

Registered pharmacy inspection report

Pharmacy Name: Bramley Pharmacy, 261 Northfield Avenue, Ealing,
LONDON, W5 4UA

Pharmacy reference: 1041425

Type of pharmacy: Community

Date of inspection: 17/07/2019

Pharmacy context

An independent community pharmacy. The pharmacy is on a parade of locally run shops and businesses, in a residential area of Ealing. As well as NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS) and a delivery service for urgent prescriptions and the housebound. The pharmacy also provides medicines in multi-compartment compliance aids for 40 to 50 people. It also provides a substance misuse prescription 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

The pharmacy's working practices are safe and effective. Its team members understand their roles and responsibilities. They listen to people's concerns and keep people's information safe. They discuss any mistakes they make and share information on what could go wrong to help reduce the chance of making mistakes in future. But they are not thorough enough in the way they gather information and use it to learn and improve.

Inspector's evidence

The pharmacist described her dispensing and checking procedure, whereby she checked each item and label against the prescription when dispensing. She then performed a second check before doing a final accuracy check. She said that the pharmacy had a procedure for recording and monitoring near misses, but mistakes were rare and therefore there was no formal process for review. She had recently returned to work after a break of several months and so could not find any near miss records. But she said that she and her colleagues managed risks in several ways. She worked at the pharmacy one regular day per week, and each morning she worked, the owner would call her to update her on any issues and highlight any areas of risk which had come to her attention such as near misses or errors or any similar looking packs which had come in that week. This also gave the locum an opportunity to feedback any areas of risk she had identified herself.

Staff worked under the supervision of the Responsible Pharmacist whose sign was displayed for the public to see. They worked in accordance with a set of standard operating procedures (SOPs). All team members had read and signed the SOPs relevant to their roles. However, SOPs had been last reviewed in April 2015, over four years earlier, and were therefore due for review. The pharmacy team had a positive approach to customer feedback. The MCA described how they ordered the same brands of medicines for certain people to help them to take their medicines properly. Customer preferences included the Bristol brand of amlodipine 5mg, the Wockhardt brand of atorvastatin 10mg and the Dr Reddy's brand of omeprazole 20mg.

The pharmacy had a documented complaints procedure. A documented SOP for the full procedure was available for reference. Customer concerns were generally dealt with at the time by the responsible pharmacist (RP) where possible and the owner informed. Staff said that complaints were rare but if they were to get a complaint it would be recorded. Details of the local NHS complaints advocacy and PALs were available on 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 June 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 and unlicensed 'Specials'. Records of returned CDs were kept for audit trail and to account for all the non-stock Controlled Drugs (CDs) which pharmacists had under their control. The RP records were generally in order but had some omissions at the time when the RP's responsibilities ceased, and emergency supply records were not all described as such. CD registers were also generally in order although the accuracy of several registers had been affected with the addition of new brands part way through.

The MCA had been briefed on the importance of confidentiality and had read and signed a confidentiality agreement. Discarded patient labels and prescription tokens were shredded on a regular basis. Completed prescriptions were stored in the dispensary in a way that patient details couldn't be viewed from the counter and customer areas. Staff said that any confidential information in the consultation room would be removed or hidden prior to a consultation. The pharmacist on duty had completed level 2 CPPE training for safeguarding children and vulnerable adults. Support staff had been briefed on their responsibilities. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities. were available online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together. They are comfortable about providing feedback to employers and are involved in improving the pharmacy's services.

Inspector's evidence

The pharmacy was run by three regular responsible pharmacists (RPs). The owner worked the equivalent of three days per week (one full day and three half days) and two regular locums covered the remaining shifts between them. Pharmacists were supported by a trained medicines counter assistant (MCA). On the day of the inspection the locum RP was supported by the MCA. There appeared to be an adequate level of appropriately skilled staff.

Staff were observed to work well together, each attending to their own tasks and assisting one another when required. The MCA generally managed the counter, filled stock, tidied displays and dealt with reps. Staff were up to date with the daily workload of prescriptions, and customers were attended to promptly.

The MCA described being able to raise concerns and make suggestions about how to improve the quality of services. She had worked at the pharmacy for over 10 years and described having regular informal discussions with pharmacists on a day to day basis. She described how she helped the pharmacists by recording the 'PIP codes' of particular brands of items, after they had been dispensed, so that they could be reordered easily for the next time.

The pharmacist was not set targets for services such as MURs and was able to make autonomous professional decisions. She could prioritise her tasks in accordance with people's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services. But the general condition of the floor meant that it did not look as clean as it could.

Inspector's evidence

The pharmacy was on a parade of shops which was on a busy main road running through a residential area. The pharmacy's premises had a traditional appearance. They had a double front with full height windows, and a glass door, which provided natural light. There was a step up, of approximately four to five inches, into the pharmacy entrance. The shop floor was to the front with the dispensary and counter running along a side wall. The shop floor was small but kept clear of obstructions. There was enough room for wheelchair users. There was a seat for waiting customers. Items stocked included a range of baby care, healthcare, beauty and personal care items. The pharmacy was tidy and organised and had a professional appearance. Shelves, worksurfaces, floors and sinks were clean, but the age and fabric of the floor tiles made them appear less so.

The dispensary was compact. It had approximately five metres of dispensing bench to the front and a further three to four metre run of bench with a sink to the opposite side. The front of the dispensing bench was where most of the dispensing and checking took place. Completed prescriptions were stored in the dispensary so that names and addresses could not be viewed by the public. However, a lack of storage space meant that many prescriptions were stored on the dispensary floor.

There was a consultation area to the rear of the premises. It occupied a multipurpose room with a staff area to one side and the consultation area to the other. The consultation area was also used as an office. The staff sink, food, crockery and utensils were concealed behind full height cabinet doors keeping them hidden from view when a consultation was underway. Prescriptions and other documentation, showing patients' private information, was also removed from the consultation area before anyone was brought into the room for a consultation. The back-shop area also had a stock room and a staff toilet. All these areas were clean and tidy. Floor tiles in the shop floor area were stained in places although generally clean. Access to the dispensary and consultation area was authorised by the Pharmacist.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides services safely and tries to make its services available to everyone. Staff 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 generally stores its medicines safely. And it carries out checks to help make sure that its medicines are fit for purpose. But it doesn't carry out all of its checks as thoroughly as it could. And, it does not always properly label medicines which are not in their original packs.

Inspector's evidence

The pharmacy's services were advertised at the front window and there was a small range of information leaflets available for customer selection. The pharmacy had a step up at the entrance and staff would help wheelchair users over the threshold when required. They would also serve people at the door if that was more appropriate. Inside, the shop floor was wide enough for wheelchair users to move around although staff were unsure if the consultation area could be accessed by someone using a wheelchair. The pharmacy offered a prescription collection service although the need was rare. It also a prescription ordering service for those who had difficulty managing their own prescriptions.

There was a set of SOPs in place. SOPs were currently under review. In general, staff appeared to be following the SOPs. A CD stock balance was carried out on an individual item every time it was dispensed, but staff did not carry out a full stock audit every week as per the SOP. The quantity of stock checked (Oxynorm 10mg capsules) matched the running balance total in the CD register but, two packs of diamorphine 10mg ampoules had expired over two months earlier and had neither been removed from stock or marked as expired. They had not been audited for almost 10 months.

Multi-compartment compliance aids were provided for people who needed them. Product information leaflets (PILs) were offered to patients with new medicines and were also provided regularly with repeat medicines. The medication in compliance aids was given a description, including colour and shape, to help people to identify the medicines from the descriptions. The labelling directions on compliance aids gave the required BNF advisory information to help people take their medicines properly. The pharmacist understood the risks for people on sodium valproate who were in the at-risk groups and said that she would provide counselling. However, staff could not locate warning cards, booklets or the MHRA guidance sheet. Packs of sodium valproate in stock bore the updated warning label. But, staff could not locate extra warning labels which they may need for supplies made in plain white cartons.

Medicines and medical equipment were obtained from: Alliance Healthcare, Sigma, Colorama and AAH. Unlicensed 'specials' were obtained from Rokshaw, Ascot, Sigma and Thame laboratories. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised fashion. But, there was a quantity of loose tablets in an unlabelled amber dispensing bottle attached to a full pack of escitalopram 20mg. The bottle didn't have any information to show the name, form strength, batch number and expiry date. No other manufacturer's details were available such as the P/L number or a PIL. Staff were unsure as to why the tablets had been stored this way or for how long. The pharmacy had equipment and software for scanning products in accordance with the European Falsified Medicines Directive (FMD) and were scanning all packs with a unique barcode.

A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read and recorded daily. General stock was regularly date checked and records kept. Short-dated stock was highlighted with a sticker. Expired stock was seen to have been removed from stock and set aside in a basket for disposal. Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. But the staff did not have a list of Hazardous waste to refer to, which would help ensure that they were disposing all medicines appropriately. Drug recalls and safety alerts were generally responded to although records could not be located. The locum had only returned to work after a six month break and hence was not aware of what items had been recalled recently. The recent recall for Dovobet and Clexane was located and checked during the inspection and none of the affected stock found.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, it uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had 2 CD cabinets for the safe storage of CDs. The cabinets were secured into place in accordance with regulatory requirements. CD denaturing kits were used for the safe disposal of CDs. The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean. One of the tablet triangles contained a dusty residue from tablets counted on it before, but staff said they would always clean equipment before use. Precautions were taken to help prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets. And amber dispensing bottles were stored with their caps on. Bottles were capped to prevent contamination with dust and debris.

There were up to date information sources available in the form of paper copies of the BNF, BNF for children and the drug tariff. The pharmacist also had a BNF 'app' on her phone. Pharmacists also used the NPA advice line service and had access to a range of reputable online information sources such as EMC. There was one computer terminal available for use in the dispensary. The computer had a PMR facility. It was password protected and out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was collected for safe disposal. The pharmacist used her own smart card when working on PMRs. Staff generally used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was 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.