

Registered pharmacy inspection report

Pharmacy Name: Dana Pharmacy, 100 Victoria Road, Ruislip Manor,
RUISLIP, Middlesex, HA4 0AL

Pharmacy reference: 1035096

Type of pharmacy: Community

Date of inspection: 04/07/2019

Pharmacy context

An independent pharmacy. The pharmacy is on a busy high street in the centre of Ruislip Manor. As well as the NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS) and a delivery service. Medicines are supplied in multi-compartment compliance aids for 40 people. The pharmacist hopes to provide a travel vaccination service within next few months.

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'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 pharmacy's team members identify and manage risks well. They log any mistakes they make during the dispensing process. They learn from these and take action to avoid problems being repeated.

Inspector's evidence

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded. The pharmacist said that she, and the owner, discussed all near misses with the individual involved, as soon as the mistake came to light. They also had regular meetings to review and discuss any mistakes and ways of preventing a reoccurrence. The RP described how the stock had been reorganised in alphabetical order with different sections for specific categories such as oral contraception, external products and calcium containing products.

The system for recording near misses showed who was involved, what actions had been taken and any learning points. Mistakes appeared to be relatively rare with only four mistakes in the previous three months. Staff were required, to reflect on their individual dispensing process to help identify any specific steps or checks which could have prevented the mistake. Staff worked under the supervision of the RP whose sign was displayed for the public to see. There was a set of standard operating procedures (SOPs) in place which were currently under review. Staff had read and signed the SOPs relevant to their roles.

The pharmacy team had a positive approach to customer feedback. A previous survey demonstrated a very high level of customer satisfaction. The team described how they ordered the same brands of medicines for certain people to help meet their needs. Customer preferences included the Dr Reddy brand of amlodipine rather than the Accord brand. The team had added notes to patient medication records (PMR)s to remind staff dispensing and checking items for these individual patients.

The pharmacy had a documented complaints procedure. A SOP for the full procedure was available for reference. Where possible, customer concerns were dealt with at the time by the regular pharmacist. Formal complaints were recorded and referred to the owner but, staff said complaints were rare. Details of the procedure were available in the pharmacy practice leaflet and details of the local NHS 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 30 April 2020 when they would be renewed for the following year.

All the necessary records were kept and were in order including Controlled Drug (CD) registers. Records for private prescriptions, the responsible pharmacist (RP) and unlicensed 'Specials' were also in order. Records for emergency supplies were generally in order although several did not provide a clear reason for supply. The pharmacy had records for CDs returned by people. Records of returned CDs were kept for audit trail and to account for all the non- stock CDs which RPs had under their control.

Staff had undergone information governance and GDPR training. They had also read and signed a confidentiality agreement. Discarded labels and tokens were shredded on a regular basis. Completed prescriptions were stored with patient details facing away from the counter and customer areas so that they could not be seen by other people using the pharmacy. The pharmacist on duty, the pharmacy graduate and the owner (not present) had completed level 2 CPPE training. Remaining staff had been briefed. All regular staff had completed dementia friends training. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together. They are comfortable about providing feedback to employers and are involved in improving the pharmacy's services.

Inspector's evidence

The pharmacy had a regular responsible pharmacist (RP) who managed services 5 days per week. The remaining days were covered by the owner. The rest of the team included a pre-reg pharmacist, and a medicines counter assistant (MCA) and a part-time assistant who was a pharmacy graduate with pre-registration experience. On the day of the inspection the RP was supported by the pharmacy graduate. He was observed helping with general dispensing and managing the counter. Team members were observed to work well together. They assisted each other when required and discussed matters openly. The daily workload of prescriptions was in hand and customers were attended to promptly.

The RP described being able to raise concerns. She said she had regular informal discussions with the owner whom she contacted her during the inspection. Staff would have informal discussions during which they could make suggestions and raised concerns. The RP said that she had raised a concern over the consultation room and its suitability for travel vaccination services. The owner had taken her comments into account. But the changes had yet to be implemented. The pharmacist felt able to make her own professional decisions in the interest of patients. She would offer an MUR or NMS when she felt it beneficial for someone. She was also targeted with managing the daily workload and to provide a good service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises could provide a more professional environment for private consultations and better protect some people's private information. But, in general, the pharmacy's premises are clean, secure and suitable for the services it provides.

Inspector's evidence

The pharmacy's premises were on the local high street. They had a traditional appearance with a double front, full height windows and a glass door to provide natural light. The pharmacy had step free access from outside. The shop floor was to the front with the dispensary on a raised plinth behind. The shop floor was clear of obstructions and wide enough for wheelchair users. There was a small seating area for waiting customers. Items stocked included a range of baby care, healthcare, beauty and personal care items.

The pharmacy had a consultation room which the pharmacist used for private conversations and services such as MURs. The room was also used for storage and was cluttered. A box of multi-compartment compliance aids ready for delivery and bulky prescriptions were stored there. The door to the room was closed but not locked, rendering patients' details accessible by the public. But, in general other completed prescriptions were stored in the dispensary where names and addresses could not be viewed by the public. The dispensary was compact. It had a five to six metre L-shaped run of dispensing bench to the front and side, with a sink. The front of the dispensing bench was where most of the dispensing and checking took place including multi-compartment compliance aids dispensing. Work surfaces were well used but there was a clear work flow.

Access to the dispensary was authorised by the Pharmacist. The pharmacy's staff toilet and store room were in outbuildings to the rear. The storage room did not contain any medicines or products for sale. The toilet was separate. It was basic but clean. Although the interior of the pharmacy appeared dated, it was tidy and organised and had a professional appearance. Shelves, worksurfaces, floors and sinks were clean.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. Members of the pharmacy team 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 although it does not yet scan the unique bar codes on the medicines it dispenses. The pharmacy's team members check stocks of medicines regularly to make sure they are in date and fit for purpose. They store medicines appropriately and dispose of waste medicines safely.

Inspector's evidence

A selection of the pharmacy's services was advertised at the front window and there was a range of information leaflets for customer selection. The consultation room was suitable for wheelchair access which meant that wheelchair users could access services requiring a private consultation, such as a MUR.

There was a set of SOPs in place although these were currently under review. In general, staff appeared to be following the SOPs. However, the CD SOP stated that a CD audit should be carried out every week, but in practice this was done every two months. But, the quantity of stock checked (Morphgesic 30mg) matched the running balance total in the CD register.

Multi-compartment compliance aids were provided for people who needed them. Patient information leaflets (PILs) were offered to patients with new medicines and were also provided regularly with repeat medicines. The medication in the compliance aids was given a description, including colour and shape, to help people to identify the medicines from the descriptions. But, the labelling directions on compliance aids did not have the required BNF advisory information to help people take their medicines properly.

The pharmacy had procedures for targeting and counselling all female patients taking sodium valproate. Staff could locate warning cards, booklets and the MHRA guidance sheet. The RP had checked the pharmacy's records and found three female patients taking the drug. They had counselled them and given them a warning card and leaflet. All but one pack of sodium valproate in stock bore the updated warning label, but, the pharmacist had updated warning labels to apply to packs if needed.

The pharmacy did not yet have equipment for scanning products in accordance with the European Falsified Medicines Directive (FMD). Staff were aware of FMD requirements but were awaiting further information from the owner.

Medicines and Medical equipment were obtained from: Alliance Healthcare, Sigma, AAH Colorama and NWOS. 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 and recorded daily. Stock was regularly date checked and records kept. Short dated stock was

highlighted with a sticker.

Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. A list of Hazardous waste was available for staff to refer to, so they could dispose of medicines appropriately.

Drug recalls and safety alerts were generally responded to and records were kept. No faulty stock had been identified in the recent recalls for Clexane, Dovobet and Incruse inhaler products.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures and tablet triangles 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. Amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris. CD denaturing kits were used for the safe disposal of CDs. There were up to date information sources available in the form of a BNF, a BNF for children, MEP and the drug tariff. Pharmacists also used the NPA advice line service and had access to a range of reputable online information sources such as NHS, NICE and EMC websites. On line BNF and NHS safeguard app.

There were 2 computer terminals available for use. A desktop and a laptop. Both computers had a PMR facility, were password protected and were out of view of patients and the public. It was noted that the RP was using her own smart card when working on PMRs. The assistant did not use the same computer but used the laptop instead. Staff generally used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was appropriate and secure. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was collected for safe disposal.

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.