members used cordless phones to help them have private conversations with people if needed. And they generally stored dispensed prescriptions out of people's view. The team was aware of what would be classed as confidential waste. And it had a shredder which it used to dispose of it appropriately.

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.