

Registered pharmacy inspection report

Pharmacy Name: Flora Fountain Ltd., 283 High Street, UXBRIDGE,
Middlesex, UB8 1LQ

Pharmacy reference: 1035172

Type of pharmacy: Community

Date of inspection: 05/03/2020

Pharmacy context

This is a community pharmacy belonging to a small independent pharmacy business. The pharmacy is in Uxbridge town centre. As well as the NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS) and supplies medicines in multi-compartment compliance packs for people living in the local community. The pharmacy also has a prescription delivery service for the housebound. And a substance misuse service.

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 responsibilities in helping to protect vulnerable people. They listen to people's concerns and keep their information safe. They discuss any mistakes they make and share information to help reduce the chance of making mistakes in future. But the pharmacy does not always keep its records in the way that it should.

Inspector's evidence

Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. They worked in accordance with an up-to-date set of standard operating procedures (SOPs). And staff had read SOPs relevant to their roles. The pharmacy had procedures for managing risks in the dispensing process, but staff said that mistakes were relatively rare. All incidents, including near misses, were discussed at the time and recorded. The team also had regular meetings to review and discuss any mistakes and ways of preventing a reoccurrence. This was small close-knit team and it was clear that discussions were integral to the day to day running of the pharmacy. The regular pharmacist reviewed all near misses each month using the CPQS document. And while there was not much detail on the near miss record about what had led to the mistake or what could be done differently in future. The CPQS form identified several areas which had been discussed. Staff were required to take extra care when selecting 'look-alike, sound-alike' drugs (LASAs), and several had been separated to help reduce the chance of the wrong one being selected. This included gabapentin and pregabalin and ramipril tablets and capsules. Different strengths of other medicines had been separated with other products in between.

Near misses due to mistakes with LASAs had reduced from previous months as staff became more aware of the risks. And the dispenser identified two new LASAs during the inspection as she was unpacking the delivery, which she highlighted to staff. The most common near misses over the last two months had been related to the quantity or form of drug dispensed. Records showed that discussions were had with staff at the time to raise awareness of the different forms of drugs and to check quantities. Evidence was seen of staff placing a series of tick marks on the prescription to make sure they had checked everything properly.

The pharmacy team had a positive approach to customer feedback. And tried to keep specific brands of medicines for people who needed them to help with compliance. Notes were added to individual patient medication records (PMRs) to ensure they were dispensed for those who needed them. Last year's patient questionnaire showed a very small number of respondents would like a more private area for confidential conversations. So, staff said they offered the use of the consultation room to patients regularly. The room had a large sign on the door and on the wall above it to promote it to people. Customer concerns were generally dealt with at the time by the RP and formal complaints referred to the Superintendent (SI). Staff said that complaints were rare and could not recall having had one. But if they were to get a complaint it would be recorded. Staff could find details for the local NHS complaints advocacy and PALS on line if anyone requested them.

The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were renewed annually.

All the necessary records were kept and were generally in order including records for private prescriptions and the RP, although details of the times at which the RP's responsibilities ceased had been omitted on several occasions.

Records for emergency supplies were generally in order although the details being recorded required review to ensure they were complete. Records for unlicensed 'Specials' were generally in order although a small number did not contain patient, label and prescriber details. The pharmacy had a system for recording the receipt and destruction of patient returned CDs. These records were necessary to provide an audit trail and give an account of all the non- stock Controlled Drugs (CDs) which pharmacists had under their control. Controlled Drug (CD) registers were generally in order although some had been changed part-way through. In the examples inspected this had led to the opening of a second register for the brand originally specified in the register. These changes had been made by non-regular staff. The RP intended to close these registers and open new ones to comply with regulatory requirements.

Staff had completed training on preserving confidentiality. Completed prescriptions were stored on shelving in the stock room near the consultation room. Staff said that they would stand between people and the prescriptions to prevent them from viewing them. In general staff tried to store prescriptions in such a way as the details could not be viewed by members of the public on their way in and out of the consultation room. Discarded patient labels and prescription tokens were discarded into a container while working. The contents of the container were shredded regularly.

The pharmacist present had completed level 2 CPPE training for safeguarding children and vulnerable adults. Support staff had been briefed and knew to raise safeguarding concerns with pharmacists. The pharmacy team had not had any specific safeguarding concerns to report. But had referred vulnerable patients to their GPs when they had become forgetful about taking their medicines. Contact details for the relevant safeguarding authorities were available online and staff had a SOP to follow.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members can make suggestions and get involved in making improvements to the safety and quality of services provided. They work effectively together in a supportive environment.

Inspector's evidence

The pharmacy was run by a regular RP with support of locums and the superintendent (SI) to cover days off and holidays. On the day of the inspection the pharmacy was run by the regular RP, two full-time dispensers, a part-time dispenser, and a part-time medicines counter assistant (MCA). Staff were observed to work well together. They assisted each other when required and discussed matters openly. Staff had noticed an increase in prescription volume with people concerned about obtaining their medicines as a result of fears around the rise in the number of cases of coronavirus (Covid-19). But the daily workload of prescriptions was in hand and customers were attended to promptly. The RP described how she was increasing the training of staff to carry out certain tasks so that they could increase their responsibilities if needed. She felt that this was important in the likely event that staff numbers may unavoidably reduce over the forthcoming weeks.

Staff were able to discuss matters as they worked and were able to keep up to date with any current issues. Staff were provided with training tools to keep their knowledge up to date. Recent training had included sepsis awareness and essential training on protecting patient confidentiality.

One of the dispensers described having regular informal discussions with both the regular RP and the SI. And she was also able to raise concerns or make suggestions as to how services could be improved. She described how she had suggested that she place a tick against every detail on items on prescriptions so that she could cross check prescriptions with the items she had dispensed. The RP also described being able to raise concerns. She felt able to make her own professional decisions in the interest of patients. She would offer an MUR, an NMS consultation or flu vaccination when she felt it beneficial for someone. And she would ask people to come back if providing the service at that time would put the dispensing service under unnecessary pressure. She 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, organised and professional looking. They provide a safe, secure environment for people to receive healthcare services. The pharmacy uses its facilities in a way which protects people's privacy, dignity and confidentiality

Inspector's evidence

The pharmacy's premises had a bright modern appearance. They had a double front with full height windows and a glass door to provide natural light. Customer areas were clear of obstructions. They were wide enough for wheelchair users. And had a small seating area for waiting customers. Items stocked included a range of baby care, healthcare, beauty and personal care items. The dispensary was on a slightly raised plinth behind the counter. It had an eight metre L-shaped run of dispensing bench (approximately) which was generally used for dispensing repeat prescriptions and 'Owings'. It had a separate area of dispensing work surface overlooking the counter and shop floor. And this was where staff dispensed and checked most 'walk-in' prescriptions. Overall, the dispensary was clean, tidy and organised.

The pharmacy had a large stock room to the side and rear of the dispensary. The door to the stock room provided access to the pharmacy's consultation room which was just inside the stock room, near the counter and dispensary. The stock room also contained a long dispensing bench used for dispensing multi-compartment compliance packs. And it had a run of shelving for storing prescriptions. The pharmacy's staff facilities were located at the back of the stock room. And these too were clean. In general, the pharmacy was tidy and organised and had a professional appearance. The pharmacy's sinks floors and work surfaces were tidy, organised and clean. And its dispensary benches were tidy and uncluttered. There appeared to be enough work surface for the workload. Access to the dispensary and consultation room was authorised by the pharmacist.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally delivers its services in a safe and effective manner. And, people can easily access them. Staff try to make sure they give people the advice and information they need to help them use their medicines safely and properly. The pharmacy generally manages its medicines safely. And it usually carries out checks to make sure its medicines are fit for purpose. But it does not always store them properly after they have been removed from their original packs.

Inspector's evidence

The pharmacy advertised its services at the front window and inside. And, there was a small range of information leaflets available for customer selection. The pharmacy had step-free access at its entrance, suitable for wheelchair users to cross. The shop floor was wide enough for wheelchair users to move around and the consultation area could also be accessed by someone using a wheelchair. The pharmacy offered a prescription collection service although the need was rare. It also had a prescription ordering service for those who had difficulty managing their own prescriptions.

The pharmacy had an up-to-date set of SOPs in place. In general, staff appeared to be following the SOPs. They provided an audit trail of the dispensing process as per the dispensing SOP. And carried out a full CD stock audit on a regular basis as per the SOP. The quantity of stock checked matched the running balance total in the CD register. Multi-compartment compliance packs were provided for people who needed them. Patient information leaflets (PILs) were offered to patients with new medicines and in general with repeat medicines. The medication in compliance packs was given a description, including colour and shape, to help people identify the medicines. And the labelling directions gave the required BNF advisory information to help people take their medicines properly. The pharmacy had conducted national NHS audits for sodium valproate, lithium and non-steroidal anti-inflammatory drugs (NSAIDs). The pharmacist understood the risks to people in the at-risk group taking sodium valproate. But at the time of the inspection the pharmacy had no at-risk patients on the drug. But the pharmacist had still provided counselling for those taking it. Packs of sodium valproate in stock bore the updated warning label. Lithium patients had been counselled to help them identify symptoms of toxicity and manage their condition. The pharmacy's audit on NSAIDs had identified all patients taking an NSAID to ensure that they had also been prescribed with a proton pump inhibitor (PPI) drug.

The pharmacy had the equipment and software for scanning products in accordance with the European Falsified Medicines Directive (FMD) and but were not yet scanning packs with a unique barcode. Medicines and Medical equipment were obtained from Alliance Healthcare, Sigma and AAH. Unlicensed 'specials' were obtained from Rokshaw and Thame Laboratories. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised fashion. But there were several loose strips of tablets on shelves which had been removed from their original containers. There were also one or two items approaching or passed their expiry date. But staff said that they would check expiry dates before dispensing. All expired CDs and patient returned CDs had been destroyed appropriately.

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. General stock was regularly date checked although staff did not always keep records. Stock which had reached its expiry date was removed from storage and put in the Doop bin for collection by a licensed waste contractor. But staff did not have a

list of hazardous waste to refer to, which would help ensure that they were disposing all waste medicines appropriately. Drug recalls and safety alerts were generally responded to in a timely manner.

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. Measures and tablet triangles were of the appropriate BS standard and generally clean. And amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris. CD denaturing kits were used for the safe disposal of CDs. The pharmacy team had access to reputable and up-to-date information sources such as the BNF, the BNF for children and the drug tariff. Pharmacists also used the NPA advice line service. They also had access to the BNF app and had access to a range of reputable online information sources such as EMC, NHS and NICE.

There were three computer terminals available for use. Two in the dispensary and one in the consultation room. All computers had a PMR facility, were password protected and were out of view of patients and the public. Staff were using their own smart cards 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 paper waste was collected for safe disposal.

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.