

Registered pharmacy inspection report

Pharmacy Name: Haydons Pharmacy, 130 Haydons Road, South Wimbledon, LONDON, SW19 1AE

Pharmacy reference: 1041245

Type of pharmacy: Community

Date of inspection: 11/06/2019

Pharmacy context

This pharmacy is located in a small parade of shops along the main road in South Wimbledon. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons, and a home delivery service. It also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing 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	1.1	Good practice	Staff have input into the development of SOPs and there is a clear procedure for making local amendments. There is evidence of learning from things that have gone wrong and that action has been taken to manage risks that have been identified. There is evidence of that learning being shared with the whole pharmacy team.
		1.2	Good practice	Records of errors and near misses are regularly reviewed and records are kept showing what has been learned and what has been done. There is evidence that the pharmacy owner has oversight of incident records and evidence that they give feedback and advice.
2. Staff	Standards met	2.4	Good practice	Members of the pharmacy team demonstrate enthusiasm for their roles and can explain the importance of what they do. Members of the team are comfortable talking about their own mistakes and weaknesses, and can explain why it is important to share learning.
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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing most risks effectively. The pharmacy logs the mistakes it makes during the dispensing process. The pharmacist regularly reviews them with the team so that they can learn from them and avoid problems being repeated. The pharmacy has written instructions, which are well-organised, and clearly tell staff how to complete tasks safely. It keeps most of the records it needs to by law, and it stores them in tidy, well-organised files. The pharmacy manages and protects confidential information well, and it lets people know how their private information will be used. The 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, mostly dated 25 October 2018, and signed by all staff, and due for review in October 2020. The file was currently being reorganised following a recent visit by an advisor from Avicenna, a pharmacy support organisation.

Errors and near misses were recorded using a paper form, showing what the error was, the members of staff involved and the action taken. The dispenser explained how the pharmacist would discuss near misses and errors with the individual as they occurred and with the team at their regular weekly meeting. As a result of this they had identified some items that were prone to error, such as prochlorperazine and promethazine, which they had separated and highlighted as a 'Look Alike Sound Alike' medicines (LASAs) with a sticker on the shelf.

Roles and responsibilities of staff were documented in the SOPs, which included a pharmacy task matrix and staff competency matrices. Those questioned were able to clearly explain what they do, what they are responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities. The dispenser was responsible for maintaining the SOP files, including the staff matrix.

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 on the computer was mostly complete. There were the odd days where the pharmacist had forgotten to log out at the end of their session, so they had put a reminder sticker by the light switches to help. The RP had to leave towards the end of the inspection and his wife signed in as the new RP.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed in a notice on the counter, showing that 80% of respondents rated the pharmacy overall as either excellent or very good. As a result of feedback from the CPPQ they started to provide extra healthy lifestyle advice when handing out prescriptions. This advice was seen to be recorded in the clinical governance folder. They had also reviewed the cleaning rota to ensure that everything was cleaned regularly, and the revised cleaning rota was seen. The pharmacy complaints procedure was set out in the SOP file and there was a prominent notice in the waiting area for patients to see, as well as in the pharmacy practice leaflet.

Completed complaints forms (and blank spares) and the annual complaints report were seen in the clinical governance folder.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until Sept 2019 was on display in the dispensary. Private prescription records were maintained in a book and were all complete and correct. There were several examples of printouts from the GMC register to confirm the prescriber's qualification where they were not known to the pharmacist. There were no emergency supply records as the pharmacist always obtains a prescription from the surgery before supplying. They do offer the 111 NUMSAS (National Urgent Medication and Advice Service) but have had no referrals to date.

The controlled drug (CD) register was seen to be correctly maintained, and there was a reminder on the front cover to check balances on the first week of every month in accordance with the SOP. The pharmacist explained that he checks the balances as he dispenses and then again monthly. The date was noted in the front cover to show when the records were checked but there was no indication of exactly which items had been checked. Upon reflection, the pharmacist said that he would start making an entry in each page when checking the balances. Running balances of two randomly selected products were checked and both found to be correct. Alterations made in the CD register were asterisked and a note made at the bottom of the page with initials and dates. The pharmacy had recently received authorisation from the CDAO to destroy a list of out of date CDs and was just waiting to have a second pharmacist available to act as a witness.

Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed "specials" were complete. All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information.

The driver's delivery sheets included details of his round. Each bag had a separate signature slip attached in order to avoid potential breaches of confidentiality. These slips were returned to the pharmacy and retained for three or four months, again to help avoid any queries relating to deliveries. Failed deliveries were seen to be returned to the pharmacy and the patient contacted to arrange a new delivery time. Completed prescriptions in the prescription retrieval system were all turned so that no sensitive information was visible to people waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite as required. A privacy notice was prominently displayed on the counter.

There are safeguarding procedures in place and contact details of local referring agencies were seen to be held in the safeguarding section of the human resources file. They had all undertaken Avicenna safeguarding training module and their certificates were seen. They were planning to follow this up with CPPE Level 1 training for all staff. The pharmacist had completed CPPE Level 2 and the certificate was seen in the quality payments file. Staff were able to describe some of the warning signs to look out for.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There were two medicines counter assistants (MCA), one dispenser, and the RP on duty during the inspection. The delivery driver arrived part way through the inspection. The RPs wife, also a pharmacist, arrived towards the end of the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, other team members would increase their hours or the pharmacist could call upon his wife to help where possible.

Paper training records and certificates were seen confirming that all staff had completed the required training, and ongoing training to keep up to date with either new products, legislative changes and quality payment requirements. Each member of staff had their own login to Avicenna so that they could access training modules. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases.

The dispenser or pharmacist were seen to serve customers when the MCA was busy, and all asking appropriate questions when responding to requests or selling medicines. The pharmacist and dispenser both confirmed that they are comfortable with making decisions and do not feel pressurised to compromise their professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Team meetings are held every week to discuss current events, training, near misses, errors etc. Team members said that they could raise concerns and that there is a whistleblowing policy available for them if needed. There were no formal targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive its services.

Inspector's evidence

The pharmacy premises were clean, tidy and in a good state of repair with step-free access and a single entrance door. There was a large dispensary, extended towards the rear providing plenty of space to work safely and effectively. The layout was suitable for the activities undertaken, with the rear designated for assembling blister packs and organising the deliveries. There was a clear workflow in the dispensary, with a separate hatch to one side for substance misuse clients or other sensitive conversations.

There was a separate consultation room for confidential conversations, consultations and the provision of services. This room was locked when not in use. Access was from the waiting area and there was also a door into the dispensary. There was a sink with hot and cold running water in the consulting room. The dispensary sink had hot and cold running water, and handwash was available. The sinks and toilet areas were clean and well maintained. Room temperatures were appropriately maintained by heaters or fans as required to keep staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and generally manages medicines safely, and so makes sure that the medicines it supplies are safe for people to take. The pharmacy takes steps to identify people supplied with high-risk medicines but it doesn't record all of the details. So it may be missing opportunities to help ensure that people take their medicines safely.

Inspector's evidence

A list of pharmacy services was displayed in the shop window and on posters around the pharmacy area. There was also a range of health information posters and leaflets on display in the waiting area. Records were seen of signposting advice given. The pharmacy provided a limited range of services including seasonal flu vaccinations during the autumn and winter.

Controls were seen to be in place to reduce the risk of picking errors, such as highlighting LASAs on shelf. They had also held a team meeting to discuss LASAs and to identify specific items for themselves. As a result they separated dihydrocodeine tablets from co-dydramol tablets owing to the similar packaging. They used baskets to keep individual prescriptions separate, and prescription labels were initialled to show who had dispensed and checked them.

Owings tickets were in use when medicines could not be supplied in their entirety. If an item was likely to be unavailable for some time, the patients were referred back to their GP or the pharmacist would contact the GP on their behalf later in the day to arrange an alternative.

Completed prescriptions for CDs were stamped 'CD' so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 and 4 CDs were not highlighted but the counter assistant was able to name a number of them, eg pregabalin, gabapentin, tramadol and zopiclone which she knew had a 28-day validity. There was one date-expired prescription in retrieval, which the assistant said she would not have handed out as it was still there to inform the patient that they were due a review with their GP. Upon reflection, the pharmacist agreed to find ways of reducing the risk that they may be handed out after the prescriptions had expired. Fridge lines in retrieval awaiting collection were either stamped or highlighted with a label so that staff would know that there were items to be collected from the fridge.

MDS trays were dispensed at the rear of the dispensary, facing away from distractions. There were individual files containing records of each persons' medication, when they were to be taken and any known allergies. Hospital discharge information was kept in a separate file. Changes were recorded in the file but not on the patient's PMR. Any discrepancies were followed up before dispensing. Blisters were seen to include product descriptions and patient information leaflets (PILs) were always supplied unless the patient specifically said that they didn't want them. There were a number of blister packs ready for delivery to individual patients which were seen to have product descriptions and PILs.

Staff were aware of the risks involved in dispensing valproates to people who may become pregnant, and all such people would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The leaflets and cards were seen to be stored together with the valproate products themselves. The valproate audit did not identify any patients in the at-risk

group.

Patients on warfarin were asked if they knew their current dosage, whether they had their yellow book and whether their INR levels had been recently checked. These interventions were noted but the figures were not routinely recorded. Large quantities were generally checked with the GP. Patients taking methotrexate and lithium were also asked about blood tests.

The PGD for the seasonal influenza vaccination service expired at the end of the season in March 2019. A certificate of attendance at a vaccination course dated Aug 2018 was seen. Substance misuse key workers were seen to be contacted when people using the service failed to turn up for three consecutive days.

Medicines were obtained from licensed wholesalers including AAH, Alliance Colorama, Sigma and OTC Direct. Unlicensed "specials" were obtained from IPS and Thame laboratories. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD), but they were waiting for training before starting to decommission products.

Routine date checks were seen to be in place, and record sheets were seen to have been completed. The dispenser explained how they would usually do it on a Saturday when it was quiet, and if they didn't have enough time then they would come in on a Sunday to do it. There was a separate page for noting products approaching expiry and then the date when they were removed from stock. There were separate sheets for over-the-counter products.

Opened bottles of liquid medicines were annotated with the date of opening. There were no plain cartons of stock seen on the shelves, but some boxes of tablets were found to contain mixed batches. A box of paroxetine 20mg tablets was found to contain stock from another manufacturer, and a box of ranitidine 150mg tablets was found to contain strips of tablets with different batch numbers and expiry dates. The risks inherent in this were discussed and the pharmacist agreed to avoid this in future.

Fridge temperatures were recorded daily and all seen to be within the correct temperature range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range. They would also contact the manufacturers of the products in the fridge to see how long they can be stored outside of the recommended temperature range, and if necessary move them to another fridge. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. People with sharps for disposal were signposted to the local council, unless they were using the needle exchange service. There was an orange-lidded bin for hazardous waste with a list of hazardous medicines taped to it. All staff had signed the list to indicate that they knew which items to look out for. DOOP containers for the safe disposal of CDs were not seen but were ordered as required.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept in a file. Each alert was annotated with any actions taken, the date and initials of those involved. 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 generally keeps most people's private information safe.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including 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 are positioned so they are 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 not left on 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?

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.