

Registered pharmacy inspection report

Pharmacy Name: Jasins Pharmacy, 18 St.Johns Road, ISLEWORTH,
Middlesex, TW7 6NW

Pharmacy reference: 1035041

Type of pharmacy: Community

Date of inspection: 22/09/2021

Pharmacy context

The pharmacy is a traditional community pharmacy in a main street running through Isleworth, west London. It provides a range of services including dispensing prescriptions for people at home and for the residents of residential and care homes. It has a small range of over-the-counter medicines and other pharmacy related products for sale. And it provides a range of other services including a flu vaccination service.

Overall inspection outcome

Standards not all met

Required Action: Statutory Enforcement

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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 is not thorough enough in assessing the risks presented when others use the pharmacy's ordering processes. And it has not considered the risks associated with the purchasing of high volumes of medicines which are liable to abuse
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 do enough to ensure that all the medicines it purchases are sold or supplied for the benefit of people's health. And it does not ensure that medicines which can be abused are purchased in appropriate quantities.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy is not thorough enough in assessing the risks presented when others use its ordering processes. And it has not considered the risks associated with the purchasing of high volumes of medicines which are liable to abuse. But the pharmacy does have adequate written procedures in place to help ensure that its team members work safely in providing its day to day activities. And it has insurance to cover its services. The pharmacy team has adapted its working practices suitably to minimise risks to people's safety during the COVID-19 pandemic. And it knows how to protect the safety of vulnerable people. In general, the pharmacy protects people's private information. And it generally keeps the records it needs to.

Inspector's evidence

The pharmacy's main service was dispensing prescriptions and delivering them to people. It dispensed approximately 11,000 prescriptions each month for several care homes. And it supplied a significant number of medicines in multi-compartment compliance packs. The pharmacy had two dispensing rooms upstairs. And a small dispensary downstairs. Team members worked in smaller teams in each dispensing area. And so, they could work appropriately distanced from one another for most of the time. The pharmacy had placed hand sanitiser at different locations in the pharmacy for people and the team and to use. The team had a regular cleaning routine and had access to personal protective equipment in the form of gloves and masks.

The pharmacy recorded its dispensing mistakes and reviewed them periodically. But its records did not contain much detail. The responsible pharmacist (RP) agreed that records should identify what could be done differently next time to prevent mistakes and promote continued improvement. He agreed also that mistakes should be discussed with the team regularly. And he recognised that it was important to learn as much as possible from mistakes to help prevent them from happening again. But while the pharmacy generally managed risks associated with its day-to-day services satisfactorily, it had not been able to account for the large volumes of codeine linctus and Phenergan elixir purchased by head office personnel through the pharmacy's account. And the RP did not know what it was being ordered for. This suggests that the risks associated with purchasing large volumes of products liable to abuse had not been adequately assessed or considered by the pharmacy. And it appears that the owner had not provided the team with its reasons for using the pharmacy's accounts for purchasing these items.

The pharmacy had a set of SOPs to follow and team members had read the SOPs relevant to their roles. The SOPs had recently been updated and team members were in the process of reading the updated SOPs. Support staff appeared to understand their roles and responsibilities and were seen consulting the RP when they needed his advice and expertise. The RP had placed his RP notice on display showing his name and registration number as required by law.

People could give feedback on the quality of the pharmacy's services. They could do this face to face or they could do it online. The pharmacy had a complaints procedure. In general, the team sought feedback from conversations with people as well as staff at the homes it supplied medicines to. The pharmacy team 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 advocacy service and the Patient Advice and Liaison service (PALS) online. But customer concerns were generally dealt

with at the time by the regular pharmacists. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers. It had professional indemnity and public liability insurance in place until 31 January 2022. It is understood that when this date is reached the pharmacy will renew its insurance arrangements for the following year.

In general, the pharmacy kept its records in the way it was meant to. The inspector and the RP discussed the importance of becoming familiar with the pharmacy's IT systems so that all records stored electronically could be located and reviewed effectively. The RP recognised that the pharmacy should ensure that all of its essential records are kept in the way they should be. The pharmacy's team members understood the need to protect people's confidentiality. Confidential paper waste was discarded into separate waste bins. And it was collected regularly for confidential destruction by a licensed waste contractor. People's personal information including their prescription details were kept out of public view. The RP had completed appropriate safeguarding training. Other team members had been briefed. And they knew to report any concerns to the RP. The team could access details for the relevant safeguarding authorities online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages its workload safely and effectively. And team members support one another. They are comfortable about providing feedback to one another, so that they can maintain the quality of the pharmacy's services. But the pharmacy owner does not properly support the pharmacist to fulfil his responsibilities.

Inspector's evidence

The inspector conducted the inspection during the pharmacy's usual trading hours and found the regular responsible pharmacist (RP) on duty. The RP had worked at the pharmacy for approximately two years, working Monday to Friday. A regular locum worked at the pharmacy on Saturdays. The rest of the team consisted of two NVQ2 qualified dispensing assistants and three trainee dispensing assistants. The RP and dispensing assistants were seen to work effectively with one another. The pharmacy had a close-knit team who worked regularly together. The daily workload of prescriptions was in hand and customers were attended to promptly. The RP was generally able to make his own professional decisions in the interest of patients. And he felt that he could discuss his concerns with the owner. But the pharmacy owner had not afforded the RP with adequate recognition of his role and responsibilities when ordering high volumes of medicines using the pharmacy's accounts.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. The pharmacy is tidy and organised. And its premises are sufficiently clean and secure.

Inspector's evidence

The pharmacy had a small retail area and a small dispensary. And it had a consultation room. The team followed a cleaning routine to ensure that contact surfaces were clean. And so, the pharmacy was generally clean and tidy. The dispensary had a single run of dispensing bench which was used for all dispensing and checking. And so, team members generally tackled one task at a time. They were careful to complete each prescription in a timely manner to avoid a build-up of prescriptions. The pharmacy had additional rooms upstairs. These included a staff room, staff facilities and two additional rooms which were used for dispensing multi-compartment compliance packs. One room was used for dispensing compliance packs for people at home. And the other was used for dispensing compliance packs and other medicines for people in care homes and nursing homes. Overall, the pharmacy was clean and tidy. 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 all the medicines it purchases are satisfactorily accounted for. It does not ensure that medicines which can be abused are purchased in appropriate quantities. And it does not ensure that these medicines will be supplied safely for the benefit of people's health. The pharmacy makes its services adequately accessible for people. And it gets its medicines and medical devices from appropriate sources. Team members generally make 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 generally stores its medicines properly and provides its services safely.

Inspector's evidence

The pharmacy had a sign at its entrance advertising the times of opening. It had step-free access from the pavement outside. And the customer area was clean and tidy and free of obstacles. This made access easier for wheelchair users and those with mobility difficulties. The pharmacy also had a delivery service for people who found it difficult to visit the pharmacy or had no-one to collect their 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. It provided multi-compartment compliance packs for people living at home who needed them. And for people living in care homes and nursing homes. The labelling directions on compliance packs gave the required advisory information to help people take their medicines properly. Compliance packs had also been labelled with a description of each medicine, including colour and shape, to help people to identify them. And patient information leaflets (PILs) were supplied with new medicines and generally with regular repeat medicines. The RP gave people advice on a range of matters. And would give appropriate advice to anyone taking high-risk medicines. The pharmacy had a small number of people taking sodium valproate medicines. But no-one taking it was in the at-risk group. The RP was aware of the precautions he would need to take, and counselling he would 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. But it was unable to adequately account for some of the medicines purchased. Personnel from the pharmacy's head office had purchased high volumes of codeine linctus and Phenergan elixir which were not required by the pharmacy for sale or supply against prescription. Instead, head office personnel removed them from the pharmacy after they had been delivered to it. The pharmacy's head office team had not explained its reasons for ordering the stock. Nor had it explained where the medicines were going or who they were being supplied to. The team had respected that head office was ordering the stock for legitimate purposes and had not queried it. Stock on the shelves was generally tidy and organised. And team members date-checked the pharmacy's stocks regularly. And they kept records to help them manage the process effectively. In general, short-dated stock was identified and highlighted so that any short-dated stock could be easily spotted before it was dispensed. The RP and the inspector discussed the importance of removing stock which had reached, or was close to, its expiry date. The team put its out-of-date and patient returned medicines into dedicated waste containers. And it stored items in a CD cabinet and fridge as appropriate. Team members monitored the pharmacy's fridge temperatures to ensure that the medication inside was kept within the correct temperature range. The pharmacy received alerts from the MHRA which helped them to respond promptly to drug recalls and safety

alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. 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 it had the appropriate measures for measuring liquids. Team members had access to a range of up-to-date reference sources. And they could access PPE, in the form of sanitiser, face masks and gloves, which were appropriate for use in pharmacies. The pharmacy had several computer terminals which had been placed at individual work- stations around the pharmacy. Computers were password protected. And team members had their own smart cards to ensure that they could maintain an accurate audit trail. And to ensure that access to patient records was appropriate and secure.

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.