

# Registered pharmacy inspection report

**Pharmacy Name:** Sandylight Ltd.;, 131 Queens Crescent, Kentish Town, LONDON, NW5 4EG

**Pharmacy reference:** 1040608

**Type of pharmacy:** Community

**Date of inspection:** 31/07/2019

## Pharmacy context

The pharmacy is located in a busy high street near a residential area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, supervised consumption, needle exchange, stop smoking, minor ailments, travel clinic, emergency hormonal contraception and seasonal flu vaccination. The pharmacy has healthy living status.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk and keeps people's information safe. The pharmacy has written procedures which tell staff how to complete tasks effectively. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

### Inspector's evidence

Near misses were recorded and reviewed. Trends were identified. The previous pre-registration pharmacist had monitored and analysed near misses as part of the training programme. 'Lookalike, soundalike' (LASA) medicines such as amitriptyline and amlodipine had been separated on the dispensary shelves to reduce picking errors.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. Interactions were highlighted to the pharmacist and the pharmacy computer could intervene if previously stopped medicines were selected during labelling. There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For "manufacturer cannot supply" items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for a number of patients according to a matrix. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. Labelling included a description to identify individual medicines and patient information leaflets were supplied with each set of compliance aids. Backing sheets were fixed to the lid of the compliance aid. There was a folder of patient information including discharge summaries which could be checked with the patient medication record (PMR). If necessary medication administration record (MAR) sheets were printed and supplied.

Controlled drugs (CDs) were supplied in the compliance aid. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. If alendronate, levothyroxine and lansoprazole were supplied in the compliance aid, compartments were positioned to ensure they were taken before other medication or food. Patients were aware of special instructions highlighted on the backing sheet. The pharmacist said there were currently no patients taking sodium valproate supplied in a compliance aid.

The annual patient questionnaire had been conducted and had resulted in positive feedback. The standard operating procedures (SOPs) were due for review in 2020. There was a falsified medicine directive (FMD) SOP including dealing with CDs. Training records were available. The medicines counter assistant said she would not give out a prescription or sell a P medicine if the pharmacist were not on

the premises.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 31 Mar 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions and specials supplies were generally complete. Patient group directions (PGDs) for emergency hormonal contraception (EHC) and travel clinic and minor ailments service level agreements were valid.

The CD and methadone registers were generally complete, and the balance of CDs was audited regularly in line with the SOP. A random check of actual stock of two strengths of modified release morphine tablets reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not always signed and dated. Invoice number, name but not always the address of the supplier was recorded for receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). Confidential waste paper was collected for shredding and there was a cordless phone to enable a private conversation. Staff used their own NHS cards. The privacy notice was displayed. The pharmacy computer was password protected and backed up regularly. Staff had undertaken safeguarding and dementia friends training and the pharmacist was accredited at level 2 in safeguarding training. Safeguarding contact details to report concerns were displayed at the medicines counter and in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

### Inspector's evidence

Staff comprised: one full-time pharmacist, one full-time pre-registration pharmacist, one full-time dispenser, two part-time medicines counter assistants and one newly recruited part-time staff member. If necessary, some overlap in pharmacist time could be arranged and a part-time staff member from a nearby branch could provide cover for staff absence.

The pharmacist was the pre-registration tutor. The pre-registration pharmacist had recently joined the pharmacy team and was enrolled on the ProPharmace training course. Half a day per week protected learning time was allocated to the pre-registration pharmacist. There were regular planned training days to attend which covered study topics including chapters of the British National Formulary (BNF) and calculation. There were to be 13-weekly appraisals to monitor progress with pre-registration training. The pharmacists had attended training to provide the travel clinic service. The pharmacy team were provided industry publications such as Counter Intelligence and attended training evenings. Training had been completed in children's oral health and risk management. Staff performance was monitored on an ongoing basis but not documented. Staff were able to provide feedback to improve services and had suggested stocking disability living aids. Staff had suggested accessing items requested by members of the public such as bed side trays through Amazon Prime for convenience and cost. There was a whistleblowing policy. Targets and incentives were set but not in a way that affected patient safety.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of its services.

### Inspector's evidence

The pharmacy had been re-fitted since the previous visit and presented a professional image. The premises were clean including the dispensary sink. Lavatory facilities were clean and handwashing equipment was provided. The consultation room was to one side of the dispensary and protected patient privacy. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

### Inspector's evidence

There was wheelchair access and large font labels could be printed to assist visually impaired patients. Staff could converse in Bengali, Hindi, Gujarati, Polish, Mandarin and Cantonese to assist patients whose first language was not English. Patients were signposted to other local services including local doctors, optician, chiropodist and local pharmacies. Signposting events could be recorded via the EPOS till.

The pharmacist was aware of the procedure for supply of sodium valproate to people in the at-risk group and the intervention would be recorded on the PMR. There was information to give to people regarding the pregnancy prevention programme (PPP). The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group and recording of the intervention. Prescriptions for schedule 4 CDs were highlighted to ensure CDs were not supplied after the 28-day validity period. The pharmacist said moving forward CD prescriptions for more than 30 days' supply of CD were to be queried with the prescriber as good practice and the intervention recorded on the PMR.

Counselling by the pharmacist was prompted by warning stickers attached to prescriptions for high risk medicines. When supplying warfarin people were asked about blood test dates and for their record of INR. The dose of the warfarin and the colour of tablets in relation to strength of warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter and diet containing green vegetables which could affect INR. Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed.

Audits were conducted including for referral for prescription of a proton pump inhibitor for gastric protection while taking a non-steroidal anti-inflammatory drug (NSAID), use of inhalers to treat asthma and to monitor if diabetic people had insulin passports. Health campaigns included increasing public awareness of stroke, Stoptober and visiting the doctor for coughs lasting more than three weeks. The flu vaccination service had been risk assessed in line with quality payments criteria.

Uncollected prescriptions were removed from retrieval system every two or three months. Medicines and medical devices were delivered outside the pharmacy, but the pharmacist said there was low uptake of the service. There was a procedure and a delivery sheet was prepared for scheduled deliveries. CDs were not delivered unless requested by the doctor.

Medicines and medical devices were obtained from Alliance, AAH, Doncaster, Colorama and Sigma. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date-checked

and recorded. There were regular stock takes when short-dated stock was removed. Stickers were attached to highlight short-dated stock. No date-expired medicines were found in a random check. Liquid medicines were generally marked with the date of opening. Medicines were generally stored in original manufacturer's packaging although there were some de-blistered tablets and capsules in dispensing containers. There was a discussion about storing medicines in original manufacturer's packaging to ensure stability of the medication and so the pharmacy could identify stock affected by drug alerts or date checks. Cold chain items were stored in the medical fridge. Waste medicines were stored separate from other stock in pharmaceutical waste bins. Falsified medicines directive (FMD) hardware and software was operational at the time of the visit. Drug alerts were actioned on receipt, annotated and filed. Uptake of services was reported on PharmOutcomes or Camden Service Pact. Flu vaccinations were reported on Sonar.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

Current reference sources included BNF and Drug Tariff. There was a range of British standard glass measures to measure liquids including separate marked measures for methadone. Measures required treatment to remove limescale. The medical fridge was in good working order. Minimum and maximum fridge temperatures were monitored daily and found to be within range two to eight Celsius.

The CD cabinets were fixed with bolts and there were CD destruction kits. Stop smoking equipment was supplied and calibrated by NHS Camden. The blood pressure monitor may be due replacement or re-calibration. There were sharps bins for disposal of vaccination sharps and needle exchange service. The pharmacy computer was password protected and backed up regularly. The consultation room protected patient privacy.

### 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.