

Registered pharmacy inspection report

Pharmacy Name: RJ's Pharmacy, 210 Ealing Road, WEMBLEY,
Middlesex, HA0 4QG

Pharmacy reference: 1035201

Type of pharmacy: Community

Date of inspection: 12/06/2019

Pharmacy context

This is a community pharmacy located along a busy main road and shopping area in Wembley, Middlesex. The pharmacy dispenses NHS and private prescriptions. It provides Medicines Use Reviews (MURs), the New Medicines Service (NMS) and seasonal flu vaccinations. And it supplies some people with their medicines inside multi-compartment compliance aids, if they find it difficult to manage their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Overall, the pharmacy's working practices are safe and effective. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from these. They understand how they can protect the welfare of vulnerable people. And, in general, the pharmacy maintains its records in accordance with the law.

Inspector's evidence

The pharmacy's workload was manageable at the inspection. Staff assembled prescriptions straight away for people waiting for prescriptions and they ensured the dispensary was kept clear of clutter. Their near misses were seen recorded, although in line with the volume of dispensing, these were few in number.

Staff explained that most of their workload was from electronic prescriptions and details were scanned to bring up the relevant information. Near misses were collectively reviewed every month to identify trends or patterns and details were seen documented to verify this. Caution notes were placed in front of stock as a visual alert and medicines with similar packaging or names were separated, such as Daktarin and Daktacort. This also included identifying common errors such as propranolol and prednisolone.

The responsible pharmacist (RP) explained that he asked pre-registration pharmacists to compile a list of common causes, mistakes and risks seen in the pharmacy. This helped to reinforce their learning, development and raise their awareness. An annual patient safety report was seen completed in January 2019, this identified key learning points as separating look-alike and sound-alike medicines as well as using shelf-edge labels to highlight some medicines.

The pharmacy informed people about its complaint's procedure, this was through a notice that was on display in the retail area. Incidents were handled by the RP, his process involved acknowledging the issue, apologising, checking details, identifying the root cause, rectifying the situation, recording details and amending internal processes.

Feedback about the pharmacy's services was obtained annually through surveys, the RP explained that people liked that they could speak in their own language with the team, this helped put them at ease and staff always tried to converse with them using their preferred language.

A range of documented standard operating procedures (SOPs) were available to support services. Staff had read and signed these, their roles were defined with them, but the SOPs were dated from 2015. The RP who was also the superintendent, confirmed that he had reviewed the SOPs the previous year. Ensuring SOPs were clearly annotated with this information, was discussed during the inspection. Staff could explain their roles and responsibilities, they knew which activities were permissible by law in the absence of the RP and the correct RP notice was on display. This provided details of the pharmacist on charge, on the day.

The pharmacy was registered with the Information Commissioner's Office (due for expiry in 2020). The team segregated confidential waste before it was shredded, and the pharmacy stored its dispensed prescriptions awaiting collection away from the front counter. This meant that sensitive details were

not visible from the retail area. A notice was on display to inform people about how people's privacy was maintained.

Staff had signed confidentiality statements, they were trained on the EU General Data Protection regulation (GDPR), there was documented information present to provide guidance and risk assessments were seen completed. Summary Care Records were accessed for queries and on weekends, verbal consent was obtained, and details were marked on records.

Staff were trained to identify signs of concern and safeguard vulnerable people, they referred to the RP or GP if required in the first instance. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE), staff were trained as dementia friends, to level 1 via CPPE for safeguarding and received training centrally from the company's head office. The pharmacy held relevant local contact details as well as policy information. The pharmacy's chaperone policy was also on display.

Records of the maximum and minimum temperature were maintained to verify appropriate cold storage of medicines. Staff maintained a complete record of Controlled Drugs (CDs) that were returned by the public and destroyed by them.

The pharmacy's records were, in general, maintained in line with statutory requirements. This included a sample of registers checked for CDs, the RP record, unlicensed medicines, most records of emergency supplies and most records of private prescriptions. For CDs, balances were checked, and details documented every other week. On randomly selecting CDs held in the cabinet (Longtec, Sevredol), only the former's quantity, matched the balances within corresponding registers. The RP immediately investigated and reconciled the situation.

Occasionally for private prescriptions, some records were seen with only one date recorded and some records for emergency supplies were only marked as "Rx to follow", instead of the nature of the emergency. Both of these were discussed at the time.

The pharmacy held appropriate professional indemnity insurance, this was through the National Pharmacy Association (NPA) and was due for renewal after 7 November 2019.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff to ensure its workload is managed safely. In general, team members understand their roles and responsibilities. They are provided with resources to complete ongoing training. This helps to ensure that their skills and knowledge are kept up to date.

Inspector's evidence

The pharmacy dispensed between 12 to 13,000 prescription items every month, and 60 people received their medicines inside Monitored Dosage Systems (MDS).

Staff at the inspection consisted of a regular pharmacist who was also the company's superintendent, two trainee dispensing assistants who were undertaking accredited training through Buttercups and two trainee Medicines Counter Assistants (MCAs). There was also a delivery driver and one of the owners was briefly seen.

Contingency arrangements for staff absence involved the team covering one another or utilising staff from other branches, some of the team's certificates of qualifications obtained were seen. Staff on the counter asked some relevant questions before medicines were sold over the counter (OTC) and they referred to the RP when they were unsure or when required. Staff in training knew to monitor the sales of some medicines that could be abused, and they brought requests for these medicines to the attention of the pharmacist.

To assist with training needs, team members used documented information provided from the RP and the company's head office, they read relevant details, took instruction from the RP and described completing online training through CPPE. Updates were received from the company and formal appraisals occurred annually.

The RP described an expectation to achieve 400 MURs annually, this was manageable with no pressure applied to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure and provide a suitable space to deliver pharmacy services. But, the pharmacy stores some assembled prescriptions directly on the floor. This could damage medicines and may be a trip hazard.

Inspector's evidence

The premises consisted of a medium sized retail area, a raised dispensary situated behind, an office, staff areas and a stock room at the very rear. The pharmacy was appropriately presented, suitably lit and well ventilated.

There were several stacked baskets containing assembled prescription items, stored on the floor. The RP was observed to knock into some of these during the inspection.

The consultation room was of an adequate size for services and confidential conversations to take place, it was unlocked at the inspection and contained no confidential information. However, the room was somewhat cluttered, and a sharps bin was present. After highlighting the risks involved, this was subsequently removed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources and stores most of them appropriately. In general, its services are provided safely and effectively. Team members take extra-care with people receiving higher-risk medicines. But, they don't always record relevant information for medicines when extra advice or checks are required. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

The pharmacy was accessible via steps and a ramp inside the pharmacy. Staff explained that the RP assisted people who required further adjustment to access the pharmacy's services. There were two seats available for people waiting for prescriptions. Staff spoke Gujarati, Urdu and Hindi to assist people whose first language was not English.

The RP described collaboratively working with the local GP surgery to ensure that the pharmacy passed timely information to people who required blood tests. This had helped reduce the number of emergency supplies occurring. There was documented information available for staff to use if people required signposting to other local services.

The team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Staff involvement in the pharmacy's processes was apparent as a dispensing audit trail was used. This was used through a facility on generated labels.

Staff were aware of risks associated with valproate, they flagged prescriptions for females at-risk to the pharmacist, people were counselled, and relevant literature was routinely provided. This included counselling and making relevant checks for people receiving valproate inside MDS trays. People prescribed high-risk medicines were identified, counselled, relevant parameters were checked, and details were obtained. This included asking about and obtaining the International Normalised Ratio (INR) level for people prescribed warfarin. This information was required before repeat prescriptions were released from the GP surgery, however, the pharmacy team did not retain these details.

MDS trays were provided to people who found it difficult to manage their medicines, this was initiated through the person's GP and once set up, the pharmacy team ordered prescriptions on behalf of people. Staff cross-checked details against individual records that were maintained by the team to help identify changes or missing items. If changes were seen, staff confirmed these with the prescriber, they documented details onto records and maintained audit trails to verify this. There was also a schedule in place to ensure prescriptions were ordered on time.

Descriptions of medicines were provided and Patient Information Leaflets (PILs) were supplied routinely. The team did not leave trays unsealed overnight. All medicines were de-blistered into trays with none left within their outer packaging. People prescribed warfarin that received trays were provided this medicine separately. Mid-cycle changes involved retrieving the trays, making the amendment, re-checking and re-supplying.

Some pre-assembled MDS trays were seen where they were prepared ahead of prescriptions being received at the pharmacy. Staff explained that they were trying to get ahead with their workload whilst

they were waiting for the pre-registration pharmacist to return from study leave. The risks of this practice were discussed during the inspection.

The pharmacy used a digital application to manage the delivery service, audit trails were in place to verify when and where medicines were delivered, this included highlighting and checking CDs and fridge items prior to delivery. The driver brought back failed deliveries, notes were left to inform people about the attempt made and medicines were not left unattended. Signatures from people were obtained once they were in receipt of their delivery.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Phoenix, AAH, Alliance Healthcare, Sigma and Lexon. Sigma and Colorama were used to obtain unlicensed medicines. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD), they were informed through the superintendent and the pharmacy was registered with SecurMed. There were scanners present but, the pharmacy was not yet complying with the process.

The team stored medicines in an organised manner. Short-dated medicines were identified using stickers and staff explained that they checked medicines for expiry every three months. A date-checking schedule was in place to verify this. There were no date-expired medicines or mixed batches seen, medicines were stored evenly in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained during the day and overnight in a manner that prevented unauthorised access. Drug alerts were received by email, through the company's head office and from wholesalers, the process involved checking for stock and acting as necessary. An audit trail was available to verify this.

An occasional poorly labelled container was seen containing de-blistered medicines or the container held no label to indicate the contents, batch number or expiry date. There was also one pack seen that contained de-blistered spironolactone tablets that were placed, loose inside the original packaging. Ensuring all medicines were routinely stored appropriately was discussed during the inspection and this was managed at the time.

The pharmacy used appropriate containers to hold medicines that were brought back by people for disposal. These were collected in line with its contractual arrangements, staff referred people bringing back sharps to be disposed of, to the local hospital/council. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the cabinet prior to destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely.

Inspector's evidence

Staff had access to current reference sources as well as relevant equipment required to provide services. This included counting triangles, a separate one for cytotoxic medicines, pill cutters and clean, crown-stamped, conical measures for liquid medicines.

The dispensary sink used to reconstitute medicines was clean, there was hot and cold running water available with hand wash present. The CD cabinet conformed to statutory requirements and the medical fridge was operating appropriately. The blood pressure machine was replaced every year and there were lockers available for the staff to store their personal belongings.

Computer terminals were password protected and positioned in a manner that prevented unauthorised access. There were cordless phones used by the team to enable further privacy, a shredder was present to dispose of confidential waste and staff used their own individual NHS smart cards to access electronic prescriptions. They stored these securely overnight.

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.