

Registered pharmacy inspection report

Pharmacy Name: Crystal Pharmacy, 39 High Street, HOUNSLOW, Middlesex, TW3 1RH

Pharmacy reference: 1034945

Type of pharmacy: Community

Date of inspection: 25/01/2024

Pharmacy context

This is an independently owned community pharmacy in the centre of Hounslow. The pharmacy provides a core range of services including dispensing prescriptions. It has a selection of over-the-counter medicines and other pharmacy-related products for sale. And it can provide medicines in multi-compartment compliance packs for people who need them.

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 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 not all met | 4.3 | Standard not met | The pharmacy does not have sufficiently robust procedures for managing its medicines in the way it should. And it does not always store them in the appropriate packaging. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy adequately identifies and manages the risks associated with its services. Team members respond appropriately when mistakes happen. And they take suitable action to prevent mistakes in the future. The pharmacy has insurance to cover its services. And its team knows how to protect the safety of vulnerable people. And it protects people's confidential information properly. The pharmacy has written procedures in place to help ensure that its team members work safely. But it does not do enough to ensure that its procedures remain up to date. The pharmacy adequately completes all the records it needs to by law. But it is not thorough enough in ensuring that its records are up to date and accurate.

Inspector's evidence

The pharmacy had a system for recording its 'near miss' mistakes and errors. But it was not in regular use. And the pharmacy had not recorded any for five years. The responsible pharmacist (RP) described how he highlighted and discussed 'near misses' and errors at the time with the person involved, usually a trainee pharmacist, a dispenser or a pharmacy student. This helped them to learn from their mistake and prevent it from happening again. The RP was present in the pharmacy full time. And he often dispensed prescriptions on his own. But he recognised when similar mistakes were being repeated. And when this happened, he reviewed them again with the team, to raise awareness and reduce the risk of a reoccurrence. He was aware of the risk of confusing look-alike sound-alike medicines (LASAs). And in response to several near miss mistakes with LASAs he had separated several of these products to different areas of the dispensary. While it was clear that the team discussed what had gone wrong. And it acted in response to its mistakes, it did not record what had happened, what its team members had learned or what they would do differently next time. And it did not have a formal review process to identify and manage any trends. The RP, and inspector discussed this and agreed that a more structured approach to recording and reviewing mistakes would help the team to monitor its learning and improvement more effectively.

The pharmacy had a set of standard operating procedures (SOPs) to follow. But the SOPs had not had a full and thorough review for several years. The RP was also the superintendent pharmacist (SP) and owner. He recognised the need for a full review of SOPs, particularly those that had remained unchanged since 2014, almost 10 years earlier. Established team members had read the existing SOPs relevant to their roles a few years previously. Newer team members had been briefed but had not yet read or signed them. The medicines counter assistant (MCA) had worked alongside the SP RP, her husband, for many years. And she clearly understood her role and responsibilities. She consulted the SP RP when she needed his advice and expertise. And she asked appropriate questions before handing people's prescription medicines to them. Or selling a pharmacy medicine. She did this to ensure that people got the right advice. The SP RP had placed his RP notice on display. The notice showed his name, but his GPhC registration number had faded over time. And it was not visible. The notice had also been placed on a wall where it could not be seen clearly by the public. The SP RP agreed that it was important to ensure that the RP notice contained all the necessary details. And that it was accurate and visible for people.

People could give feedback on the quality of the pharmacy's services. The team had received a few

concerns in the past about medicines availability. The SP RP reported that he had occasionally received a prescription request from people after they had run out of their insulin. Often at the weekend. And at a time when there were problems with the availability of several different types. So, now he encouraged people to give him advance notice. He asked them to do this to give him enough time to obtain the insulin or arrange for an alternative with their GPs. The pharmacy had been under the same ownership for almost 35 years. And it had many longstanding regular customers. Team members reported that they rarely got any complaints from people. But they could provide people with details of where they should register a complaint if they needed to. And if necessary, they could also obtain details of the local NHS complaints procedure online. But customer concerns were generally dealt with at the time by the SP RP. 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's private prescription records, emergency supply records and RP records were complete and up to date. And although the RP record did not show the time at which the RP ceased responsibilities for the day. The records were in order as the RP had been the same registrant every day. The inspector discussed the need for RPs to sign out if a different RP was due to work the following day. The pharmacy had an electronic controlled drug (CD) register. And a record book for the receipt and destruction of patient-returned CD medicines, which it had not yet used. Historically the pharmacy maintained and audited its CD running balances. But this required review. The SP recognised that the pharmacy should ensure that all its essential records are accurate and up to date.

The pharmacy's team members understood the need to protect people's confidentiality. And they had completed general training on confidentiality. The pharmacy discarded its paper waste into separate waste containers. And it shredded the waste regularly. Team members kept people's personal information, including their prescription details, out of public view. The SP RP had completed appropriate safeguarding training. Other team members had been briefed although had not yet had any formal training. but they knew to report any concerns to the SP RP. The team could access details for the relevant safeguarding authorities online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members suitably for the tasks they carry out. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

This was a family run pharmacy, with a small close-knit team. On the day of the inspection the pharmacy had two team members on duty, the SP RP and the MCA. A new team member was also present to gain work experience. She was also a family member. And this was her first week. So, she shadowed the MCA and the SP RP. The team member was a qualified nurse from overseas. The SP RP understood that her overseas nurse qualification did not provide her with the training to undertake any dispensing activity, including putting stock away. And that this would require her to go on a recognised dispensing assistant's training programme. The pharmacy was up to date with its prescription workload. And team members helped each other when they needed to. The MCA had worked at the pharmacy for some time and was an experienced team member. She worked closely with the SP RP. And she handed people their dispensed medicines correctly, after she had confirmed their identity discreetly. But she was also seen to consult the SP RP when she needed his intervention, advice and expertise.

The SP RP and MCA worked regularly together. Other team members not present, included a part-time dispensing assistant and a pharmacy student who worked there on Saturdays. Team members did not have formal reviews about their work performance or formal team meetings. But they discussed issues as they worked. And they held occasional meetings when they needed to. They were supported by the SP RP. And they could discuss any concerns as appropriate. The MCA was able to make decisions and make suggestions about what non-dispensary stock to keep and what to display. The SP RP made day-to-day professional decisions in the interest of patients. And he felt well supported by his team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. And they are sufficiently secure. But some areas of the pharmacy are cluttered. And not all areas are sufficiently clean and tidy looking.

Inspector's evidence

The pharmacy had an elongated floor plan. And it had a relatively spacious shop floor and dispensary. It had a consultation room and a small retail area with a seat for waiting customers. The seat had become badly marked and needed to be replaced or cleaned. The consultation room was close to the counter and dispensary. The door to the room was kept open when it was not in use. But people did not generally enter either room without being accompanied by a team member. And it did not contain any confidential documents. The pharmacy had a short pharmacy counter which was open on one side. The opening provided access to the dispensary and the area behind the counter for staff and authorised visitors. The opening at the counter also connected the retail space to the dispensary where prescriptions were stored. This provided access for staff retrieving prescriptions for people. It had a medicines counter which supported a transparent screen to help reduce the risk of spreading viral infections. It kept its pharmacy medicines behind the counter.

The dispensary had work surfaces to either side of the connecting doorway with the counter. And a further work surface to the rear. This provided the SP RP with different areas for different activities such as multi-compliance-pack dispensing, general dispensing and accuracy checking. The dispensary had storage facilities above and below its work surfaces. And it also had a large storage area in the garage directly attached to it, at the back. The pharmacy also had an upper level where it provided space for an independently run chiropody and foot clinic. Its staff facilities were also on this level. The dispensary's forward-facing workstations looked out to the retail space and the back of the medicines counter, so that when they were in the dispensary, team members could see people waiting. The team tried to keep its premises tidy and organised. And team members could generally find what they were looking for. But floors, worksurfaces and storage areas were cluttered in some areas. The pharmacy had a cleaning routine. And it cleaned its most used surfaces regularly. Team members cleaned floors periodically and they tried to keep them tidy. But the premises had not been refreshed or upgraded for many years. And its flooring, fixtures and fittings looked well worn. Its walls and floors were marked and stained in places. And so, while the team tried to keep the pharmacy clean it did not have a clean, tidy appearance. 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 do enough to ensure that it keeps all its medicines for dispensing in appropriate packaging. It also does not ensure that it stores them all properly. In general, the pharmacy makes all the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. But its checks are not sufficiently robust. The pharmacy generally makes its services accessible for people. And it delivers its services safely and effectively. The pharmacy team gets its medicines and medical devices from appropriate sources. And it disposes of them appropriately when it needs to.

Inspector's evidence

The pharmacy had a low step at its entrance, so access was not completely step free. But its customer area was mostly free of clutter and unnecessary obstacles. The pharmacy 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. 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. It provided medicines in multi-compartment compliance packs for people living at home who needed them. Labelling directions on compliance packs gave the required advisory information to help people take their medicines properly. But the packs had not been labelled with a description of each medicine, including colour and shape, to help people to identify them. And while it generally supplied patient information leaflets (PILs) with new medicines. It did not supply them with regular repeat medicines. The SP RP gave people advice on a range of matters. The pharmacy had a small number of people taking sodium valproate medicines, none of whom were in the at-risk group. The SP RP was aware of the counselling he must give if it were to be prescribed for someone new.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team generally stored its medicines appropriately and in their original containers. But the inspector found several loose strips of tablets on dispensary shelves. And in the CD cabinet. Several of these strips did not show any other details such as batch number, expiry date or product licence number. And so, they were not packaged with sufficient manufacturer's information to provide assurance about their quality. The inspector discussed this with the SP RP, and he agreed that he would dispose of all loose strips in the appropriate way. And he would review his understanding of the correct procedures to follow when dispensing a split-pack of medicines. And when putting medicines back into stock after dispensing.

Stock on the shelves was generally tidy. But the pharmacy team had not fully date-checked the pharmacy's stocks for some time. And it could not find any recent records. Historically the pharmacy had date checked its stocks regularly. But it had some short-dated items on its shelves. And so, it was evident that it had fallen behind with this task. And while the SP RP generally checked the expiry dates on products he dispensed, he agreed that regular date checking of stock would further reduce the risk of supplying a date expired item in error. The team generally put its out-of-date and patient-returned medicines into dedicated waste containers. And it usually stored its CD and fridge items appropriately. But, while the SP RP checked fridge temperatures regularly, he did not check and record them daily. This meant that it may be difficult to monitor temperatures accurately. And ensure that the pharmacy always kept the medicines inside within the correct temperature range. The pharmacy responded

promptly to drug recalls and safety alerts. 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 services safely. 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. And its equipment was generally clean. The SP RP agreed that two cylinders for measuring liquids should be descaled or replaced. The SP RP had access to a range of up-to-date reference sources. Most of which he could access via the internet and the pharmacy's web-based patient medication record system. The pharmacy had a computer terminal and a laptop in the dispensary. Both had password protection. And the SP RP used his own smart card to ensure an accurate audit trail. And to ensure that he had the appropriate level of access to patient records. The pharmacy had a cordless telephone to enable team members to hold private conversations with people. And it stored its prescriptions in the dispensary out of people's view.

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. |