

Registered pharmacy inspection report

Pharmacy Name: Carters Pharmacy, 41 Salisbury Road, Eastcote, PINNER, Middlesex, HA5 2NJ

Pharmacy reference: 1035084

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

This is an independently owned pharmacy situated on a small shopping parade in a residential area of Eastcote. In addition to essential NHS services the pharmacy provides Medicines Use Reviews (MURs), New Medicine Service (NMS), seasonal influenza vaccinations, emergency hormonal contraception (EHC) and drug misuse support services including the prescription supply of some substance misuse treatments. The pharmacy also provides multi-compartment compliance aids for 25 to 30 people and has a prescription delivery service. The pharmacy is due to reintroduce a smoking cessation service in the next few weeks.

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	1.4	Good practice	The pharmacy responds well to people's feedback by making changes to improve the quality of its services.
2. Staff	Standards met	2.2	Good practice	Team members in training are well supported. They have access to a range of training resources with which to improve their skills and they are able to set aside time while at work to make use of them.
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's working practices are safe and effective. Its team members understand their roles and responsibilities and keep people's information safe. The pharmacy responds well to people's feedback by making changes to improve the quality of its services. The team identifies and manages risks effectively. The pharmacy responds to any mistakes it makes during the dispensing process. It learns from these and takes action to avoid problems being repeated. But, it doesn't always record what has happened or what it has done to stop the same mistakes from happening again. So, it may be missing opportunities to improve its day to day practice.

Inspector's evidence

Pharmacy services were managed by the regular responsible pharmacist (RP) who was also the superintendent, an apprentice technician and a part-time medicines counter assistant (MCA).

There was a procedure in place for managing risks in the dispensing process, whereby all incidents, including near misses, were discussed at the time but they were not recorded. Near misses and errors were not formally reviewed but the pharmacist relied on his memory of previous mistakes to help prevent the same mistakes being repeated. A previous incident between digoxin 62.5mcg and 125mcg had led to them being clearly separated. A 'CAUTION' sticker had been placed on the shelf edges in front of omeprazole GR Continus 20mg capsules to help prevent a selection error with omeprazole 20mg capsules. Nitrofurantoin 100mg tablets had also been separated from the 50mg tablets to help prevent the wrong strength being selected. The pharmacist described how he would highlight items at risk of error to the trainee. He had highlighted the risk of error between a salbutamol inhaler and a salbutamol Easi-breathe inhaler.

However, whilst the trainee was encouraged to check the medicines he was dispensing, he was not always required to reflect on his dispensing technique to identify steps which could have prevented the mistake.

Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. There was a set of standard operating procedures (SOPs) for staff to follow.

The pharmacy team had a positive approach to customer feedback. The pharmacist described how they had extended the pharmacy's opening hours, for a trial period, in response to customers' requests. During the trial he extended trading hours on a Thursday by closing at 6.30pm instead of 5pm and he opened the pharmacy from 9am until 12pm on a Saturday morning, when they had previously been closed. The trial was successful in that the that customers liked the pharmacy to be opened on a Saturday morning but trading later on a Thursday had not been worthwhile. The pharmacy continues to open on a Saturday morning. Comments from customers around a vaccination service for shingles and travel vaccines had prompted the pharmacist to investigate the provision of these services.

The team described how they ordered the same brands of medicines for certain people to help with compliance. Customer preferences included the Teva brand of gliclazide and the Bristol brand of atenolol 50mg. Notes had been added to the relevant patient medication records (PMRs) as an

additional prompt for staff. The pharmacy team had received a thank you card from two patients, thanking them for the personal service the pharmacy had provided to them. The couple had moved out of the area but still came back to the pharmacy for their prescriptions.

The pharmacy had a documented complaints procedure. A standard operating procedure (SOP) for the full procedure was available for staff to refer to, and there was information in the pharmacy practice leaflet for customers, although the details provided in the leaflet needed to be updated. Customer concerns were generally dealt with at the time. Formal complaints would be recorded and referred to the superintendent. Details of the local NHS complaints advocacy service and PALs could be provided on request.

The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 12 June 2019 when they would be renewed for the following year.

All the necessary records were kept and were generally in order including controlled drug (CD) registers, and records for private prescriptions, unlicensed 'specials' and emergency supplies. Records for the responsible pharmacist were generally in order although the entry for the previous day wasn't accurate. The pharmacy had records for patient returned CDs. Records of returned CDs were kept for audit trail and to account for all the non-stock CDs which the RP had under his control.

Staff understood the importance of safeguarding people's private information. They had received information governance training and GDPR training through the NPA. Discarded labels and tokens were set aside in a tub and then discarded into a confidential waste bag. The confidential waste bags were then collected for disposal by a licensed waste contractor. But, delivery records showed the names and addresses of several people on each page. This meant that when people signed the delivery sheet they could see everyone else's details.

The regular pharmacist had completed level 2 CPPE safeguarding training. Staff had been briefed but not had any concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages its workload well and team members use their professional judgement to make decisions in the best interests of people. The pharmacy offers its team plenty of training support and materials to improve their skills. They are also able to set aside time at work for training. Pharmacy team members work well together. They are comfortable about providing feedback to each other and are involved in improving the pharmacy's services.

Inspector's evidence

The inspection took place during the Easter holiday period and the pharmacy was relatively quiet. In general, the pharmacy was run by the regular RP with the support of the apprentice technician and a part-time medicines counter assistant (MCA). Both the trainee technician and MCA had joined the pharmacy in November 2018, five months earlier. The pharmacy was run by the pharmacist and apprentice technician on the day of the inspection.

The pharmacist was observed coaching the trainee technician. The technician also attended a training webinar during the inspection. He said that he was given opportunities to pursue his training and had protected training time during the working week. Both he and the MCA read the regular publications of 'Training Matters' and 'Counter Intelligence' to help keep their knowledge of ailments and counter products up to date.

The team was up to date with the daily workload of prescriptions and customers were attended to promptly. The trainee technician said he felt supported in his role and could raise concerns. He described having regular informal discussions with the pharmacist. The trainee said he could make suggestions as to how things could be improved. He said he had suggested that having SOPs in a flow chart format would make them easier to understand and follow. The pharmacist was in the process of rewriting them all in that way. They both said that they found the flow chart format easier to follow.

The pharmacist did not have targets other than ensuring that staffing skills levels were in line with workload. He also aimed to provide a good service by ensuring that people's medicines were dispensed on time and supplied with the necessary counselling. He said that he aimed to provide people with a Medicines Use Review (MUR) if they needed one.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally secure, tidy and organised, and suitable for the provision of its services. But there is limited space to store medicines. Some items are stored on the floor which could increase the risk of trips or falls. The pharmacy has not refurbished its premises for many years and some areas are showing signs of general wear and tear.

Inspector's evidence

The pharmacy had a traditional appearance. It had a glass door with full height windows to either side. The shop floor was free of obstructions.

There was a small seating area for waiting customers and a consultation room. The consultation room was available for private consultations and additional services such as MURs.

The original shop floor had been separated in two to provide additional dispensing space. The partition had been created using a run of shelving with the shop floor on one side and the dispensing area on the other. The run of shelving was high enough to prevent people from seeing any prescriptions in the dispensary. The original dispensary was also still in use. It was on a raised plinth behind the counter. The two dispensing areas were connected by a doorway.

Shelving on the back wall behind the counter was used for stocking pharmacy (P) medicines. Completed prescriptions were stored on shelving inside the partitioned dispensary in a way that names and addresses on prescription bags could not be viewed from customer areas.

The total dispensing area was relatively spacious. The original dispensary had two dispensing benches, one to the front and one further back. Each bench was three to four metres in length. The front area of dispensing bench overlooked the counter and shop floor and was where most of the multi-compartment compliance aids dispensing took place. The remainder of the dispensing took place in the partitioned dispensing area at the front. This area had a two to three metre island for dispensing. It also had shelving for storing medicines and completed prescriptions. It was clear that there was a work flow in place. Work surfaces were free of clutter and tidy.

The rear dispensing bench, in the original dispensary, had a small workstation at one end which was used for administrative and management tasks. There was a small staff area at the other end. The original dispensary was also used for storing excess stock. Some stock and sundries were also stored on the floor giving the back-shop area an untidy appearance. Access to dispensing areas was authorised by the pharmacist.

In general, the pharmacy was clean and organised and had a professional appearance. Items stocked included a range of baby care, healthcare, beauty and personal care items. Shelves, work surfaces and the sink were generally clean. Floors were vacuumed regularly. The pharmacy had not been updated for

many years and whilst clean and tidy, it had several floor tiles missing in the dispensary and remaining carpet tiles were old and looked dirty. Overall, the pharmacy looked in need of modernisation.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. Staff give people the advice and support they need to help them use their medicines safely and properly. In general, the pharmacy manages its medicines safely and effectively. But, it was not scanning products with a unique barcode, as required by law. The pharmacy stores its medicines safely. And it carries out checks to help make sure that its medicines are fit for purpose. But some stock is not properly labelled. This means that staff may not be able to identify stock which has been recalled.

Inspector's evidence

Services were advertised at the front window for people to see. Services advertised on the NHS website needed updating. There was a small range of information leaflets available for customer selection.

The pharmacy entrance had a slight step up. The pharmacy had a removable ramp to assist wheelchair access. The shop floor was uncluttered and was wide enough for wheelchair users to move around the shop floor. The consultation room was also suitable for wheelchair access.

There was a repeat prescription collection service and a prescription ordering service for a small cohort of patients who needed the service. This included multi-compartment compliance aids patients. The service was offered to help them manage their prescriptions. The RP described having a good relationship with local surgeries and customers.

SOPs were being updated. Those completed were being read by staff. CDs were audited on a regular basis as per the SOP. A random sample of CD stock was checked during the inspection and the quantity checked was as stated in the register. As part of the dispensing process, dispensing labels were initialled by the person dispensing and the person checking to provide an audit trail. This too, was in accordance with the SOP.

Multi-compartment compliance aids were provided for patients who needed them. Patient information leaflets (PILs) were offered with new medicines and on a regular basis thereafter. The medication in compliance aids was given a description, including its colour and shape, to help people to identify their medicines. The labelling directions on compliance aids gave the required BNF advisory information to help people take their medicines properly.

At the time of the inspection, the pharmacy did not have the hardware or software for scanning products in accordance with the European Falsified Medicines Directive (FMD) from February 2019. The pharmacist was aware of his responsibilities regarding FMD and was researching the best options from the products available.

The pharmacy had procedures for targeting and counselling all patients who may become pregnant taking sodium valproate. Additional counselling was being provided in response to recent safety alerts issued by the MHRA. The RP could locate warning cards and a pharmacist's guidance sheet. Packs of sodium valproate in stock bore the updated warning label.

Medicines and medical equipment were obtained from: AAH, Alliance Healthcare, Sigma, and

Colorama. Unlicensed 'specials' were obtained from Thame Laboratories or Sigma. All suppliers held the appropriate licences.

Stock was generally stored in a tidy, organised fashion. A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that the medication in them was being stored within the correct temperature range. However, there was an amber dispensing bottle on the shelf containing a quantity of loose tolterodine 4mg XL. The label gave a description of the product and an expiry date only which was insufficient information by which the product could be identified.

Stock was regularly date checked and records kept. Short-dated stock was highlighted using a coloured dot sticker. Records were kept.

Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. A list of hazardous waste had been placed on the wall for staff to refer to.

The pharmacy team acted promptly to drug recalls and safety alerts and kept records to show this. No faulty stock had been identified in the recent recall for Martindale chloramphenicol eye drops.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities for the services it provides, and it uses these to keep people's information safe.

Inspector's evidence

There was a CD cabinet for the safe storage of CDs. The CD cabinet was appropriately secured into place. CD denaturing kits were used for the safe disposal of CDs.

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean.

Precautions were taken to help prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets. Staff also used a pallet knife for counting these tablets so that they didn't touch them. The triangle and pallet knife were kept with methotrexate stock to make it easier for staff to locate when they needed them. Amber dispensing bottles were stored with their caps on. Bottles were capped to prevent contamination with dust and debris.

There were up-to-date information sources available in the form of a BNF, a BNF for children, and the Drug Tariff. The pharmacist said he also used the NPA advice line. Pharmacists also had access to a range of reputable online information sources such as patients.co.uk and EMC.

There were three computer terminals available for use. Two in the dispensary and one in the consultation room. One of the dispensary computers was used to provide historic patient records and was not used for dispensing. All computers had PMR facility, were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was shredded.

It was noted that staff were using their own Smart cards when working on computers. Staff use their own smart cards to maintain an accurate audit trail and to ensure that access to patient records is 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.