

Registered pharmacy inspection report

Pharmacy Name: Fairlight, 186 Rowan Road, LONDON, SW16 5HX

Pharmacy reference: 1041182

Type of pharmacy: Community

Date of inspection: 05/11/2019

Pharmacy context

This is a small pharmacy located in a suburban shopping parade between Mitcham and Streatham Vale in Surrey. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It also offers a delivery service to those who find it difficult to get to the pharmacy themselves

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	Inadequate records are made of the mistakes made during the dispensing process, which adds significantly to the risks inherent in the pharmacist checking his own work.
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 not all met

Summary findings

Overall the pharmacy manages risk fairly well, but it is not adequately or consistently recording the minor mistakes it makes during the dispensing process. This may make it more difficult for the pharmacy to spot patterns and take action to prevent mistakes being repeated. The pharmacy has written instructions to tell staff how to complete tasks safely. But it hasn't reviewed or updated them recently, so they may not be completely up to date with current best practice. The pharmacy keeps all of the records it needs to by law and protects people's confidential information. The pharmacy's team members understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, originally dated October 2012 and last reviewed in August 2017. There were signature sheets in each section which had been signed by all staff to indicate that they had read and understood them. The pharmacy also had a detailed business continuity plan in place to maintain its services in the event of a power failure or other major problem. This was easily accessible to all members of staff.

Very few errors and near misses were recorded, the last one being in January 2018. The forms were kept in a bound booklet by the main labelling computer for easy access. The importance of recording all near misses was discussed with the pharmacist who accepted that he should be recording them, particularly as he was checking his own work. There had been no errors in the recent past, but any that occurred would be reported to the NPA. He had identified some items that were in similar packaging, such as some brands of warfarin and levothyroxine, and had separated them on the shelves.

Roles and responsibilities of staff were not explicitly documented, but it was a small team and those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log held on the patient medication record (PMR) computer system was complete.

The last Community Pharmacy Patient Questionnaire (CPPQ) was completed approximately three years ago and not available for inspection. Nor was it displayed online at www.nhs.uk as the pharmacy had not registered with the pharmacy quality scheme. The pharmacy complaints procedure was set out in the SOP file and was on display in the pharmacy for people to see.



A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until 30 November 2019 was on display in the dispensary. Private prescription records were maintained in a designated book and were complete with all details correctly recorded. Dates of prescribing and of dispensing were all correctly recorded. The pharmacist explained that they very rarely made emergency supplies as the surgery was close by and he always directed people there. Any that were made were recorded on the PMR with a valid reason for supply.

The CD register was seen to be correctly maintained, with all running balances checked every time a CD was dispensed. All pages had their headers completed in full, complete with the wholesaler's addresses. Running balances of two randomly selected CDs were checked and both found to be correct. Alterations made in the CD register were asterisked with a note made at the bottom of the page, and they were initialled with the pharmacist's registration number and date. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed "specials" were all complete with required patient and prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They had all signed the confidentiality SOP and were able to provide examples of how they protect patient confidentiality, for example by refusing to disclose people personal details if asked by a third party. Completed prescriptions in the prescription retrieval system were arranged so that people waiting at the counter couldn't read any details. Confidential waste was kept separate from general waste and shredded onsite. There was no privacy notice or NHS data use poster on display for people to see.

There were safeguarding procedures in place and contact details of local referring agencies were available on the pharmacy computer. The pharmacist had completed level 2 safeguarding training, and those members of staff questioned could recognise potential safeguarding risks. They described some recent examples where they had either helped some vulnerable people or referred them to the local GP surgery. No staff were dementia friends but were aware of some of the signs to look for. The pharmacist explained that they knew all of their patients and would refer people to the local surgery if they seemed to be confused.



Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely, and they have a clear understanding of the roles. It provides them with appropriate training and supports their development needs.

Inspector's evidence

There was one medicines counter assistant (MCA), and the responsible pharmacist (RP) on duty during the inspection. This appeared to be appropriate for the workload and they were working well together. In the event of staff shortages, part-time staff could adjust their working hours to provide additional cover.

There were some certificates on display in the pharmacy showing staff qualifications. One member of staff had almost finished the Buttercups dispensing assistant course, and a new member of staff was about to start the NPA counter assistant course when she finished her three-month probationary period. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary. All staff were asking appropriate questions when responding to requests or selling medicines. There was no pressure to achieve specific targets.



Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure and professional environment for people to receive its services. The pharmacy keeps its premises adequately maintained.

Inspector's evidence

The pharmacy premises were clean, tidy and generally in a good state of repair with access via a single door to the street. There was a small dispensary, providing sufficient space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary. The dispensary sink had hot and cold running water. There was handwash available.

There was a consultation room available for confidential conversations, consultations and the provision of services. The door to the consultation room was kept closed but not locked when not in use. The room appeared to be used for some storage, but there were no prescription only medicines present and no confidential information visible.

Room temperatures were appropriately maintained by a combined air-conditioning and heating unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy focusses mainly on its dispensing service, which it generally delivers in a safe and effective manner. And it makes its services accessible to people with a range of needs. The pharmacy sources, stores and generally manages its medicines safely. The pharmacy takes steps to identify some people supplied with high-risk medicines, but it doesn't always record the details. So it could be missing some opportunities to help ensure that people take their medicines safely, and may not have all the information it would need if queries arise in the future.


Inspector's evidence

A list of pharmacy services was displayed in the shop window and there was also a limited selection of health information leaflets available. The pharmacy provided a very limited range of services and focussed mainly on dispensing prescriptions.

There were few obvious controls in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate, but the pharmacist explained how he took his time and great care. He checked his own work only after having taken a short break between assembling and checking prescriptions. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were used if the pharmacy was unable to supply all of the medicines and the prescription was kept in the owings box until the stock arrived. If they couldn't obtain the stock the RP contacted the GP to suggest an alternative.

Completed prescriptions for CDs were highlighted so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 CDs were also highlighted, although the expiry date of the prescription was not written on the token to help ensure that it wasn't handed out after it had expired. Schedule 4 CDs such as zopiclone or diazepam were not routinely highlighted, but the pharmacist explained that they very rarely remained in retrieval for very long. He explained that he checked the retrieval shelves every month and that any expired Schedule 3 or 4 CDs still awaiting collection were then removed. The Fridge lines in retrieval awaiting collection were also stickered so that staff would know that there were items to be collected from the fridge.

The pharmacist was aware of the risks involved in dispensing valproates to women in the at-risk group, and all such patients were counselled regarding the importance of having effective contraception. Records of the initial intervention were kept on their PMR but not subsequent interventions. Upon reflection, the RP agreed that they would do so in future. Patients on warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions and the INR results were recorded on the PMR. Patients taking methotrexate and lithium were also asked about blood tests, but these interventions were not recorded. Upon reflection, the RP agreed to start recording them in future. There were steroid cards, lithium record cards and methotrexate record cards available to offer patients who needed them.



Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance, Sigma and OTC Direct. Unlicensed 'specials' were obtained from Sigma. The pharmacy did not have the scanners and software necessary to comply with the Falsified Medicines Directive (FMD).

Routine date checks were seen to be in place, record sheets were seen to have been completed, and no out-of-date stock was found. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules.

Fridge temperatures were recorded daily, and all seen to be within the 2 to 8 Celsius range. The pharmacist explained how he would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

The MCA described how patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to either the local surgery or the local council for disposal. There was a list of hazardous medicines present and a separate purple-lidded container designated for the disposal of hazardous waste medicines. Denaturing kits for the safe disposal of CDs were available for use.

The pharmacy received drug alerts and recalls from the MHRA, copies of some were seen to be kept in the patient safety folder. The pharmacist explained that he received alerts by email and didn't always print them off. He checked to see whether there was any of the affected stock but didn't always keep a record of this. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy keeps people's private information safe.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were left in a secure location within the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

What do the summary findings for each principle mean?

✓ 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.