General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Central Pharmacy, 225 West End Lane, LONDON, NW6 1XJ

Pharmacy reference: 1040630

Type of pharmacy: Community

Date of inspection: 19/02/2020

Pharmacy context

The pharmacy is located on a busy high street in a mixed commercial and residential area of north west London. 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 delivery and substance misuse.

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. The pharmacy team satisfactorily manages the risks associated with the provision of its services. The pharmacy has written procedures which tell staff how to complete tasks safely. It keeps the records it needs up to date to show medicines are supplied safely and legally. The pharmacy team members make sure that people have the information they need so that they can use their medicines safely. They understand their role in protecting the welfare of vulnerable people and keeping people's information secure.

Inspector's evidence

Near misses were recorded and reviewed. To minimise picking errors, a list of 'lookalike and soundalike'(LASA) medicines was on the notice board in the dispensary to which staff could refer. LASA medicines included propranolol and prednisolone, carbimazole and carbamazepine, quetiapine and quinine and olanzapine and omeprazole. Some LASA medicines were separated by being located in fast moving medicine lines. Other medicines which had been separated were hormone replacement therapy and oral contraceptives which had similar names so at higher risk of 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. The pharmacist performed the clinical check of all prescriptions and the final check of any prescriptions unless endorsed as suitable for the accuracy checking technician (ACT) to do the final check. The dispensing audit trail was initialled by staff to identify who dispensed and checked medicines. The pharmacist checked interactions between medicines for the same patient. Bagged prescriptions awaiting collection were placed in the retrieval system. 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 on a rolling basis according to a matrix. The pharmacy managed prescription re-ordering on behalf of patients and checked new prescriptions against the previous prescription. There was a folder of patient information regarding compliance aids and each patient had their own sleeve containing their backing sheet and discharge summaries. Following a hospital stay the summary care record was checked along with the discharge summary. There was an audit trail of any query regarding changes in medication. Queries were emailed to the doctor and replies were saved. Records were maintained on the patient medication record (PMR). A record was also kept of preferred brands of medication. The pharmacy liaised with the doctor's surgery when new patients were identified who would manage administration of medicines better if supplied in a compliance aid. If appropriate, the pharmacy staff had a discussion with the carer to establish suitability of the patient to have medicines supplied in a compliance aid.

Compliance aids were re-dispensed to manage changes in medication. Gloves were worn to handle medicines during preparation. Backing sheets included a description identifying individual tablets and capsules and the date to start using the compliance aid. Patient information leaflets (PILs) were supplied with each set of compliance aids. High-risk medicines such as sodium valproate and alendronate were generally supplied separately from the compliance aid. Controlled drugs (CDs) were

generally not included in a compliance aid and prescriptions were managed to ensure supply within the 28-day validity of the prescription.

There was a folder of standard operating procedures (SOPs) including responsible pharmacist, CD and complaints procedures. SOPs were next due for review in April 2020. There were staff training records. Patients could provide feedback on the pharmacy via the annual community pharmacy patient questionnaire. The practice leaflet was due to be reprinted. To protect patients receiving services, there was professional indemnity insurance in place provided by the NPA expiring 30 Sept 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

Records for supply of private prescription, emergency and 'specials' medicines were generally complete. The CD and methadone registers were generally complete and the balance of CDs was audited. A random check of the actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. The invoice number, and supplier name but not always their address were recorded for receipt of CDs and methadone. Footnotes correcting entries were not always signed and dated. FP10MDA prescriptions were endorsed at the time of supply. Records were maintained of destruction of patient-returned CDs.

Staff had undertaken General Data Protection Regulation (GDPR) training, were using their own NHS cards and had signed confidentiality agreements. The certificate of registration with the Information Commissioner's Office was in date and displayed. A privacy notice was displayed. Confidential waste paper was shredded. The Data Security and Protection (DSP) toolkit was due to be completed. The pharmacy computer was password protected and backed up regularly. There was a safeguarding SOP and the pharmacy team had safeguarding and dementia friends training. The pharmacist and ACT had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified team members to provide its services safely. The pharmacy team members work well together. And they are comfortable about suggesting ways to improve the pharmacy's services.

Inspector's evidence

Staff comprised: two regular full-time pharmacists, one part-time pharmacist to cover Saturdays, one full-time ACT and one part-time dispenser also accredited as a medicines counter assistant (MCA). The ACT was qualified as a pharmacist outside Great Britain and enrolled on a conversion training course which he attended two days per week. On completion of the conversion training he planned to undertake pre-registration training. Part of the training included attending practical sessions at the hospital or doctor’s surgery such as anti-coagulant clinics.

The regular pharmacist explained that the pharmacy was working towards healthy living status. Training had been undertaken in line with the Pharmacy Quality Scheme (PQS) in sepsis, safeguarding, ‘lookalike soundalike’ LASA picking errors and risk management and LASA medicines had been risk assessed. CPPE training included asthma, flu and supervised consumption of methadone. Staff had attended a training evening regarding emergency hormonal contraception and chlamydia screening (sexual health). Protected learning time was not allocated but study could be completed during quiet periods. Appraisals were described as ongoing and there were regular team meetings when patient safety, near miss trends and medicines stock were discussed.

Staff felt able to provide feedback and had made the following suggestions: the retrieval system for storing prescriptions awaiting collection was re-designed and prescriptions were then stored in numbered boxes making them easier to locate when people came to collect them and some over-the-counter lines had been reviewed with the introduction of new lines such as first aid items for sale. Team members said targets and incentives were not set in a way that affected patient safety.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean, secure and generally suitable for the services provided. The pharmacy prevents people accessing the premises when it is closed and keeps medicines and information safe.

Inspector's evidence

The pharmacy’s premises were generally clean. The dispensary had been refitted and was brighter and presented a professional image. Lavatory facilities were clean and handwashing equipment was provided. There was no consultation room but people could have a quiet word with the pharmacist away from the public area. Ensuring there was no private information visible was discussed. A consultation room was due to be constructed. There was sufficient lighting and air conditioning.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy tries to make its services accessible to everyone. It gets its medicines from reputable suppliers and makes sure they are stored securely at the correct temperature. The pharmacy team members take the right action if any medicines need to be returned to the suppliers. They highlight prescriptions for high-risk medicines and provide people with the information they need to take their medicines safely. The pharmacy team give advice to people about where they can get other support.

Inspector's evidence

There was level access to the pharmacy premises to assist people with mobility issues. Large font labels could be printed to assist visually impaired people. Staff could converse in or understand Farsi, Arabic, Polish, Russian, German, French, Italian, Spanish and Hebrew to assist patients whose first language was not English. Patients were signposted to other local services such as the health centre, urgent care, Royal Free Hospital and NHS 111. The pharmacy provided printed out online information regarding services and address if necessary.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) would be explained. There was information to give to patients on PPP. The intervention was recorded on the PMR. The pharmacist was aware of the procedure for supplying isotretinoin following a negative pregnancy test result and within seven days of the date on the prescription. Information on the PPP would be explained. The treatment would be initiated by a consultant. The pharmacist said she would contact the prescriber and record the intervention regarding prescriptions for more than 30 days' supply of a CD. CD prescriptions were highlighted with a CD stamp to ensure supply within the 28-day validity period. Interventions were generally recorded on the PMR.

Prescriptions for high risk medicines were highlighted. CD prescriptions were endorsed with the date after which the CD could not be supplied. The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. INR was recorded on the PMR and faxed to the doctor's surgery if appropriate. Advice was given about side effects of bruising and bleeding along with advice about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose, when to take folic acid and care when handling methotrexate tablets. People were advised to seek medical advice if they developed an unexplained fever.

The pharmacy was in the process of working towards healthy living status and audits such as sodium valproate audit were planned although the pharmacist said there were no at-risk patients at the time of the visit. A health zone was planned to display information and raise awareness of health issues such as sexual health. Blood pressure checks were available for members of the public. For out-of-range readings the person was referred to their doctor.

Medicines and medical devices were delivered outside the pharmacy mostly by the pharmacist to a very small number of people. A delivery record was maintained and patient signatures were obtained for CD deliveries. Medicines and medical devices were obtained from Alliance, AAH, Phoenix, Sigma and Colorama. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was

date-checked and recorded. No date-expired medicines were found in a random check. Medicines were stored in original manufacturer's packaging and the date of opening was marked on liquid medicines. Cold chain items were stored appropriately between two and eight Celsius. Uncollected prescriptions were cleared from retrieval after one to two months and the patient was contacted. A record of uncollected prescriptions was maintained on the PMR. Prescriptions containing CDs and fridge items were highlighted. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts were received, printed, actioned and displayed on the dispensary notice board. Keeping a record of checks that were made in response to an alert or recall was discussed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It uses these appropriately to keep people's private information safe.

Inspector's evidence

Current reference sources included BNF, Drug Tariff. EMC and Medicines, Ethics and Practice. The dispensary sink was clean and there were clean stamped glass measures to measure liquids including a marked measure for methadone. 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. There was a new blood pressure monitor. Staff were using their own NHS cards. Confidential waste paper was shredded. The pharmacy computer was password protected and backed up regularly.

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.