

Registered pharmacy inspection report

Pharmacy Name: Carters Chemist, 524-526 High Road, WEMBLEY, Middlesex, HA9 7BS

Pharmacy reference: 1035203

Type of pharmacy: Community

Date of inspection: 12/06/2019

Pharmacy context

This is a community pharmacy located on a busy main shopping area in Wembley, Middlesex. A range of people use the pharmacy's services. The pharmacy dispenses NHS and private prescriptions. It provides Medicines Use Reviews (MURs), the New Medicines Service (NMS), needle exchange, a travel vaccination service and seasonal flu vaccines. It also supplies some people with their medicines inside multi-compartment compliance aids, if they find it difficult to take their medicines on time.

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 manages most of the risks associated with its services appropriately. The pharmacy's team members deal with their mistakes responsibly. But, they are not always, formally reviewing them. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening. In general, the pharmacy maintains its records, in accordance with the law. But, not all the team members understand how they can help to protect the welfare of vulnerable people. So, they may not know how to respond to concerns appropriately.

Inspector's evidence

The pharmacy's workload was manageable, and its dispensary was kept clear of clutter. Staff assembled prescriptions straight away for people waiting for prescriptions, this occurred from one area in the dispensary and the responsible pharmacist (RP) conducted the final check of prescriptions from another. This helped prevent errors from occurring.

Staff recorded near misses routinely and the RP collectively reviewed them every three months to identify trends or patterns. Errors seen involved the team selecting incorrect forms, such as ramipril tablets instead of capsules and salbutamol metered dose inhaler instead of the Easi-breathe. These were highlighted, the team's awareness was raised, and medicines were separated. Team meetings were held every three months to discuss the results of the review, but this process was described as informal and there were few details present to demonstrate this. An annual patient safety report was seen completed as well as a risk management report.

The pharmacy informed people about its complaints procedure and this was through a notice that was on display in the retail area. Incidents were handled by the RP. The process involved checking details, rectifying the situation, recording details and reporting this to the superintendent pharmacist as well as the National reporting and Learning System (NRLS).

A range of documented standard operating procedures (SOPs) were available to support services. Staff had read and signed these and the SOPs were dated from February 2019. In the absence of the RP, staff knew which activities were permissible by law and the correct RP notice was on display. This provided details of the pharmacist on charge, on the day.

The team segregated confidential waste before it was shredded, and the pharmacy stored its dispensed prescriptions awaiting collection away from the front counter, hence sensitive details were not visible from the retail area. A notice was on display to inform people about how people's privacy was maintained. The RP described accessing Summary Care Records for emergency supplies and consent to access people's records was obtained verbally. Staff were trained on the EU General Data Protection regulation (GDPR) and there was documented information to provide guidance to them.

Not all staff could identify signs of concern to safeguard vulnerable people. On prompting, the staff stated that they referred to the RP in the first instance. The RP explained that team members were provided with guidance, they had read the relevant SOP and attended an event about this. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE) and the pharmacy held relevant local contact details as well as policy information.

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. A sample of registers checked for CDs, the RP record, unlicensed medicines, records of emergency supplies and private prescriptions were, in the main documented in line with statutory requirements. For CDs, balances were visually checked with transactions and odd amendments were seen with incomplete details recorded. On randomly selecting CDs held in the cabinet (Longtec, MST), quantities held, matched balances within corresponding registers.

A prescription that stated that it should be taken and dispensed by the hospital's pharmacy was dispensed by the team. The risks associated with this practice was discussed during the inspection. The pharmacy held appropriate professional indemnity and employer liability insurance arrangements, the former was through the National Pharmacy Association (NPA) and was due for renewal after May 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members have an appropriate level of understanding about 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 around 6,500 prescription items every month, 30 people received their medicines inside Monitored Dosage Systems (MDS) and seven people were provided medicines from instalment prescriptions.

The team consisted of a regular pharmacist, four trained dispensing assistants, three Medicines Counter Assistants (MCA's) and a delivery driver. The superintendent pharmacist was also present during the inspection. Contingency arrangements for staff absence involved the team covering one another and certificates of qualifications obtained for the staff were seen.

Staff on the counter asked relevant questions before medicines were sold over the counter (OTC) and they referred to the RP when they were unsure or when required. To assist with training needs, team members used magazines, information from drug manufacturer representatives, they took instruction from the pharmacists and were provided with training modules from Numark to regularly complete.

Team members described appraisals occurring annually, this was a sit-down process with the superintendent as an informal chat where staff progress was discussed and checked. Team meetings were held every three months or sooner if needed, regular discussions occurred, staff communicated verbally and through WhatsApp. The RP described an expectation to achieve 400 MURs annually, this was achievable with no pressure applied to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an adequate environment for the delivery of its services.

Inspector's evidence

The premises consisted of a spacious, medium sized retail area and a small, open-plan dispensary. Although the latter was small, there was enough space for dispensing activity to occur and to store medicines appropriately. There was also a small stock area at the very rear. The pharmacy was suitably lit, clean, well ventilated and except for the consultation room, it was very well presented.

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 contained a ladder, boxes and was somewhat cluttered. The sink area in here could also have been cleaner. The team explained that this space was not usually kept like this and that it was maintained as a professional environment to provide services from.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages most of its medicines appropriately. The team are making some checks to ensure that medicines are not supplied beyond their expiry date. But, the pharmacy has no up-to-date written details to demonstrate this. So, the team may not always be able to show that all stock is fit for purpose. Members of the pharmacy team ensure their services are provided effectively. Team members highlight prescriptions that require extra advice and they take extra care with high-risk medicines. This helps ensure that people can take their medicines safely. The pharmacy delivers prescription medicines safely to people's homes and keeps records of this. But, people can see other people's private information when they sign to receive their medicines.

Inspector's evidence

The pharmacy was accessible at street level and through a wide, automatic front door. This, along with the wide aisles inside the pharmacy enabled people who required wheelchair use to access the pharmacy's services. There was one seat available for people waiting for prescriptions. To assist people who were partially deaf, the team described providing written communication and showing people the products required, for people who were visually impaired, details were provided verbally, and representatives were used for people whose first language was not English. Staff also spoke Gujarati and Hindi to assist if required.

There were some leaflets on display about other services. In addition to the Essential Services, the pharmacy provided the NHS Urgent Medicine Supply Advanced Service (NUMSAS), Digital Minor Illness Referral service (DMIRS), MURs, the NMS, needle exchange and travel vaccinations. The latter did not include yellow fever vaccinations. Service Level Agreements and Patient Group Direction (PGD) paperwork was present and signed by authorised pharmacists. The RP was appropriately trained to provide the services, and relevant equipment such as adrenaline and sharps bins were present.

The RP explained that the NMS had provided the most impact for people using the pharmacy, this was because the service had enabled her to talk to people and reinforce the importance of why their medicines were required. A high level of people with diabetes and hypertension were seen in the pharmacy, the NMS had enabled education on their condition to occur as people stopped taking their medicines thinking they were no longer required, and the RP had subsequently noticed that additional medicines were being co-prescribed. This was fed back to the person's GP so that their condition could be reassessed.

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, a few people were identified, they were counselled, and relevant literature was routinely provided. People prescribed high-risk medicines were identified, counselled, relevant parameters were checked, and details were documented. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin.

MDS trays were initiated through the person's GP and once set up, the pharmacy team ordered

prescriptions on behalf of people, details were cross-checked 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. Descriptions of medicines were provided and Patient Information Leaflets (PILs) were supplied routinely. The team did not leave trays unsealed overnight and used gloves to assemble trays. 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 old trays and either amending or supplying a new set of trays.

Audit trails were in place to verify when and where medicines were delivered. The team highlighted CDs and fridge items which were checked prior to delivery. The driver brought back failed deliveries to the branch, notes were left to inform people about the attempt made and medicines were not left unattended, unless consent was obtained from people. Staff explained that relevant risks such as checking for pets and children were checked first before medicines were left. Signatures from people were obtained once they were in receipt of their delivery. However, there was a risk of access to confidential information from the way people's details were laid out.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Sigma, Colorama, AAH, Phoenix and Alliance Healthcare. The former two wholesalers 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 but, was not yet complying with the process at the point of inspection.

The team stored medicines in an organised manner. Short dated medicines were identified, and staff explained that they checked medicines for expiry every month. A date checking schedule was seen but this was dated from 2018. Staff explained that date-checking occurred regularly, but details were not frequently recorded. 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.

Uncapped bottles were seen, the risk of dust or insect contamination occurring was discussed during the inspection. 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 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.

The team received drug alerts by email, the process involved checking for stock and acting as necessary. An audit trail was available to verify this.

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 needed to provide services. This included counting triangles, a separate one for cytotoxic medicines and a range of 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 cabinets conformed to statutory requirements and medicines requiring cold storage were stored at appropriate temperatures within the medical fridge.

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. These were stored 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.