

# Registered pharmacy inspection report

**Pharmacy Name:** Lansbury Pharmacy, 102 Lansbury Drive, HAYES, Middlesex, UB4 8SE

**Pharmacy reference:** 1035029

**Type of pharmacy:** Community

**Date of inspection:** 20/11/2019

## Pharmacy context

This is an independent, family run pharmacy in a residential area of Hayes. As well as the NHS Essential Services, the pharmacy supplies Methadone to substance misuse clients. It also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), a delivery service and supplies medicines in multi-compartment compliance aids for people living in the local community. The pharmacist hopes to provide a travel vaccination and malaria prophylaxis service within the next few weeks.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

In general, the pharmacy's working practices are safe and effective. Its team members listen to people's concerns and try to keep people's information safe. They discuss any mistakes they make and share information to help reduce the chance of making mistakes in future. But team members do not do enough in the way that they gather information and use it to learn and improve.

### Inspector's evidence

Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. They worked in accordance with a set of standard operating procedures (SOPs). Staff said they had read the SOPs relevant to their roles, but the RP had taken the SOPs home to review them. Staff said that mistakes were relatively rare and that all incidents, including near misses, were discussed at the time as well as ways of preventing a reoccurrence. It was clear that the team discussed any incidents and were aware of the risk of error. Staff were required to take extra care when selecting 'look alike sound alike' drugs (LASAs). The RP had discussed LASAs with staff, several of which had been separated to help reduce the chance of selecting the wrong one. This included amlodipine and amitriptyline. The dispenser described a previous near miss between atenolol and amitriptyline and between fexofenadine 120mg and fexofenadine 180mg. She recalled the incidents clearly and described taking extra care when dispensing any of these products.

Errors would be noted on the patient medication record (PMR). But, near misses were not usually recorded. It was clear that staff had regular discussions about any issues. But, without accurate records of what had gone wrong it may be difficult for the pharmacists and staff to conduct a thorough review of their mistakes so that they could learn from them. Near miss incidents had not yet prompted a review of the team's compliance with a robust dispensing procedure or caused team members to identify any steps which could have prevented the error.

The pharmacy team had a positive approach to customer feedback. The RP described how they ordered the same brands of medicines for certain people to help them to take their medicines properly. Customer preferences included the Teva brand of pravastatin 40mg and the Bristol brand of furosemide. These were kept on a separate shelf to ensure they were dispensed for those who needed them and not anyone else. The pharmacy had a documented complaints procedure. Although it was not available to view. Customer concerns were generally dealt with at the time by the RP or superintendent. Staff said that complaints were rare but if they were to get a complaint it would be recorded. Details of the local NHS complaints advocacy and PALs were available on line. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 29 February 2020 when they would be renewed for the following year.

All the necessary records were kept and were generally in order including records for private prescriptions, emergency supplies, unlicensed 'Specials' and the RP. CD registers were also generally in order although there were some pages with headers missing. The pharmacy had a system for recording the receipt and destruction of patient returned CDs. These records are necessary as they provide an audit trail and give an account of all the non- stock Controlled Drugs (CDs) which pharmacists have under their control.

Staff had been briefed on the importance of confidentiality. Completed prescriptions were stored in the dispensary in a way that patient details couldn't be viewed from customer areas. And discarded patient labels and prescription tokens were shredded on a regular basis. The pharmacy's delivery records had a separate page for each patient to sign, so that their details could not be viewed by anyone else. The pharmacists had both completed level 2 CPPE training for safeguarding children and vulnerable adults. Support staff knew to raise safeguarding concerns with pharmacists. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together. They are comfortable about providing feedback to one another which will help the pharmacy maintain the quality of its services.

### Inspector's evidence

The pharmacy had two regular RPs who managed services between them. The Regular RP worked five full days per week. The second RP, who was also the superintendent (SI), generally worked mornings and evenings five days per week and every Saturday. The rest of the team included two full-time dispensers. On the day of the inspection the RP was supported by the SI and a dispenser. Team members were observed to work well together. They assisted each other when required. The daily workload of prescriptions was in hand and customers were attended to promptly.

The RP described being able to raise concerns. This was a family business and regular discussions were integral to the day to day running of the pharmacy. Staff would have informal discussions during which they could make suggestions and raise concerns. The dispenser described how she had offered opinion and helped organise the general workflow, when the pharmacy was refitted. The pharmacist felt able to make his own professional decisions in the interest of patients. He would offer an MUR or NMS when he felt it beneficial for someone. He was also targeted with managing the daily workload and to provide a good service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are bright, modern, clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services.

### Inspector's evidence

The pharmacy's premises were in the midst of a residential area. They had a bright modern appearance with a double front, full height, windows and a glass door to provide natural light. The pharmacy had a step up from outside. The shop floor was to the front with the dispensary behind. The shop floor was clear of obstructions and wide enough for wheelchair users. There was a small seating area for waiting customers. Items stocked included a range of baby care, healthcare, beauty and personal care items.

The pharmacy had a consultation room which the pharmacist used for private conversations and services such as MURs. The door to the room was closed although not locked. But the sharps waste bin for the flu service had been left on the top of the bench rather than being locked away in a cupboard. The main dispensary to the front, was relatively spacious. It had a two to three metre L-shaped run of dispensing bench with a work station at the front and a further two to three metre run of dispensing bench to the side where walk-in prescriptions were dispensed and most of the accuracy checking took place. The sink occupied a separate space between shelving units. The rear of the dispensary had an elongated layout, with a further five to six metre run of dispensing bench, and a sink. The longest run of bench space was where most of the dispensing took place. This included multi-compartment aid dispensing. Work surfaces were well used but there was a clear work flow.

The dispensary was clean, tidy and organised. To the rear of the premises, the pharmacy had a staff area, toilet and a storage area with a metal door to the outside. Staff areas were clean. In general, the pharmacy was tidy and organised and had a professional appearance. Shelves, worksurfaces, floors and sinks were clean.

## Principle 4 - Services ✓ Standards met

### Summary findings

In general, the pharmacy provides its services safely and effectively and tries to make its services available to everyone. The pharmacy gives people the information they need to help them take their medicines properly. The pharmacy generally manages its medicines safely and effectively. The pharmacy's team members check stocks of medicines regularly to make sure they are in date and fit for purpose. But, it does not carry out all of its checks as thoroughly as it could. And, it does not store all of its medicines appropriately, once they have been removed from their original packs.

### Inspector's evidence

The pharmacy's services were advertised at the front window and there was a small range of information leaflets available for customer selection. The step-up at the entrance meant that access to the pharmacy was difficult for wheelchair users. The pharmacist said that he would help anyone in who needed it. The shop floor was wide enough for wheelchair users to move around and the consultation area could be accessed by someone using a wheelchair. The pharmacy offered a prescription collection service although the need was rare. It also a prescription ordering service for those who had difficulty managing their own prescriptions.

There was a set of SOPs in place. SOPs were under review. In general, staff appeared to be following the SOPs. But, staff did not carry out a full CD stock audit every month as per the SOP. And a CD stock balance had not been carried out for three months. But, the quantity of stock checked (Zomorph 60mg capsules) matched the running balance total in the CD register.

Multi-compartment compliance aids were provided for people who needed them. But, there was no SOP for staff to follow. Product information leaflets (PILs) were offered to patients with new medicines but not provided regularly with repeat medicines. The medication in compliance aids was given a description, including colour and shape, to help people to identify the medicines. The labelling directions on compliance aids gave the required BNF advisory information to help people take their medicines properly. The pharmacist understood the risks for people on sodium valproate who were in the at-risk groups and said that he would provide counselling. Packs of sodium valproate in stock bore the updated warning label. The pharmacist had warning cards and leaflets and extra warning labels for supplies made in plain white cartons. The pharmacy had up to date PGDs and service specifications for both the private and NHS flu vaccination services. People were briefed on what to expect when receiving a vaccination and asked to complete a consent form. Records were kept of the consultation for each vaccination, including details of the product administered. The pharmacy had procedures in place for managing an anaphylactic response to the vaccination.

The pharmacy did not yet have the equipment and software for scanning products in accordance with the European Falsified Medicines Directive (FMD) and hence, were not scanning packs with a unique barcode. Medicines and Medical equipment were obtained from: Alliance Healthcare, AAH, DE Group, Colorama and Sigma. Unlicensed 'specials' were obtained from Thame Laboratories through Colorama. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised fashion. But, staff had put several loose strips of different tablets into an open pot on the shelf. The strips were not packaged with any information to show the drug names, forms strengths, batch numbers or expiry dates. And no other manufacturer's details were available such as the medicines P/L number or PIL.

There was also an open bottle of methadone 1mg/ml which had not been marked with the date on which it was opened. Although the pharmacy dispensed the contents of a full bottle every one-to-two weeks, and therefore well within the expiry date of an opened bottle, the labelling on all medicines should accurately reflect the medicines expiry date. Also, not all patient returned CDs were clearly marked as such. This meant that there was a risk that they could become confused with obsolete stock.

A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read and recorded daily. General stock was regularly date checked and records kept. But, there was a pack of flucloxacillin 250mg on the shelf which had expired almost two months previously. The RP removed it during the inspection. In general, stock which had reached its expiry date was removed from storage and put in the Doop bin for collection by a licensed waste contractor. But the staff did not have a list of hazardous waste to refer to, which would help ensure that they were disposing all medicines appropriately. Drug recalls and safety alerts were generally responded to promptly, although records could not be located. The RP described responding to the recall for ranitidine oral solution from the day before. The pharmacy had not had any of the affected stock.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities for the services it provides. Its facilities and equipment are clean and used in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures and tablet triangles were of the appropriate BS standard and clean. And amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris. CD denaturing kits were used for the safe disposal of CDs. The pharmacy team had access to reputable and up-to-date information sources such as the BNF, the BNF for children and the drug tariff. Pharmacists also used the NPA advice line service and had access to a range of reputable online information sources such as the NHS and NICE websites.

There were three computer terminals available for use in the dispensary. All computers had a PMR facility, were password protected and were out of view of patients and the public. It was noted that the pharmacists were using their own smart cards when working on PMRs. Staff used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was appropriate and secure. Patient sensitive documentation was stored out of public view in the pharmacy. And the pharmacy had a shredder for disposing of confidential waste safely.

### 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.