

Registered pharmacy inspection report

Pharmacy Name: Sunset Pharmacy, 165 High Street, STAINES,
Middlesex, TW18 4PA

Pharmacy reference: 1035135

Type of pharmacy: Community

Date of inspection: 03/03/2020

Pharmacy context

A community pharmacy set on a parade of shops on a main road in Staines. The pharmacy opens six days a week. And most people who use it live or work close by. The pharmacy sells a range of over-the-counter (OTC) medicines and some health and beauty products. It dispenses NHS and private prescriptions. It supplies medicines to a few care homes and provides multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. The pharmacy offers Medicines Use Reviews (MURs) and the NHS New Medicine Service (NMS). It also offers a needle exchange service and substance misuse treatments. The pharmacy provides winter influenza (flu) vaccinations. It can supply the morning-after pill for free. And its team can check people's blood pressure (BP) too.

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	Good practice	3.1	Good practice	The pharmacy is fitted out to a high standard. It provides a safe, secure and a very professional environment for people to receive healthcare.
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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They review the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided. And these were reviewed towards the end of last year. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They highlighted some look-alike and sound-alike drugs to help reduce the risks of them picking the wrong medicine from the dispensary shelves. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team recorded their mistakes. And they discussed and reviewed them periodically with their colleagues to learn from them. They also took steps to stop them happening again. For example, they strengthened their care home dispensing procedures after a resident was supplied with the wrong strength of medication and the dosage times of some medicines on a resident's medication administration record were incorrectly transcribed.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. A member of the pharmacy team explained that she wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And she would refer repeated requests for products liable to overuse, misuse or abuse to the RP. A complaints procedure was in place and patient satisfaction surveys were undertaken each year. The results of last year's survey were yet to be published. But the previous year's results were available online. The pharmacy team asked people for their views. And a notice displayed at the counter told people how they could provide feedback about the pharmacy. People's feedback led to changes in the way the pharmacy team managed its dispensing workload to reduce prescription waiting times.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's controlled drug (CD) register was adequately maintained. And the CD register's running balance was checked regularly. The nature of the emergency within the pharmacy's records for emergency supplies made at the request of patients sometimes didn't provide enough detail for why a supply was made. The pharmacy's RP records were generally kept in order. The prescriber's details were occasionally incomplete or wrongly entered into

the pharmacy's private prescription records. The pharmacy's records for the supply of unlicensed medicinal products ('specials') didn't always include the date an unlicensed medicinal product was obtained.

The pharmacy had an information governance policy in place. And its team members were required to read and sign a confidentiality agreement. The pharmacy displayed a privacy notice. And this told people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy had arrangements to make sure its confidential waste was collected and then destroyed securely onsite. Its team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team are undergoing training for the jobs they do. They work well together and make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy and its services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 51½ hours a week. It dispensed about 6,400 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time dispensing assistant, a full-time trainee dispensing assistant, a full-time trainee medicines counter assistant, a part-time delivery driver and a part-time cleaner. The RP was the superintendent pharmacist. And he managed the pharmacy and its team. The RP, the dispensing assistant, the trainee dispensing assistant and the trainee medicines counter assistant were working at the time of the inspection. The pharmacy relied upon its team and locum staff to cover absences.

The pharmacy's team members needed to complete accredited training relevant to their roles after completing a probationary period. They worked well together and supported each other. So, prescriptions were processed efficiently, but safely, and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of the pharmacy team described the questions she would ask when making OTC recommendations and when she would refer people to a pharmacist. For example, requests for treatments for infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

The pharmacy's team members discussed their performance and development needs throughout the year with the RP. They were encouraged to train while at work when the pharmacy wasn't busy. But they could train in their own time too. Team meetings were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew how to raise a concern if they had one. And their feedback led to changes to the way the pharmacy's monthly medication order was processed. The pharmacy's team members weren't under pressure to complete the tasks they were expected to do. They were asked to promote the pharmacy's services. But the pharmacy didn't set targets or incentives for them. And the RP only provided MURs and NMS consultations when it was clinically appropriate to do so.

Principle 3 - Premises ✓ Good practice

Summary findings

The pharmacy is fitted out to a high standard. It provides a safe, secure and a very professional environment for people to receive healthcare in. And it has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was air-conditioned, bright, clean and modern. It was well laid out and organised. It was professionally presented throughout. And its fixtures and fittings were of a high standard. The pharmacy had the workbench and storage space it needed for its current workload. People's compliance packs and medication for care home residents were dispensed in a quieter area of the pharmacy. So, distractions and interruptions to the team members assembling them were minimised. The pharmacy had a well-equipped consultation room for the services it offered and if people needed to speak to a team member in private. The consultation room was locked when it wasn't being used. So, its contents were kept secure. Conversations in the consultation room couldn't be overheard in the public areas next to it. The pharmacy team and a cleaner were responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are generally safe and effective. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they mostly dispose of waste medicines properly too.

Inspector's evidence

The pharmacy didn't have an automated door. But its entrance was level with the outside pavement. And a member of the pharmacy team would open the door when necessary. So, people with mobility difficulties, such as wheelchair users, could enter the building. The pharmacy advertised some of its services in-store and in its practice leaflet. Members of the pharmacy team were helpful. And they signposted people to another provider if a service wasn't available at the pharmacy. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines. The pharmacy team couldn't provide NHS health checks at the time of the inspection as one of the diagnostic machines it used wasn't working properly.

The pharmacy had appropriate anaphylaxis resources in place for its flu vaccination service. And the RP was appropriately trained to vaccinate people. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated and their consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bin was kept securely when not in use. But the RP didn't always get another team member to check that the vaccine he selected was the correct one before administering it. The pharmacy had valid, and up-to-date, patient group directions for its vaccination service and for the supply of the morning after pill. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged. A brief description of each medicine contained within the compliance packs was provided. And patient information leaflets were generally supplied. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. But prescriptions for CDs weren't always marked with the date the 28-day legal limit would be reached to help the team make sure supplies were made lawfully. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks. But these weren't always documented. The pharmacy team highlighted short-dated products and marked containers of liquid medicines with the date they were opened. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team was required to keep

patient-returned and out-of-date CDs separate from in-date stock. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. And they had started to decommission stock for some prescriptions, but not all, as the pharmacy had the appropriate equipment and computer software to do so. The SOPs had been reviewed to reflect the changes FMD brought to the pharmacy's processes. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. And needle exchange clients were asked to return their spent syringes and needles in an appropriate sharps bin and deposit these within a designated waste receptacle when attending the pharmacy. People attempting to return prohibited items, such as household chemicals, were appropriately signposted. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste. But some cytotoxic waste was found in a bin intended for non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. Its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. And team members made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided BP checks on request. And the BP monitor was replaced at the end of last year. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.