

Registered pharmacy inspection report

Pharmacy Name: Healthways Pharmacy, 382 Rayners Lane, PINNER, Middlesex, HA5 5DY

Pharmacy reference: 1035082

Type of pharmacy: Community

Date of inspection: 02/09/2019

Pharmacy context

An independent pharmacy located on a busy high street in Rayners Lane, Pinner. The pharmacy has been owned by the current owner for over 30 years and serves the local population. 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 Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes and for a 5-bed care home and a delivery service.

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	3.1	Good practice	The pharmacy premises are presented to a high standard and well maintained by the team.
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

Overall, the pharmacy's working practices are safe and effective. The team members would triple check prescriptions help to prevent errors from occurring and they would record and review their mistakes to help reduce the chance of them happening again. The pharmacy keeps all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

The pharmacy team kept a near miss log in the dispensary where they recorded all their near misses. Entries in the near miss log were detailed and included information about the incident and any action taken to prevent a recurrence. All the incidents would be shared with the team to ensure they learned from one another. Errors that leave the premises were also reported electronically and entered on the NHS National Reporting and Learning Service (NRLS) website. The team explained that they rarely had actual dispensing errors due to their checking processes, but they did have near misses which they were open and honest about.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out in dedicated areas of the dispensary's work benches. Multicompartment compliance aids were prepared in a dedicated area at the back of the dispensary to reduce distractions. The team used baskets to separate prescriptions being dispensed and red baskets were used to highlight prescription from patients who had walked-in and they had to process urgently. The team explained that the workflow and their basket system ensured they could manage their workload efficiently. The pharmacist explained that following an accuracy check, prescriptions would be checked by another person to ensure they were correct and therefore reduce the likelihood of errors in the dispensing process.

Standard operating procedures (SOPs) were in place for the dispensing tasks and had been updated 2 years ago. The pharmacist explained that he was currently in the process of updating them all again. The team had signed the SOPs to say they had read and understood them and staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of May 2020. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team kept a record of their complaints and any action they had taken to deal with those complaints. The team carried out an annual Community Pharmacy Patient Questionnaire and the results of the latest one were seen to be very positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Sevredol 10mg tablets was checked for record accuracy and was correct. The team kept an electronic and paper CD register. The controlled drug running balance was checked every week by the pharmacist. 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 both manually and electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed appropriately and the specials records were completed 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 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 and later shredded. The team had completed the Data Security and Protection Toolkit and submitted this.

The pharmacists had both completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members explained that they were aware of things to look out for which may suggest there is a safeguarding issue and they had a list of current local safeguarding contacts. They were happy to refer to the pharmacist if they suspected a safeguarding incident and the team members were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members make decisions and use their professional judgement to help people. They work well together and feel able to discuss ways of improving their services.

Inspector's evidence

During the inspection, there were two pharmacists, one of whom was the owner and the other was a regular locum, one trainee technician completing her training with an apprenticeship and three medicines counter assistants. The staff were seen to be working well together and supporting one another.

The team completed ongoing training using the Counter Skills training from Alliance and they also regularly read the Training Matters magazines. The team also used the Virtual Outcomes website for training and to update their knowledge. The would encourage them to attend any local training events held by the Local Pharmaceutical Committee (LPC). The trainee technician explained that the pharmacist would ensure they kept their training portfolios up to date and would regularly ask them about their progress and if they required any assistance with their training. The pharmacist explained that the trainee medicines counter assistants would regularly update the health promotion area of the pharmacy and would soon be changing the materials to promote good antibiotic use.

The pharmacy team explained that they were always happy 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 pharmacist explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are maintained to a high standard and are suitable for the provision of its services. The pharmacy is secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a large retail area, medicine counter, consultation room, chiropody room, dispensary, stock room, delivery area, staff kitchen and bathrooms. The team used their basement for storage of sales materials and there was also a small office there.

The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The pharmacy had been refitted five years ago and was professional in appearance and clean. The pharmacist explained that he asked the team to help design the pharmacy so they had input in how the space could be designed to suit them.

The team explained that they would clean the pharmacy between themselves daily. 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. Medicines were stored on the shelves in a suitable manner and the pharmacist explained that the shelves would be cleaned when the date checking was carried out. The dispensary was suitably screened to allow for the preparation of prescriptions in private and the consultation room was advertised 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 a sharps bin.

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 medicines safely, and so makes sure that the medicines it supplies are fit for purpose. They 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 to drug alerts or product recalls so that people only get medicines or devices which are safe.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area. 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 compliance aids were seen to include accurate descriptions of the medicines inside and the team explained that they would also include the patient information leaflets every month. The pharmacist demonstrated how the team used a coded system to track the delivery of the compliance aids and provide a full audit trail of when the boxes were made up, who prepared and checked them and when they were delivered. The pharmacist explained that the team were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients in the at-risk group. The pharmacist demonstrated how they would use warfarin stickers with prescriptions for warfarin to highlight that they should ask the patients for more information and there should be extra counselling. The pharmacist demonstrated how the team would record the INR levels and warfarin dosages electronically as well as any advice they had provided to the patient on supply.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the pharmacist demonstrated how they were using this to decommission medicines using ProScript's FMD program. The pharmacy obtained medicinal stock from Alliance, AAH, Sigma, Colorama and OTC Direct. Invoices were seen to verify this.

Date checking was carried out every three months and the team highlighted items due to expire with orange stickers. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal 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 and a list of hazardous waste medicines. The fridges were in good working order and the stock inside was stored in an orderly manner.

The CD cabinet was 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 and the team explained that they would check the PMR system

when they received recalls to ensure that patients who had any affected medicines could be informed.

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 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available 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 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.