

Registered pharmacy inspection report

Pharmacy Name: A.C. Curd (Isleworth) Ltd, 55 South Street,
ISLEWORTH, Middlesex, TW7 7AA

Pharmacy reference: 1035045

Type of pharmacy: Community

Date of inspection: 26/08/2020

Pharmacy context

A community pharmacy set on a row of shops in Isleworth. The pharmacy opens six days a week. And most people who use it live nearby. The pharmacy sells a range of over-the-counter (OTC) medicines. And it dispenses people's prescriptions too. The pharmacy can supply the morning-after pill for free to some people. It offers substance misuse treatments and a needle exchange service. It supplies medicines in multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to a few people who have difficulty in leaving their homes. This inspection took place during the coronavirus (COVID-19) pandemic.

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
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

The pharmacy generally manages its risks appropriately. And it has written procedures to help make sure its team works safely. The pharmacy keeps most of the records it needs to. And it has adequate insurance to help protect people if things do go wrong. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They review the mistakes they make. So, they can try to stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The responsible pharmacist (RP) had risk assessed the impact of COVID-19 on the pharmacy and its services. And, as a result, the pharmacy suspended some of its face-to-face services. The pharmacy offered to undertake an occupational risk assessment for each team member to help identify and protect those at increased risk in relation to COVID-19. The inspector reminded the RP of the need for community pharmacy employers to report instances of exposure to COVID-19 in the workplace. The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And some of the SOPs had been reviewed since the last inspection. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles. But they hadn't signed all of them. The RP gave an assurance that any SOPs that needed to be reviewed would be. And the pharmacy team would read and sign any outstanding SOPs promptly too. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they shared learning from these reviews with each other. So, they could try to stop the same types of mistakes happening again. The pharmacy team separated different strengths of prednisolone onto separate shelves after the wrong one was selected during the dispensing process.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described in the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell OTC medicines if a pharmacist wasn't present. And they would refer repeated requests for products liable to overuse, misuse or abuse to a pharmacist. The pharmacy had a complaints procedure. And people were asked to take part in a satisfaction survey once a year. The pharmacy had a practice leaflet that told people how they could provide feedback about the pharmacy. The pharmacy team recently received a card thanking it for all it had done to help people during the pandemic. People's feedback during the pandemic led to the pharmacy team filling in the back of prescriptions. This meant that people didn't have to hold a pen or prescription that someone else had touched.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy team generally kept the controlled drug (CD) register in order. But the CD running balance wasn't checked as often as the SOPs required. So, the pharmacy team could miss opportunities to spot mistakes or discrepancies in it. The pharmacy kept adequate records for the supplies of unlicensed medicinal products it made. It also kept a record to show which pharmacist was the RP and when. The pharmacy used a paper register to record the emergency supplies it made and

the private prescriptions it supplied. And these records were mostly in order.

The pharmacy told people in its practice leaflet that it kept their information confidential. The pharmacy stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. And it had arrangements to make sure confidential waste was stored and destroyed securely. The pharmacy had a safeguarding SOP and contacts for safeguarding concerns were available too. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team can keep their skills and knowledge up to date. So, they can deliver safe and effective care. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one.

Inspector's evidence

The pharmacy team consisted of a full-time pharmacist (the RP), three part-time locum pharmacists and three part-time medicines counter assistants (MCAs). The RP was the pharmacy's superintendent pharmacist. And he managed the pharmacy and its team. The RP, a locum pharmacist and one of the MCAs were working at the time of the inspection. The pharmacy relied upon its team and locums to cover absences.

The team members worked well together. So, people were served promptly, and their prescriptions were processed safely. The pharmacists supervised and oversaw the supply of medicines and advice given by the MCA. The pharmacy had a sales of medicines protocol which its team needed to follow. The MCA described the questions she would ask when making OTC recommendations. She referred requests for treatments for babies, people who were pregnant or breastfeeding, people who were old and people with long-term health conditions to a pharmacist. While members of the pharmacy team needed to undertake accredited training relevant to their roles, one team member hadn't. But this team member was leaving the pharmacy soon. Team members could talk to the RP about their development needs. They were encouraged to ask questions and familiarise themselves with new products. They could complete online training to make sure their knowledge was up to date. And they could train while they were at work when the pharmacy wasn't busy. The pharmacy held meetings and one-to-one discussions to update its team and share learning from mistakes or concerns.

The pharmacy didn't set any targets or have incentives for its staff. And its team didn't feel under pressure to complete the tasks it was expected to do. The pharmacy had a whistleblowing SOP. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to them using face shields when working at the pharmacy's counter.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. But its team don't always have the space they need to work in when it's busy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy had a retail area, a counter, a dispensary, a small kitchenette, a consulting room, an accessible toilet and a treatment room. The pharmacy's premises were partly air-conditioned, bright, clean, secure and adequately presented. The pharmacy displayed a notice explaining that no more than two people were allowed in it at a time. People tried to socially distance themselves from one another. And they wore face coverings too. The pharmacy had some retail stock in front of the pharmacy's counter to help people keep an appropriate distance from its team members. The dispensary was small, and it had limited workspace and storage available. Its dispensing worksurfaces could become cluttered when the pharmacy was busy. So, some assembled prescriptions, excess stock and bulky products were stored on the dispensary's floor. The pharmacy's treatment room wasn't being used. So, the RP was considering whether this could be used to reduce the clutter in the dispensary.

Members of the pharmacy team used the consulting room if people needed to speak to them in private. The consulting room could be locked when not in use. So, its contents could be kept secure. The pharmacy had some sinks. And it had a supply of hot and cold water. The pharmacy's team members were responsible for keeping the pharmacy's premises clean and tidy. They wiped and disinfected the surfaces they and other people touched. The pharmacy had handwash and alcoholic hand sanitiser for people to use. And its team members could wash or sanitise their hands regularly.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy tries to help people access its services. Its working practices are generally safe and effective. And its team is helpful. The pharmacy gets its medicines from reputable sources. And it mostly stores them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. The pharmacy team disposes of most people's waste medicines properly too.

Inspector's evidence

The pharmacy didn't have an automated door. But it had a small ramp leading to its entrance. And a team member would open the door when necessary. So, people with mobility difficulties, such as wheelchair users, could enter the building. The pharmacy listed the services it could provide in its practice leaflet and online. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could help and advise them. And they signposted them to another provider if a service wasn't available at the pharmacy.

The pharmacists were responsible for making up people's prescriptions. They referred to prescriptions when labelling and picking products. And they took great care to reduce the chances of them making mistakes. The pharmacy delivered prescriptions to a few people who couldn't attend its premises in person. But it didn't keep records to show it had delivered the right medicine to the right person. The pharmacy dispensed substance misuse treatments. And its pharmacists could supervise people taking these. But the need for them to do so had reduced since the beginning of the pandemic. The pharmacy team reminded people using the needle exchange service to put their spent syringes and needles in the sharps bin provided to them. And to place this within the designated pharmaceutical waste bin when they returned it to the pharmacy. The pharmacy could supply the morning-after pill and provide general sexual health advice to people for free. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. But it didn't routinely keep an audit trail of the person who had assembled the prescription. The pharmacy team checked whether a medicine was suitable to be repackaged into a compliance pack. Its team provided a brief description of each medicine contained within the compliance packs. But patient information leaflets weren't always supplied. So, sometimes people didn't have all the information they needed to make sure they took their medicines safely. The pharmacy highlighted prescriptions when a pharmacist needed to speak to the person collecting the medication or if other items, such as CDs and refrigerated products, needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines when it dispensed them and at regular intervals. But it didn't record when it had done these checks. And it didn't routinely mark products which were soon to expire. This could increase the chances of the pharmacy giving people out-of-date medicines by mistake. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody

requirements, securely. The pharmacy kept a record of the destruction of patient-returned CDs. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. The pharmacists were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock despite the pharmacy having the equipment to do so. And they were unsure when the pharmacy would become FMD compliant. The pharmacy had procedures for handling unwanted medicines people returned to it. And it had plenty of pharmaceutical waste bins. But it didn't have an appropriate bin for the disposal of hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take when they received a drug alert. But they didn't routinely record these actions.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is kept clean.

Inspector's evidence

The pharmacy had the personal protective equipment, including face masks and face shields, its team members needed when they couldn't socially distance from people or each other. It had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure the equipment they used to measure, or count, medicines was clean before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance.

The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.