General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Chana Chemist, 52 South Road, SOUTHALL, Middlesex, UB1 1RQ

**Pharmacy reference:** 1035126

**Type of pharmacy:** Community

**Date of inspection:** 14/10/2019

## Pharmacy context

The pharmacy belongs to a small group of independently owned community pharmacies and is in the centre of the built-up town of Southall. The pharmacy has extended opening hours. As well as NHS essential services the pharmacy provides medicines in multi-compartment compliance packs for many people in the community. Other services include: Medicines Use Reviews (MURs), New Medicines Service (NMS), flu vaccinations, meningitis vaccinations for travel and a delivery service for the elderly and housebound.

## 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 not all met | 1.1 | Standard not met | The pharmacy does not do enough to identify what they need to do to prevent mistakes. The pharmacy's team members do not have a robust set of procedures to follow. |
| | | 1.2 | Standard not met | The pharmacy team does not do not do enough to gather information in a way that will help it review what has gone wrong so that it can learn and improve. |
| | | 1.3 | Standard not met | The pharmacy does not do enough to ensure that team members are clear about their roles and responsibilities. |
| | | 1.6 | Standard not met | The pharmacy does not keep all of its records in the way the law requires. |
| **2. Staff** | Standards not all met | 2.2 | Standard not met | Team members are not provided with the training and support to develop their skills and carry out their tasks safely and effectively. |
| **3. Premises** | Standards met | N/A | N/A | N/A |
| **4. Services, including medicines management** | Standards not all met | 4.2 | Standard not met | 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 do enough to ensure that its team members follow procedures which are safe and effective. |
| | | 4.3 | Standard not met | The pharmacy does not manage its medicines well. It does not carry out enough checks to help make sure that its medicines are fit for purpose. And, it doesn't carry out all of its checks as thoroughly as it could. The pharmacy does not store all of its medicines safely, once they have been removed them from their original packs. |
| **5. Equipment and facilities** | Standards met | N/A | N/A | N/A |

## Principle 1 - Governance **Standards not all met**

### Summary findings

The pharmacy's team members 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 the pharmacy's working practices are not robust enough. The team does not do enough to gather information and use it so that it can learn and improve. Team members have a general understanding of their job roles but, the pharmacy does not do enough to ensure that team members have the right training and support to carry out their tasks. The pharmacy does not keep all of its records in the way the law requires.

### Inspector's evidence

While the pharmacy had a procedure for managing risks in the dispensing process, it wasn't followed. The last recorded near miss was October 2018, one year ago. Staff said that each near miss was discussed at the time and during regular staff meetings. But there was no formal process for reviewing what had gone wrong. Without accurate records it may be difficult for the pharmacists and staff to conduct a thorough review of their mistakes so that they could learn from them and improve. There were two dispensing assistants on the day of the inspection who had not yet been enrolled on a dispensing training course, a more robust system of capturing and reviewing what had gone wrong and why would contribute to their training and help them to develop their skills.

Team members worked under the supervision of the responsible pharmacist (RP). But, the RP had not displayed the notice with his registration details for the public to see. But, he was able to produce the notice and put it on display when requested. The team had a set of standard operating procedures (SOPs) to refer to. But, not all team members had read SOPs relevant to their roles, including the SOP for 'the provision of advice by pharmacy staff who are not pharmacists. The two medicines counter assistants (MCA)s who were working as dispensing assistants had not read or signed any of the dispensing SOPs. One of the assistants had been dispensing for approximately five months and the other, who did not have a regular weekly contract but covered for staff shortages, had worked periodically at the pharmacy for approximately five years. Without any formal dispensing training or clear directions through up-to-date SOPs, it was unclear as to how staff could fulfil their roles and responsibilities, safely and effectively. While it was clear that the pharmacist coached the staff and gave them direct instruction on how to go about their tasks, there was insufficient evidence to show that he recognised the importance of having appropriately trained staff and a robust set of procedures to help them perform their duties effectively.

The pharmacy had a complaints handling procedure. Customer concerns were generally dealt with at the time and reported to the superintendent. Details of the local NHS complaints advocacy service and PALs could be provided on request. The pharmacist said that they rarely had any formal complaints and had not yet had to record any. Staff could not recall the outcome of the last patient satisfaction survey which had been completed in March 2018.

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 June 2020 when they would be renewed for the following year.

The pharmacy had systems for keeping all the necessary records. In general, records were in order, including controlled drug (CD) registers. But, the pharmacy did not have a system for recording patient returned CDs. Records of returned CDs are necessary for audit trail and to account for all the non-stock CDs which RPs have under their control. Records of emergency supplies were generally in order although did not always give a clear reason for the decision to supply. And, records for private prescriptions did not all show the date of the prescription and the date of supply. Records for the supply of Unlicensed 'Specials' did not have all the details as required by the MHRA and the responsible pharmacist record was incomplete.

Staff understood the importance of safeguarding people's private information and had been briefed as part of their induction when they joined the team. Discarded labels and prescription tokens were collected together throughout the day and then shredded. Regular pharmacists, and the trainee technician had all completed level 2 CPPE safeguarding training and remaining staff had been briefed.

## Principle 2 - Staffing **Standards not all met**

### Summary findings

The pharmacy has enough staff to manage the workload. Staff work together and are involved in improving the pharmacy's services. But, the pharmacy does not do enough to ensure that the members of its team have the right knowledge and skills to do their jobs. Less experienced team members are not provided with enough training and support to develop their skills and carry out their tasks effectively.

### Inspector's evidence

In general, pharmacy services were covered by the regular RP and two regular locums. The rest of the team consisted of a full-time trainee technician, two full-time MCAs, and a part-time MCA, who did not work permanently at the pharmacy. One of the full-time MCAs and the part-time MCA were working as dispensing assistants but had yet to be enrolled on an appropriate pharmacy training course.

At the time of the inspection the pharmacy team consisted of the regular RP, the two MCA dispensing assistants and an MCA on the counter. The team was up to date with the daily workload of prescriptions and customers were attended to promptly. The MCA dispensing assistant said she felt supported in her role and could raise concerns. She described having regular meetings with the team including the RP when they would discuss how things could be improved.

The RP was not set targets for Medicines Use Reviews (MUR)s. But, he said that he tried to offer an MUR to everyone who needed one. He said he was able to provide MURs for people who needed one without compromising attention to the remaining workload. He aimed to provide a good service by ensuring that people's medicines were dispensed on time and the day's workload completed. He described providing many MURs to people who needed advice with their medicines or their inhalers.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy's premises are clean and professional looking. They provide a safe, secure environment for people to receive healthcare services. But there was a lack of storage space which meant that it did not look as tidy and organised as it could.

### Inspector's evidence

The pharmacy shared its premises with its photographic business. The photographic business included developing and printing and occupied approximately one third of the shop floor area. The premises had a bright modern appearance and customer areas were generally clean and tidy. It had a spacious shop floor and a consultation room for private consultations such as MURs. The pharmacy had a staffroom and toilet upstairs. The dispensary was on a raised plinth, situated alongside the counter, and staff could pass easily between the two. The pharmacy had a dispensing and checking bench which ran the length of the dispensary. And an island in the middle which provided additional dispensing work surface. It had open shelves, for storing stock. There was a clear work flow with clearly defined areas for dispensing and accuracy checking and for making up multi-compartment compliance packs. The main dispensary work surface was close to the counter and shop floor, allowing the pharmacist to counsel people and help them at the counter when necessary.

But, storage in the dispensary appeared to be inadequate. Bulky prescriptions were stored in several boxes on the floor, as were multi-compartment compliance packs. In general dispensary floors were cluttered. Dispensed prescriptions were stored so that patients' details could not be viewed by the public. The dispensary was generally clean and appropriately maintained. Overall, the pharmacy was bright and well ventilated with temperature control systems in place. It had a professional appearance and stocked a range of items for health and personal care.

## 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 but they do not always give people the advice and information they need to help them use their medicines safely and properly. The pharmacy does not do enough to ensure that it has up-to date procedures and that these are followed. The pharmacy does not manage its medicines well. It does not carry out enough checks to help make sure that its medicines are fit for purpose. And, it doesn't carry out all of its checks as thoroughly as it could. The pharmacy does not store all of its medicines safely, once they have been removed them from their original packs.

### Inspector's evidence

The pharmacy had an automatic door and step -free access suitable for wheelchair users. The shop floor area was uncluttered and wide enough for wheelchair users to move around. The pharmacy had a prescription ordering service for a small number of patients who needed help to manage their prescriptions. Services were advertised at the front window for people to see.

The pharmacy had a set of SOPs in place. But these had not been reviewed for four years nor had they been read and signed by staff members present. And so, it was difficult for staff to demonstrate that they were delivering services in accordance with a robust set of standardised procedures. An up-to-date, documented set of SOPs would help the team to deliver services in an informed, consistent and safe way.

Team members could not locate a SOP for dispensing multi-compartment compliance packs. The packs were being dispensed by the full-time MCA who had not yet had any formal dispensing training. Multicompartment compliance packs were provided for patients who needed them. Patient information leaflets (PILs) were offered with new medicines but not on a regular basis thereafter. The medication in compliance packs was not generally given a description, including colour and shape, to help people to identify them. And labels had been placed on packs so that they overlapped each other and, in many cases, the required BNF advisory information had been covered up. This meant that people may not have all the information they need to take their medicines properly. The pharmacy's SOP for auditing CD stocks was not complied with. Staff had completed seven CD audits over the last two years, rather than one each month, as per the SOP. But, a random sample of CD stock was checked during the inspection (MST 30mg tablets) and the quantity checked was as stated in the register.

The pharmacy had procedures for counselling all patients in the at-risk group taking sodium valproate. The pharmacist had the MHRA pack to hand including valproate warning cards, and a guidance sheet. With the help of the local surgery, the pharmacy had conducted an audit and found that they had did not have any patients in the at-risk group. Packs of sodium valproate in stock bore the updated warning labels.

Medicines and Medical equipment were obtained from: AAH, Alliance Healthcare, DE Pharmaceuticals and Colorama. Unlicensed 'specials' were obtained from Thame labs. All suppliers held the appropriate licences. A CD cabinet and two fridges were used for storing medicines for safe custody, or cold chain storage as required. However, staff had only been recording the temperatures for one of the fridges which meant that they could not demonstrate that all fridge items were being stored appropriately.

Fridge temperature records indicated that one of the two fridges was operating within the required temperature range of between two and eight degrees Celsius. But, when checked, the maximum temperature was found to have reached 11 degrees Celsius. The temperatures ad been read and recorded by the MCA and the RP was unaware. Fridge temperatures should be read, recorded and monitored to ensure that the medication inside is kept within the correct temperature range.

In general, pharmacy stock was tidy. But, the pharmacy had several open packs of capsules and tablets which contained loose strips of medication with different batch numbers and expiry dates. Two strips of generic promethazine 25mg tablets from two different manufacturers were found inside a pack of the branded Phenergan 25mg tablets (promethazine). Neither of the strips had a batch number or expiry date. A pack of Vesicare 5mg tablets (solifenacin) was found to contain two part-strips of tablets which were a different size and colour and had no descriptions to identify them. The same pack also contained a strip of ranitidine 150mg tablets. Another pack; Vesicare 10mg tablets, was found to contain a loose strip of two Vesicare 5mg tablets. Several insulin pens in the fridge were not in the manufacturer's original pack and therefore did not have all of the manufacturer's information on them. Having products mixed up and stored in this way means they could be dispensed in error or missed if subject to a product recall or safety alert. They also could be handed out after they had gone out of date. The pharmacy team were not scanning products with a unique barcode in accordance with the European Falsified Medicines Directive (FMD) and they were not sure when this would be introduced.

The pharmacist said that stock was regularly date checked. But, the last recorded date check was 17 months previously and that had been for a selection of stock only. According to records, fridge items had not been checked for over two years. A random check of items in the fridge identified two insulin products which had expired; Humulin M3 (expired July 2019) and Hypurin (expired September 2019). A check of inhalers found several inhalers which were well past their expiry date. These included two salbutamol inhalers (expired May 2019) a Seretide 100 Accuhaler (expired March 2019) and two Serevent accuhalers (expired September 2018) amongst others. These out-of-date products were found in with dispensing stock. The pharmacist believed that these had been put back into stock in error after a stock take. Waste medicines were disposed of in the appropriate containers to be collected by a licensed waste contractor. The pharmacy didn't have a list of hazardous waste or a separate container for its disposal. The list would help staff to ensure that they were disposing of hazardous waste medicines properly. The pharmacist said that he received notification of drug recalls and safety alerts from the MHRA. He said that recalls and alerts were responded to promptly although he did not keep records. He could recall the recent recalls for aripiprazole oral solution and Emerade injections. The team had not found any of the affected stock.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. In general measures were of the appropriate BS standard. But, one of the measures did not bear a crown stamp or an ISO number and was not clean. The pharmacist said he would discard it and order a more appropriate one. A second measure appeared to have dirty residue on the bottom. The pharmacist said that staff would clean the measure before use. Tablet counting triangles were clean. The pharmacy had a separate triangle for counting cytotoxic tablets and amber dispensing bottles were stored with their caps on 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 service. Pharmacists had access to a range of reputable online information sources such as the NHS websites and EMC. The pharmacy had two computer terminals. One in the dispensary and one in the consultation room. Both computers had a patient medication record (PMR) facility. The pharmacist said that the one in the consultation room was often used for prescription queries. Computers 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. In general staff were not using their own smart cards when accessing PMRs. 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. |