

Registered pharmacy inspection report

Pharmacy Name: Carters Chemist, 24 Bridge Street, PINNER,
Middlesex, HA5 3JF

Pharmacy reference: 1035067

Type of pharmacy: Community

Date of inspection: 25/09/2019

Pharmacy context

An independent pharmacy located on a busy high street in Pinner, London, serving the local community. It is a family-run business and has been owned by the regular pharmacist for six years. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes and care homes, flu vaccinations and deliveries.

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 manages most of its risks effectively. Pharmacy team members understand how they can protect the welfare of vulnerable people. And, they protect people's private information well. When mistakes happen, pharmacy team members deal with them responsibly and share any learnings. The pharmacy keeps its records in accordance with the law.

Inspector's evidence

Standard operating procedures (SOPs) were in place electronically for the dispensing tasks and included staff roles and responsibilities. The SOPs were updated every two years and had last been updated in June 2019. The team had signed the SOPs electronically to say they had read and understood them. The pharmacist explained that prior to the pre-registration pharmacist beginning her placement in the pharmacy, he sent her all the SOPs electronically to read. There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartment compliance aids were prepared in a dedicated room upstairs in the building to reduce distractions. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the 30th April 2020.

The pharmacist demonstrated how the team records near misses electronically using the PharmSmart program online. Near misses would be recorded with details explaining why they occurred and at the end of each month, a report would be produced electronically highlighting any trends in the near misses. The pharmacist explained that the team would discuss the monthly reports in a huddle and would share ideas of things they could implement to reduce the likelihood of mistakes from recurring. Dispensing errors would also be reported electronically on the PharmSmart program and highlighted to everyone in the pharmacy team. The pharmacist explained that following a dispensing error where a patient had been prescribed 20mg tablets, but was supplied with 5mg tablets of the same medicine, the team decided to separate the two strengths of that medicine to help prevent another picking error.

There was a complaints procedure in place within the SOPs and the team was clear on the processes they should follow if they received a complaint. The team carried out an annual Community Pharmacy Patient Questionnaire (CPPQ) and the results of the latest one were seen to be very positive and displayed on the nhs.uk website. There was a poster displayed in the pharmacy explaining that the public could make complaints or provide feedback and the contact details for PALS were also included on the poster.

Records of controlled drugs were completed electronically on PharmSmart and accurate. A sample of Tranquilyn 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked every month electronically. Patient returned controlled drugs were recorded in a paper CD record. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed electronically. The specials records were all complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential

information was stored away from the public and conversations going on inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was collected in confidential waste bins which were collected by an external company every 8 weeks for secure disposal.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. Team members were happy to refer to the pharmacist if they suspected a safeguarding incident and they had all completed the Dementia Friends training online. The dispenser gave several examples of where they had stepped in to help safeguard the patients and ensure they received the appropriate care.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. And, they are encouraged to complete ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

During the inspection, there was one pharmacist, one pre-registration pharmacist, one NVQ level 2 dispenser and two trainee healthcare assistants. Certificates of completed accredited training were displayed by the medicines counter. The team had recently recruited two new members of staff; one who was a trained medicines counter assistant and one who was due to start their counter assistant training after their probation period ended. The staff were seen to be working well together and supporting one another.

The pre-registration pharmacist was completing the ProPharmace training programme and would attend regular study days tailored around clinical areas in preparation for the pre-registration exam. The team members have access to the Numark online training and certificates showing they do this are held in a staff training file in the dispensary. The pharmacist explained that he has a separate log-in to identify who had completed which piece of training and when. The pharmacist explained that he leaves the team to complete on-going training when they find time during the working day or at home and allows them to manage it. The pharmacist also explained that they regularly have reps who come and train the team about different products and would be having one in soon to train the team about various different eye drops.

The pharmacy team explained that they were always able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. The pharmacy is secure when closed and pharmacy team members use a private room for sensitive conversations with people.

Inspector's evidence

The pharmacy was in a three-storey building with the retail area, medicine counter, consultation room, dispensary, and storage room for bulky prescription being located on the ground floor. The first floor of the building included a staffroom, staff bathroom, stock rooms and a room for the preparation of multicompartiment compliance aids. The top floor was used for the storage of paperwork and marketing materials.

The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The pharmacy was professional in appearance and clean. The team explained that they would clean the pharmacy between themselves every day to maintain a professional environment. Medicines were stored in the drawers in a suitable manner.

The dispensary was suitably screened to allow for preparation of prescriptions in private and the consultation room was highlighted as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, a sink for the provision of services and storage. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only get medicines or devices which are safe.

Inspector's evidence

Pharmacy services were displayed on a TV screen in the dispensary which also displayed health information for people to read. There was also range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room. The pharmacy had Healthy Living status and the dispenser would regularly change the health promotion materials depending on the national campaigns. As part of their Healthy Living status, the dispenser had created an eye-catching health promotion board in the consultation room and the current information was about flu jabs and fighting flu in winter.

There was step-free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The trays were seen to include accurate descriptions of the medicines inside and patient information leaflets were supplied every month, unless the patient had specifically asked not to have them every month or if they had a change in medicines. The team explained that they were all aware of the requirements for people in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had identified patients who were in the at-risk group, counselled them and placed warning notes on their records for future reference. The team explained that they would double check with patients on warfarin to see if they knew their dose of warfarin and they were having regular blood tests completed. They explained that they did not routinely retain INR information for each affected patient unless it was during an MUR. The team prepared methadone for patients in a systematic manner whereby they had a file with 31 plastic wallets in marked from 1 to 31. When a patient collected their methadone, their prescription would be placed in the plastic wallet corresponding to the next date they would collect it. The team explained that this ensured locums could identify who was due to be having their doses each day. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the pharmacist explained that they had registered with SecurMed and were using the FMD program on ProScript to decommission medicines. The pharmacy obtained medicinal stock from Alliance, NWOs, Sigma and Phoenix. Invoices were seen to verify this. Date checking was carried out very three months and the team highlighted items due to expire with coloured stickers. There were denaturing kits available for the destruction of controlled drugs and designated bins for the storage of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also

had a separate bin for the disposal of hazardous waste.

The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and secured well. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for aripiprazole solution. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available, with one marked only for use with cytotoxic medicines, as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service.

The computers were all password protected with screens facing away from public view and conversations going on inside the consultation room could not be overheard.

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.