General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Walkers Chemist, 6 The Broadway, Gunnersbury Lane, Acton, LONDON, W3 8HR

Pharmacy reference: 1041392

Type of pharmacy: Community

Date of inspection: 18/06/2019

Pharmacy context

This is an independently run community pharmacy, one of three belonging to the same company. The pharmacy is on a parade of locally run shops and businesses, in a residential area of Acton. As well as the NHS Essential Services, the pharmacy provides medicines in multicompartment compliance packs (MDS trays), for 40 people. It also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), seasonal influenza vaccinations, travel health services, emergency hormonal contraception (EHC), medicines for erectile dysfunction and a delivery service.

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	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

In general, the pharmacy's working practices are safe and effective. Its team members understand their roles and responsibilities. They log any mistakes they make during the dispensing process. They learn from these and take action to avoid problems being repeated. But, they could do more to reflect on what had gone wrong so that they could improve their procedures overall. The pharmacy could also do more to respond effectively to feedback from people. The pharmacy team generally keeps the records required in law but its records for controlled drugs could be clearer and more accurate.

Inspector's evidence

Staff worked under the supervision of the Responsible Pharmacist whose sign was displayed for the public to see. A new set of SOPs had been produced recently. Staff had all read and signed the SOPs relevant to their roles.

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded electronically. The pharmacist said that he and his colleague discussed all near misses as soon as the mistake came to light. Similar incidents from before were discussed at the same time. They would then discuss ways of preventing a reoccurrence. The team described how 'look alike sound alike' drugs (LASAs) such as amitriptyline, atenolol and amlodipine had been separated, to help prevent a picking error. Staff had also placed reminder labels to the edges of shelves containing drugs at risk of error such as Metformin 500mg tablets and Metformin 500mg MR tablets.

The pharmacist did not keep records of what was discussed when reviewing past mistakes but said that as he worked regularly with the same trainee dispenser he had a good idea of what had gone wrong before and what had been discussed. The system for recording near misses showed what actions had been taken, but learning points were limited to operational solutions such as separating stock or a reminder for staff to be more careful when selecting a product. Staff were not always required, formally, to reflect on their individual dispensing process to help identify any specific steps or checks which could have prevented the mistake.

The pharmacy team sought feedback from their customers. A previous survey demonstrated a very high level of customer satisfaction. But, a small percentage of people had felt that there was not a sufficiently private area for confidential conversations. Staff said they would offer the use of the consultation room to people whenever the opportunity arose. A sign reading 'Consultation Room' had been placed above the doorway to the room but this was not clearly visible to people standing at the pharmacy counter on the other side. The team described how they ordered the same brands of medicines for certain people to help with compliance. Customer preferences included the Blackrock brand of Hydroxychloroquine 200mg tablets.

The pharmacy had a documented complaints procedure. A SOP for the full procedure was available for reference. Customer concerns were generally dealt with at the time by the regular pharmacist, where possible. Formal complaints were recorded and referred to the superintendent, although staff said that complaints were rare. Details of the local NHS complaints advocacy and PALs were provided in a leaflet on the counter. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until

31st January 2020 when they would be renewed for the following year.

All the necessary records were kept and were generally in order including records for Private Prescriptions, Emergency supplies, the Responsible pharmacist and unlicensed 'Specials'. The pharmacy had records for patient returned CDs. Records of returned CDs were kept for audit trail and to account for all the non- stock CDs which RPs had under their control. Controlled Drug (CD) registers were generally order, but the drug descriptions given at the front of some registers had been altered and were unclear in some cases. This had made it appear that there were two registers for Oxycodone 5mg capsules, which could be confusing and lead to incorrect entries.

Staff had completed GDPR training and read and signed a confidentiality agreement. Discarded labels and tokens were shredded on a regular basis. Completed prescriptions were stored in tote boxes such that patient details could not be viewed from the counter and customer areas.

The pharmacist on duty had completed level 2 CPPE training for safeguarding. Remaining staff had been briefed. All staff had completed dementia friends training. There was an up-to-date SOP for staff to refer to which contained contact details for the relevant safeguarding authorities. These details were also available online. The pharmacy team had not had any specific safeguarding concerns to report.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team manages its workload safely and effectively. Team members work well together. They are comfortable about providing feedback to pharmacists and managers and play a part in improving the pharmacy's services.

Inspector's evidence

The pharmacy had a regular locum, who was the responsible pharmacist (RP) and managed services four to five days per week. The remaining days were covered by another regular locum pharmacist. The rest of the team included a pre-reg pharmacist, a trainee dispenser (EU Pharmacist), and a trainee Medicines Counter Assistant (MCA).
On the day of the inspection the locum RP was supported by the operations manager for the group (also a dispenser) the trainee dispenser and trainee MCA. There appeared to be an adequate number of appropriately skilled staff.

Staff were observed to work well together, each attending to their own tasks and assisting one another when required. They were up-to-date with the daily workload of prescriptions, and customers were attended to promptly. The trainee dispenser had worked at the pharmacy for less than six months. She said she had discussions with the pharmacist on a day-to-day basis and was able to raise concerns and seek clarification when she was unsure about anything. She said she felt able to make suggestions as to how things could be improved. She described how she had found a way to use the IT system to prioritise the products she wanted in accordance with brand, price or availability. She did this by highlighting the product she wanted and selecting the wholesaler best able to provide it.

The pharmacist was not set targets for services such as MURs and was able to make autonomous professional decisions as to which patients would benefit most.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are generally clean, secure and suitable for the services it provides.

Inspector's evidence

The pharmacy had a traditional appearance. It had two large windows to the front and a glass door which provided an ample source of natural light. The dispensary occupied a corner position with the counter to one side. The pharmacy's consultation room was on the other side of the dispensary and to the rear of the premises. The consultation room was also used as an office. It was accessed via a short walk way to the side of the dispensary, past shelves containing boxes of completed prescriptions and through an area designated for the dispensing of multicompartment compliance packs (MDS trays). There was a small counter and hatch preventing unauthorised access to this area of the dispensary and consultation room. The pharmacist also used the small counter and hatch area to hand out prescriptions and counsel patients in relative privacy.The dispensary was compact. It was clean, and stock was tidy and organised on shelves. It had a dispensing bench, which followed the angled line of the dispensary. The bench was approximately four metres in length with a narrower shelf above, used for storing prescriptions. There was a further small set of shelves above the dispensing bench which was used for storing. Equipment such as computers, labellers and endorsers and other items required for dispensing, were also positioned on the dispensing bench, leaving only a small area for dispensing and checking. However, staff worked tidily, clearing stock and prescriptions as they worked. Completed prescriptions were stored in boxes on shelves in such a way that patients' details could not be viewed by other people.

The area for dispensing MDS trays had been created outside the consultation room as there wasn't enough space in the main dispensary. The MDS area had a one metre work surface for dispensing MDS trays on one side and shelves for folders and completed MDS trays on the other. Staff tidied away any patient sensitive information before customers passed through into the consultation room. The pharmacy had a small stock/ staff room just off the dispensary. This was where the pharmacy sink was. Overall the pharmacy had a professional appearance. It was adequately lit and ventilated and had temperature control systems in place. A range of health care, personal care and baby care items were stocked.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. Members of the pharmacy team give people the advice and support they need to help them use their medicines safely and properly. In general, the pharmacy manages its medicines safely and effectively. The pharmacy team checks stocks of medicines regularly to make sure they are in date and fit for purpose and stores them appropriately and disposes waste medicines safely.

Inspector's evidence

Services were advertised via a TV monitor at the front window and there was a small range of information leaflets available for customer selection. The pharmacy entrance provided step-free access. The shop floor area was uncluttered and wide enough for wheelchair users to move around. The pharmacy had a repeat prescription collection service and a prescription ordering service. The service was offered to a small number of patients who needed help to manage their prescriptions.

SOPs had been signed as read and understood by staff. An updated set had been introduced recently and staff were in the process of implementing them. However, CDs were not audited on a weekly basis as indicated in the SOP. But, as there was only a small quantity of CDs staff audited them while dispensing. The quantity of Fentanyl (expired) counted during the inspection was as stated in the register. An audit trail of the dispensing process was provided through the addition of the initials of both the dispenser and the accuracy checker, as per the SOP.

Monitored Dosage System (MDS) trays were provided for patients who needed them. In general, the team provided patient information leaflets (PILs) with new medicines and on a regular basis thereafter, although some patients had requested not to have them. The medication in MDS trays was given a description, including colour and shape, to help people to identify them. The labelling directions on trays gave the required BNF advisory information to help people take their medicines properly. Medicines summary sheets were created for each person and checked against prescriptions each time. Staff would pursue discharge letters after being informed that people had been in hospital. But, the SOP for MDS trays did not cover the de-blistering process so it was not clear if staff knew how to do so safely, and in a way designated by the Superintendent and RP.

Pharmacists provided malaria prophylaxis through an up-to-date patient group direction (PGD). They recorded each consultation electronically. Records included patients' details as well as details of the consultation and the product supplied. The pharmacy had procedures for counselling all females who had been prescribed sodium valproate. The pharmacist could locate warning cards and a guidance document. Packs of sodium valproate in stock bore the updated warning labels and the pharmacist had spare warning labels for those without. The pharmacy currently had no-one in the at-risk group taking the drug.

Medicines and Medical equipment were obtained from: AAH, Alliance Healthcare, Phoenix, Sigma, Colorama, Lexon, and DE. Unlicensed 'specials' were obtained from Thame Laboratories or Sterling specials. All suppliers held the appropriate licenses. Stock was generally stored in a tidy, organised fashion and date checked regularly. The pharmacy kept records to show what had been date checked and when and highlighted short-dated stock with a sticker. No out-of-date medicines were found in

with current stock during the inspection. A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that the medication in them was being stored within the correct temperature range.

Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. A list of Hazardous waste had been placed on the wall for staff to refer to.

Drug recalls and safety alerts were responded to promptly and records were kept. Following the recent recall for Co-Amoxiclav tablets, staff had retrieved a pack of the affected batch from stock and returned it to the wholesaler.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment and facilities for the services it provides. It uses its facilities and equipment to keep people's information safe.

Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean. Staff took precautions to prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets, so that the cytotoxic medicines did not contaminate other tablets. Amber dispensing bottles were generally capped in storage to prevent them becoming contaminated with dust and debris, but several bottles were found to be uncapped.

Pharmacists and staff had access to up to date information sources in the form of a BNF, a BNF for children, the MEP and the drug tariff, the pharmacist said he also used the NPA advice line. Pharmacists also had access to a range of reputable information sources online, such as the NHS websites, NICE guidelines, Travax, EMC, BNF and BNF for children and the drug tariff.

There were three computer terminals available for use. Two in the dispensary and one in the consultation room. The two dispensary computers had a PMR facility. They were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was shredded.

It was noted that staff were using their own smart cards when working on computers. Staff use their own smart cards to maintain an accurate audit trail and to ensure that access to patient records is appropriate and secure.

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.