

Registered pharmacy inspection report

Pharmacy Name: Allenby Chemist, 251 Allenby Road, SOUTHALL,
Middlesex, UB1 2HB

Pharmacy reference: 1035110

Type of pharmacy: Community

Date of inspection: 03/09/2019

Pharmacy context

This is an independently run community pharmacy. The pharmacy is on the corner of a small parade of locally run shops and businesses in a residential area of Southall. As well as the NHS Essential Services, the pharmacy provides a delivery service for the elderly and housebound and occasional Medicines Use Reviews (MURs). Medicines are supplied in multi-compartment compliance aids for people in the community and residents of local care homes. It also provides blood pressure monitoring and blood glucose testing and a substance misuse services including supervised consumption. It is due to launch a flu vaccination service for the forthcoming flu season and a travel vaccination service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.4	Standard not met	The pharmacy doesn't carry out all of its checks as thoroughly as it could.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

In general, the pharmacy's working practices are safe and effective. The pharmacy's team members listen to people's concerns and keep people's information safe. They discuss any mistakes they make and share information on what could go wrong to help reduce the chance of making mistakes in future. But they do not do enough in the way that they gather information and use it to learn and improve. The pharmacy could be better at ensuring that staff fully understand their safe guarding and record keeping responsibilities.

Inspector's evidence

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). But, several SOPs had not been updated for over three years and so were due for review. The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time although not recorded. Pharmacists said that they discussed all near misses with the individual involved, as soon as the mistake came to light, to help prevent the same mistake from happening again. It was clear that the team discussed any incidents and were aware of the risk of error. The pharmacist described how they had made each other aware of similarly packaged items. Fast moving lines had also been separated for convenience and to help prevent errors. Look-alike-sound-alike drugs (LASAs) amlodipine and amitriptyline, and the 2.5mg and 5mg strengths of bendroflumethiazide, had been separated to help prevent a mistake. But, there was no formal process for reviewing past mistakes and a lack of records may have made it more difficult to establish whether improvements were sustained. The pharmacist said that there were always two people involved in the labelling, dispensing and accuracy checking process although this meant that sometimes the person checking was the same one who had assembled the medicine.

The pharmacy team sought customer feedback. A previous survey demonstrated a very high level of customer satisfaction overall. But, it also revealed that people wanted a more comfortable seating area, and so a new chair with a cleanable padded seat had been purchased. The pharmacist said that during the recent bank holiday some people were unhappy that their prescriptions had not arrived at the pharmacy. After giving an emergency supply to several patients it transpired that the surgery had not sent them electronically but instead had produced them as paper FP10 prescriptions and posted them. This meant that the pharmacy did not receive them until after the holiday week end. Subsequently the team had requested that surgery staff should fax a copy of the prescriptions before posting, so that the pharmacy has the option to dispense them where appropriate.

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 amlodipine, the Somex brand of omeprazole and the Glenmark brand of lercanidipine. 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 pharmacy had a documented complaints procedure, and a SOP for the full procedure was available for reference. However, staff said that complaints were rare and therefore were not generally recorded. Any customer concerns were generally dealt with at the time by the regular pharmacists, who could provide details of the local NHS complaints advocacy service and PALs if necessary. 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 19 April 2020 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, and unlicensed 'Specials'. In general, the RP record was in order although rather than making the record at the time, several entries were made together. The last entry had been made five days previously which meant that the record was not up to date. 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. Records for emergency supplies were mostly in order although several records did not give a clear and accurate reason.

Staff had been briefed on importance of confidentiality. Discarded labels and tokens were placed in a basket during the working day and then transferred to a confidential waste bag for collection and disposal by a licensed waste contractor. Completed prescriptions were stored in the dispensary out of view from customer areas. Both pharmacists had completed safeguarding level 2 CPPE training. The remaining pharmacist and support staff had not received any safeguarding training and appeared to be unsure of their responsibilities but said that if they had any concerns they would speak to the RP who had completed the training. Details for the relevant safeguarding authorities were available online. Staff had not had any safeguarding concerns to report.

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 one another which helps the pharmacy to maintain the quality of its services.

Inspector's evidence

This was a family run business with two regular full-time pharmacists. Both regular pharmacists worked together five days per week with the additional support of a regular locum on Fridays when the demand for services required it. One of the pharmacists worked every Saturday with the support of a dispenser. The rest of the team consisted of a part-time medicines counter assistant (MCA) and a Saturday assistant. On the day of the inspection the RP was supported by the second regular pharmacist, the dispenser and the MCA.

Team members were observed to work effectively together. They were seen assisting each other when required and discussing prescription issues. The daily workload of prescriptions was in hand and customers were attended to promptly. The pharmacy had been under the same ownership for over 37 years. It had a small close-knit team and staff felt able to raise concerns with each other and the regular pharmacists but, the dispenser said she had not had any concerns to raise. The pharmacists were able to make their own professional decisions in the interest of patients and were targeted with managing the daily workload. They had not offered a MUR for approximately nine months, although general counselling was provided to patients on a regular basis.

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 in the centre of the local residential community. It had a bright modern 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 Flu vaccinations. The dispensary had dispensing benches to three sides and an island in the middle. dispensing bench to the front was where most of the dispensing and checking took place. The dispensing of multi-compartment compliance aids took place on the rear area of bench space. Work surfaces were well used but there was still a clear work flow. Completed prescriptions were stored on shelves in a small storage area in the dispensary where they could not be viewed by the public. Access to the dispensary was authorised by the pharmacist. Staff facilities 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 not all met

Summary findings

The pharmacy makes its services available to everyone. Staff try to make sure pharmacy services are provided safely. And, in general, the pharmacy manages its medicines safely. But, it does not do enough to ensure that its procedures are followed. And, team members do not always give people the advice and information they need to help them use their medicines safely and properly. The pharmacy does not always properly label stocks of medicines which are not in their original packs. And it doesn't carry out all of its checks as thoroughly as it could.

Inspector's evidence

The pharmacy had posters on its windows promoting services such as winter health and flu vaccinations. It also had a list of services on the wall outside the consultation room, although it wasn't easy to see as stock had been placed in front of it. There was a range of information leaflets available for customer selection at the counter and in the consultation room. The pharmacy had step-free access from outside and an automatic door. Aisles were wide and kept clear of obstructions and were wide enough for wheelchair users to move around. The consultation room was also wide enough and suitable for wheelchair access. 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. However, although the CD SOP required a CD stock balance to be carried out regularly, there had been only two stock balance checks in three years. But, when checked, the quantity of a random sample of stock (MST 10mg) matched the running balance total in the CD register.

Multi-compartment compliance aids were provided for people who needed them. The labelling directions on compliance aids gave the required BNF advisory information designed to help people take their medicines properly. But, patient information leaflets (PILs) were not generally provided and the medication was not given a description, including colour and shape, to help people to identify the medicines. Therefore, it could be difficult for people to follow the directions properly. People may not have been able to retrieve medicines such as soluble aspirin, which require to be dissolved in water before administration.

The pharmacists were aware of the need to counsel patients in the at-risk group, taking sodium valproate. Packs of Sodium Valproate in stock bore the updated warning label, and they had updated warning labels to apply to packs if needed. Pharmacists had the warning cards, booklets and the MHRA guidance sheet to help ensure that patients had all the required information. Pharmacists were aware of the European Falsified Medicines Directive (FMD) requirements but had not yet obtained the required equipment or software.

Medicines and Medical equipment were obtained from: AAH, Alliance Healthcare, Phoenix, Sigma, Elite and Colorama. Unlicensed 'specials' were obtained from Sterling and 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 appeared to be regularly date checked and a record kept, with short dated products highlighted for easy identification. However, the pharmacy had a loose

strip of two venlafaxine tablets 37.5mg on its shelves, which didn't have a batch number, expiry date or product licence number. It also had a pack of venlafaxine 75mg tablets and valaciclovir 500mg tablets which had not been highlighted although they were due to expire at the end of the month.

Waste medicines were disposed of in the appropriate containers and collected by a licensed waste contractor. But staff were unaware of the separate disposal arrangements for cytotoxic medicines and didn't have a list of Hazardous waste to refer to. The list would help ensure that they were disposing of all medicines appropriately. While staff were aware of the importance of responding to drug recalls and safety alerts they did not have a system for responding to these promptly. Staff had not seen the most recent recalls including the July recall for aripiprazole 1mg/ml.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, it uses its facilities and equipment to keep people's private information safe.

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 and counting 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. Although, staff said that they rarely used the triangle as the majority of its cytotoxic tablets were now in foil strips. Amber dispensing bottles were stored with their caps on. Bottles were capped 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 reputable online information sources such as NHS and EMC websites. The pharmacy had two computer terminals available for use. Both were in the dispensary and had a PMR facility. They 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 collected for safe disposal by a licensed waste contractor. However, staff were using each other's smart cards when working on PMRs. The pharmacist was supervising from a close proximity but, staff should 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.