

Registered pharmacy inspection report

Pharmacy Name: Puri Chemist, 39 Western Road, SOUTHALL,
Middlesex, UB2 5HE

Pharmacy reference: 1035128

Type of pharmacy: Community

Date of inspection: 25/11/2019

Pharmacy context

A family run community pharmacy. One of two belonging to the same company. The pharmacy is on a busy road in the centre of Southall. As well as the NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS) and a delivery service to the housebound. Medicines are supplied in multi-compartment compliance aids for many people in the local community. The pharmacy supplies prescription methadone to substance misuse clients. The pharmacist hopes to provide a travel vaccination and malaria prophylaxis service within 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	1.1	Good practice	The pharmacy team is good at supporting team members to learn from their mistakes and improve.
		1.3	Good practice	Team members have a good understanding their roles and responsibilities
2. Staff	Standards met	2.2	Good practice	The pharmacy is good at supporting the team to learn and improve.
		2.5	Good practice	Team members work well together to learn and to improve the quality of the pharmacy's services.
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 have a good understanding their roles and responsibilities. They listen to people's concerns and keep people's information safe. Team members discuss any mistakes they make. And they share information on what could go wrong to help reduce the chance of making mistakes in future. The pharmacy team is good at supporting team members to learn from their mistakes and improve.

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 reviewed all incidents with the team, regularly. They were reviewed and discussed to prevent staff from repeating their mistakes and to help them learn and improve. Staff were required to take extra care when selecting 'look alike sound alike' drugs (LASAs) such as amitriptyline and atenolol, prednisolone and propranolol. The pharmacist had placed a list of LASAs on the wall as a reminder. When dispensing these drugs, and other LASAs, they were encouraged to focus on what was different between them, using tall lettering on labels attached to shelf edges. The team had separated stocks of clobetasone and clobetasol and bisoprolol 2.5mg and bisoprolol 1.25mg. Staff had also discussed the potential for error when dispensing different forms of the same drug such as ramipril tablets and ramipril capsules. The team had 'transformation risk log' where they recorded any incidents where medicines had been missed from multi-compartment packs.

The system for recording near misses showed who was involved, but records did not show what would change going forward or what the specific learning points were. In general mistakes appeared to be relatively rare. This was small team and staff said they would discuss their mistakes at the time and again during team discussions. They were encouraged to reflect on what they had done wrong and find ways of preventing mistakes in future. The team held regular monthly reviews so that they could reflect on what had worked well and what still needed to be done. Staff were working 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) 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 Teva brand of all strengths of Losartan tablets and the mercury brand of Levothyroxine 25mcg tablets and Levothyroxine 100mcg tablets. 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 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 31 December 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, the responsible pharmacist (RP), emergency supplies and unlicensed 'Specials' were also in order. The pharmacy had records for CDs, returned by people, for destruction. 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. Discarded labels and tokens were disposed of in a box and then shredded. Completed prescriptions were stored in the dispensary out of view of the public. The pharmacist on duty had completed level 2 CPPE training on safeguarding. The dispensers had completed level one. 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.

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. The pharmacy is good at supporting the team to learn and improve.

Inspector's evidence

The pharmacy was run by the regular RP with support of two part-time pharmacists, who managed services between them six days per week. The rest of the team included two full-time technicians and one part-time dispenser, one full-time medicines counter assistant (MCA) and a part-time MCA. On the day of the inspection the RP was supported by two technicians and a dispenser. 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.

Staff were able to discuss matters as they worked and were able to keep up to date with any current issues. They had protected training time and were provided with training tools to keep their knowledge up to date. Recent training had included foot care, animal health and deworming products, and hay fever. Staff had also completed essential training on safeguarding and confidentiality. Further training from the pharmacist included new asthma inhalers and antihypertensives.

The technician described how the team tried to support the pharmacist in completing the national audits for methotrexate and NSAIDs. He had also made suggestions as to how to ensure that the dispensing and accuracy checking areas were kept free of unnecessary clutter by reorganising incomplete prescriptions and storing those with 'Owings' in a separate area.

The RP described being able to raise concerns. He said he had regular informal discussions with the owner. He would have informal discussions during which he could make suggestions and raise concerns. And he felt able to make his own professional decisions in the interest of patients. He would offer an MUR, an NMS or flu vaccination when he felt it beneficial for someone. And he would ask people to come back if providing the service would put him under pressure with regards to the dispensing service. He was also targeted with managing the daily workload and providing a good service.

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's premises were close to the local high street and had a bright modern appearance. The pharmacy had a double front, full height windows and a glass door to provide natural light. And had step free access via a small ramp. The shop floor was clear of obstructions and wide enough for wheelchair users. The pharmacy had a consultation room and a small seating area for waiting customers. The RP used the consultation room for private conversations and services such as MURs. Items stocked included a range of baby care, healthcare, beauty and personal care items.

The doors to the consultation room was open when the inspector entered the pharmacy, but staff said it was usually locked. The sharps waste bin for the flu service had been left on top of the bench in the room and not locked away. The dispensary was relatively spacious. It had a five to six metre run of bench space to one side. This was where most of the dispensing and checking took place. There was a one to two metre run of bench space opposite. There was another six to seven metre L-shaped run of dispensing bench towards the back of the dispensary. Dispensing of multi-compartment compliance aids took place here. Work surfaces were well used but there was a clear work flow. Marked designated areas for dispensing and checking. The dispensary was clean tidy and organised modern clean and professional looking. The rear of the pharmacy had a staff area and toilet and a storage area with a door to the outside of the premises. Staff areas were clean. The pharmacy 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 makes its services available to everyone and ensures its services are provided safely and effectively. 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. The pharmacy's team members check stocks of medicines regularly to make sure they are in date and fit for purpose.

Inspector's evidence

A selection of the pharmacy's services was advertised at the front window, and there was a small range of information leaflets for customer selection. The entrance to the pharmacy had a small ramp and the consultation room was suitable for wheelchair access which meant that wheelchair users could access services, including those which required a private consultation, such as an MUR. The pharmacy was a Healthy Living Pharmacy (HLP). It had supported the recent national campaign for smoking cessation; 'Stoptober'. The pharmacy team had displayed the NHS information material and leaflets in the pharmacy's health promotion area. They were awaiting the material for the current winter health promotion campaign; 'Help Us to Help You'.

The pharmacy worked with the blood cancer charity, DKMS, by taking cheek swabs from volunteers and sending to the charity. The charity's work involved compiling a register of blood stem cell donors for patients with a blood cancer or for people with blood disorders requiring a blood stem cell transplant. The pharmacist said he was working with the charity to promote the service locally. He had discovered that there was a low percentage of donors with a south Asian ethnicity and hence fewer stem cell matches for people of the same ethnicity with these blood conditions. He was trying to help the charity to build up the number of potential donors. He was also working with local dieticians to engage with local supermarkets. Their aim was for supermarkets to stock healthier foods for the local community.

The pharmacy had a set of SOPs in place and staff appeared to follow the SOPs relevant to their roles. They conducted regular audits of CD stock, as per the CD SOP. The quantity of stock checked (Shortec 5mg) 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 but were not provided regularly with all 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. And, the labelling directions on compliance aids had the required BNF advisory information to help people take their medicines properly except for one.

The pharmacy had procedures for targeting and counselling all female patients taking sodium valproate. Staff could locate warning cards, and the guidance sheet produced by the MHRA. The RP said he had checked the pharmacy's records and found no patients in the at-risk group taking the drug. All packs of sodium valproate in stock bore the updated warning label. The pharmacist had additional warning labels to apply to packs if needed. The pharmacy delivered its flu vaccination service in accordance with an up-to-date PGD and a service level agreement. Patient consent was obtained following the completion of a questionnaire. Questionnaires were assessed to establish whether someone was eligible and suitable for vaccination. The pharmacy kept records of the item supplied and had procedures for dealing with incidents of anaphylaxis.

Medicines and Medical equipment were obtained from: AAH, Alliance, Sigma, OTC Colorama and DE. Unlicensed 'specials' were obtained from Sigma. All suppliers held the appropriate licences. The pharmacy was scanning products with a unique bar code, in accordance with the European Falsified Medicines Directive (FMD). 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.

Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. But staff did not have a separate container for hazardous waste or a list to refer to, so they could dispose of all medicines appropriately. Drug recalls and safety alerts were responded to promptly and records were kept. No faulty stock had been identified in the recent recalls for ranitidine tablets, but they had identified stocks of ranitidine liquid which were removed from stock and returned to the wholesaler.

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 generally clean, although triangles had a dusty residue from tablets counted on them before. And some measures were lime-scaled. But the pharmacy had a separate triangle for counting loose cytotoxic tablets and a separate measure for methadone, to help prevent cross contamination. And amber dispensing bottles were stored with their caps on, to prevent contamination with dust and debris. The pharmacy also had CD denaturing kits for the safe disposal of CDs. There were up to date information sources available in the form of a BNF, a BNF for children 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, the MEP, and Medicines complete.

There were three computer terminals available for use in the dispensary and an additional one in the consultation room all computers had a PMR facility. The pharmacy also had a tablet for training on counter medicines. Computers were password protected and were out of view of patients and the public. It was noted that the RP was using his own smart card when working on PMRs. Staff 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 shredded.

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.