

Registered pharmacy inspection report

Pharmacy Name: Chimsons Ltd., 29 Victoria Road, Ruislip Manor,
RUISLIP, Middlesex, HA4 9AB

Pharmacy reference: 1035098

Type of pharmacy: Community

Date of inspection: 11/07/2019

Pharmacy context

This is an independently run community pharmacy. The pharmacy is on a parade of locally run shops and businesses on the main street running through Ruislip Manor.

As well as the NHS Essential Services, the pharmacy provides, a delivery service. Medicines Use Reviews (MURs), New Medicines Service (NMS) and medicines are supplied in multicompartiment compliance aids for 50 people. It also provides a stop smoking service and substance misuse services including supervised consumption and needle exchange.

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's team members deal well with errors and mistakes. They record the mistakes they make and take action to reduce the chance of making similar mistakes in future.

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 he discussed all near misses with the individual involved, as soon as the mistake came to light. Similar incidents were reviewed at the same time and, as a team, they would then discuss ways of preventing a reoccurrence. Near miss records showed what actions had been taken and learning points for the team. Staff were required to check items directly against the prescription when dispensing and mistakes were few with only eight near misses in three months.

Near miss logs referred to staff 'taking extra care' when selecting 'look alike sound alike' drugs (LASAs) such as colchicine and cyclizine. A list of LASAs had been placed on the dispensing bench to act as a reminder. The list included amitriptyline and amlodipine, atenolol and allopurinol, azathioprine and azithromycin, carbamazepine and carbimazole, and propranolol and prednisolone. Aspirin 75mg tablets and aspirin 75mg dispersible tablets had been separated, to help prevent a picking error and placed in between amitriptyline and amlodipine to prevent an error between those also.

Staff worked under the supervision of the responsible pharmacist (RP) whose sign was displayed for the public to see. Staff worked in accordance with a set of standard operating procedures (SOPs) which were due for review this month. The pharmacy team had a positive approach to customer feedback. A previous survey demonstrated a very high level of customer satisfaction. But, people had also fed back that there was a need for a more comfortable seating area, and so a new chair with a cleanable padded seat had been purchased.

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 pantoprazole 20mg and losartan 100mg and the Almus brand of simvastatin 20mg and bendroflumethiazide 2.5mg. The team added notes to individual patient medication records (PMR)s to act as a reminder for staff when dispensing and checking items for these patients. The items were kept on a separate shelf to ensure they weren't dispensed for anyone else in error.

The pharmacy had a documented complaints procedure, and a SOP for the full procedure was available for reference. Customer concerns were generally dealt with at the time by the regular pharmacist or dispenser/manager, where possible. Formal complaints were recorded although staff said that complaints were rare. Details of the procedure were available in the practice leaflet on the counter. Details of the local NHS complaints advocacy service and PALs were available 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 November 2019 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, emergency supplies, and unlicensed 'Specials' were also in order. In general, the RP record was also in order although there was one missed entry for when the RP's duties ceased. 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 RPs had under their control.

Staff had read and signed a confidentiality agreement as part of their employment contract. Discarded labels and tokens were shredded on a regular basis. Completed prescriptions were stored in the dispensary out of view from customer areas. The Pharmacy had a safeguarding policy in place. The pharmacist had completed level 2 CPPE training and all staff had read and signed a copy of the policy and had an app on each of their phones. All 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 via their apps.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had a regular responsible pharmacist (RP) who managed services four days per week with the support of a dispensing assistant manager. The remaining two days were covered by regular locum pharmacists. The rest of the team consisted of a medicines counter assistant (MCA) (trainee dispenser) and another part-time MCA. On the day of the inspection the RP was supported by a pharmacy manager (dispenser), an assistant supervisor (trainee dispenser) and MCA.

Team members were observed to work well together. Matters were discussed openly, and they were seen assisting each other when required. The daily workload of prescriptions was in hand and customers were attended to promptly. A human resources pack had been put together to provide staff with information on the pharmacy's safeguarding policy and whistleblowing policy. The pack also contained details of the pharmacy's performance review process for its team members.

The staff described being able to raise concerns. The MCA said she had regular informal discussions with regular pharmacists and the manager. The pharmacy had been under the same ownership for over 40 years. It had a small close-knit team and staff felt able to raise concerns with the manager or regular RP. She described how it had been her suggestion to bring shorter dated products onto the counter to promote them and encourage a sale. Staff also had regular meetings to discuss their performance and any ongoing issues. Staff said that they were encouraged to raise concerns during these meetings. The manager described how he had observed locums completing the CD register immediately after making a supply and had suggested that the regular RP do the same. He now did to ensure he didn't forget to make an entry.

The pharmacist was able to make his own professional decisions in the interest of patients. He would offer an MUR when he felt it beneficial for someone. Locums were targeted with managing the daily workload and to provide a good service and an MUR whenever it was appropriate to do one.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy was on the local high street. It had a traditional appearance. It had a double front with full height windows, and a glass door to provide natural light. The pharmacy had a traditional layout with the shop floor and pharmacy counter to the front with the dispensary behind. Aisles were wide and kept clear of obstructions and were 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.

There was a consultation room to the side of the counter which the pharmacist used for private consultations and services such as MURs. The dispensary was compact with a three-metre dispensing bench at either side. The dispensing bench to the front was where most of the dispensing and checking took place. Multi-compartment compliance aids dispensing took place on the rear area of bench space. Work surfaces were well used but there was a clear work flow. Completed prescriptions were stored on shelves in a small storage area to the side of the dispensary where they could not be viewed by the public. Access to the dispensary was authorised by the Pharmacist. Staff facilities including the toilet were basic but clean. The pharmacy was tidy and organised and had a professional appearance. Shelves, worksurfaces, floors and sinks were all clean.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides services safely and tries to make its services available to everyone but, it does not always give people using multi-compartment compliance aids all the information they need to help them use their medicines properly. In general, the pharmacy manages its medicines safely and effectively. But, is not yet scanning products with a unique barcode, as required in law. The pharmacy generally stores its medicines safely. And it carries out checks to help make sure that its medicines are fit for purpose. But it could do more to make sure that all medicines are removed from stock as soon as they have expired.

Inspector's evidence

The pharmacy's services were advertised at the front window and there was a small range of information leaflets available for customer selection. The pharmacy had step-free access from outside and an automatic door to aid access. Aisles were wide and kept clear of obstructions. They were wide enough for wheelchair users to move around. There was a step up into the consultation room, but staff had a ramp which they put in place for wheelchair users. The pharmacy offered a prescription collection service and a prescription ordering service for those who had difficulty managing their own prescriptions.

There was a set of SOPs in place, although they were due for a review. In general, staff appeared to be following the SOPs. A CD stock balance was carried out every three months, in accordance with the SOP and the quantity of stock checked (MST 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. But, the medication in compliance aids was not given a description, including colour and shape, to help people to identify the medicines from the descriptions. The labelling directions on compliance aids did not give 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. Packs of Sodium Valproate in stock bore the updated warning label, except for one which had expired. But, the pharmacist had updated warning labels to apply to packs if needed. The pharmacy had equipment for scanning products in accordance with the European Falsified Medicines Directive (FMD), but it was not yet in use. The team were aware of FMD requirements but were awaiting the appropriate software.

Medicines and Medical equipment were obtained from: Alliance Healthcare, Sigma, Colorama, OTC and AAH. Unlicensed 'specials' were obtained from IPS. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised fashion. Two CD cabinets 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. However, there was a split pack of Sodium Valproate 500mg tablets on the shelf which had expired at the end of April 2019, just over two months earlier.

Waste medicines were disposed of in the appropriate containers and collected by a licensed waste contractor. But staff didn't have a list of Hazardous waste to refer to. The list would help ensure that they were disposing of all medicines appropriately. However, they were aware of the separate disposal arrangements for cytotoxic medicines. Drug recalls and safety alerts were generally responded to promptly. None of the affected stock had been identified in the June recall for Incruse inhalers, Dovobet gel and Clexane injections.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's team members have the equipment and facilities they need to provide services safely. They use facilities and equipment in a way that keeps people's information safe and secure.

Inspector's evidence

There was a CD cabinet for the safe storage of CDs. The cabinet was secured into place in accordance with regulatory requirements. 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. Triangles were generally clean. Staff said they would always clean equipment before use.

Precautions were taken to help prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets. And amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris.

The pharmacy team had access to a range of up-to-date information sources such as the BNF, BNF for children and the drug tariff. Pharmacists also used the NPA service and had access to a range of reputable online information sources such as NHS and EMC websites and Fit for travel for travel information.

The pharmacy had two computer terminals available for use. One in the dispensary and a laptop on the counter. Both computers had a 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 the pharmacist's smart card when working on PMRs, but the pharmacist was supervising from a close proximity. Staff generally need their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was 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.