

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: 25/08/2022

Pharmacy context

This is a traditional community pharmacy in the centre of Isleworth. It provides a range of services including dispensing prescriptions. And supplying medicines in multi-compartment compliance packs for people who need them. It supplies compliance packs to people living at home and people in care home environments. It has a small range 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 and a flu vaccination service in winter. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

Overall inspection outcome

✓ Standards met

Required Action: None

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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

In general, the pharmacy has adequate procedures to identify risk. It has written procedures in place to help ensure that its team members work safely. And it has insurance to cover its services. The pharmacy team knows how to protect the safety of vulnerable people. And it responds well to people's concerns. But the pharmacy does not do enough to ensure that it responds effectively to feedback from previous inspections.

Inspector's evidence

The pharmacy had a process for recording its mistakes and it reviewed them periodically. The RP generally highlighted and discussed 'near misses' and errors at the time with the team member involved. This enabled them to learn from their mistakes and it helped to prevent a re-occurrence. The team understood that it was also important to monitor and review its near misses and errors so that it could learn as much as possible from them. And that this was especially important for team members in training. But its records did not contain much detail. The responsible pharmacist (RP) and inspector agreed that records should identify what could be done differently next time to prevent mistakes and promote continued improvement. This had also been discussed at the previous inspection. The pharmacy had a set of standard operating procedures (SOPs) to follow. The SOPs had been updated the previous year, but team members were still in the process of reading the updated SOPs. This had also been discussed at the previous inspection. But support staff appeared to understand their roles and responsibilities and were seen consulting the RP when they needed his advice and expertise. The medicines counter assistant (MCA) was also a dispensing assistant (DA). And she knew not to sell the prescription only pack of chloramphenicol when the pharmacy had run out of the over-the-counter pack. While working as an MCA she had a list of tasks to complete each day. The RP had placed his RP notice on display showing his name and registration number as required by law.

The pharmacy had put measures in place to protect people from the transfer of viral infections. It had put screens up at its medicines counter. And it had hand sanitiser for people and the team to use. Team members had access to personal protective equipment in the form of gloves and masks. And they had a cleaning routine. They cleaned the pharmacy's work surfaces and contact points regularly. And the pharmacy also had a cleaner who cleaned the pharmacy once a week. People could give feedback on the quality of the pharmacy's services. Team members described having received a few concerns from people about medicines shortages which the team did their best to resolve. The pharmacy had a complaints procedure in place. But, in general, the team sought feedback from conversations with people. The team described how they had received a concern from someone which had led to the delivery driver wearing a mask. And it had changed the delivery time for one person's medicines to ensure that they were home when they were being delivered. 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 procedure online. But customer concerns were generally dealt with at the time by the regular pharmacist or by the superintendent (SP) if necessary.

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 2023. It is understood that when this date is reached the pharmacy will renew its insurance arrangements for the following year. The pharmacy generally

kept its records in the way it was meant to, including the private prescription records, its CD register and its records of emergency supplies. The RP record had some omissions where the RP had not signed out at the end of their shift. The pharmacy kept a record of all the CDs which had been returned to the pharmacy for destruction. But it had not kept a record of the actual destructions. And so, the pharmacy's records could not account for several CDs which had been returned to the pharmacy by people. The team recognised that the pharmacy should ensure that all of its essential records are kept the way they should be. And that its records are accurate and up to date.

The pharmacy's team members understood the need to protect people's confidentiality. They had completed general training on confidentiality. And had been briefed on the principles of the General Data Protection Regulation (GDPR). Confidential paper waste was discarded into separate waste containers. 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. But the door into the consultation room was open during the inspection. The room contained people's private information. So, while it was unlikely that people would enter the room unsupervised, the door was out of view of the counter and dispensary. And so the risk to the security of the information stored there was in need of review. The RP had completed appropriate safeguarding training to level two. And one other team member had achieved level three. Other team members had been briefed although had not yet had any formal training. But 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. Team members are comfortable about providing feedback to one another. And they are adequately trained and supported. So, that they can maintain the quality of the pharmacy's services.

Inspector's evidence

The RP had worked at the pharmacy for approximately three years, working Monday to Friday. A regular locum worked at the pharmacy on Saturdays. The rest of the team in the main dispensary downstairs consisted of a trainee pharmacist, and the DA who was working as the MCA. Upstairs in the pharmacy's multi- compartment compliance pack dispensing rooms, the team included three NVQ2 qualified DAs and two trainee DAs. Team members were seen to work effectively with one another. The pharmacy had a close-knit team and its team members worked regularly together. They did not have any formal reviews of their performance. But they received feedback from the RP when appropriate as they worked. 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.

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 for its day-to-day services. And it had a consultation room. The pharmacy's regular cleaning routine meant that it was generally clean and tidy. The dispensary had a single run of dispensing bench which was used for all its dispensing and checking. And so, team members completed prescriptions in a timely manner and to keep work surfaces tidy and uncluttered. The dispensary had storage drawers below its work benches and a run of additional storage drawers and shelves. The pharmacy's additional rooms upstairs 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. Both dispensing rooms had been fitted out with sufficient dispensing benches and storage drawers and shelves. 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 met

Summary findings

In general the pharmacy makes its services accessible enough for people. And it gets its medicines and medical devices from appropriate sources. Team members 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 step-free access from the pavement outside. And the customer area was clean and tidy and free of obstacles. This made it 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. It also delivered medicines to people in care homes and nursing homes. And it had a system in place for providing an audit trail. But it was not clear whether the door into the consultation room was wide enough for a wheelchair. And so the RP agreed to check this. The pharmacy had a sign at its entrance advertising its times of opening.

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 also provided multi-compartment compliance packs for people living at home who needed them. But one of the pharmacy's main services was to provide medicines in compliance packs for people living in care homes and nursing homes. It provided this service to 11 homes of this type. 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. Patient information leaflets (PILs) were supplied with new medicines only but not with regular repeat medicines. The need for a PIL to be supplied each time had been discussed with the RP at the previous inspection. This information was provided again during this inspection.

The RP gave people advice on a range of matters. And would give appropriate advice to anyone taking high-risk medicines. The pharmacy did not supply sodium valproate medicines to anyone in the at-risk group. The RP was aware of the precautions he would need to take, and counselling he would give, if that were to change. The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team generally stored its medicines, appropriately. Stock on the shelves was generally tidy and organised. And team members date-checked the pharmacy's stocks every four months. 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. The pharmacy had not had any stock of any products identified in recent recalls.

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 generally 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. The inspector and RP agreed that any markings which identified a container for a specific use should be clear. 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. The pharmacy had several computer terminals which had been placed at individual work-stations in the downstairs dispensary and in the upstairs dispensing rooms. 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. Team members were observed removing their smart cards when they had finished their work on a particular computer terminal.

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.