

Registered pharmacy inspection report

Pharmacy Name: Ealing Pharmacy, 157 Pitshanger Lane, Ealing,
LONDON, W5 1RH

Pharmacy reference: 1041429

Type of pharmacy: Community

Date of inspection: 17/04/2019

Pharmacy context

This is an independently run community pharmacy. The pharmacy was taken into new ownership approximately 6 weeks previously and is now one of 29 owned by the same company. The pharmacy is on a parade of locally run shops and businesses, in a residential area, in the London borough of Ealing.

The pharmacy dispenses between 5,500 and 6,000 items a month, As well as the NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS), Monitored Dosage System (MDS) trays for 70 people, seasonal influenza vaccinations, 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	2.5	Good practice	Team members work well together. They are comfortable about providing feedback to pharmacists and managers and are involved in improving the pharmacy's services.
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 and keep people's information safe. The pharmacy team deals with errors and mistakes responsibly. It records the mistakes it makes and highlights products with similar names to reduce the risk of staff selecting the wrong one. But, the records do not have a lot of detail and the team don't review the records regularly. So, it could be missing opportunities to spot any patterns or trends and ways of preventing the same mistakes from happening again.

Inspector's evidence

The pharmacy had a regular Responsible Pharmacist (RP) who managed services 4 days per week. The remaining two days were covered by a regular locum pharmacist. The rest of the team included a pre-reg pharmacist, a pre-reg technician, a supervisor (dispenser), an assistant supervisor (trainee dispenser), a Medicines Counter Assistant (MCA) and two Saturday MCAs.

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded. The pharmacist said that she, and the regular RP, discussed all near misses with the individual involved, as soon as the mistake came to light. Similar incidents were reviewed 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 and Amlodipine had been separated, to help prevent a picking error.

However, the system for recording near misses did not show who was involved, what actions had been taken, or what the learning points were. This could make them less informative and hence more difficult to review. Also, 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.

Staff worked under the supervision of the Responsible Pharmacist whose sign was displayed for the public to see. A new set of SOPs was under development. Whilst these were under review staff continued to follow SOPs from the previous owner. Staff had all worked for the previous owner and had read and signed the SOPs relevant to their roles.

The pharmacy team had a positive approach to customer feedback. A previous survey demonstrated a very high level of customer satisfaction. But, people had also fed back that there was a need for more space in the pharmacy. The pharmacy had not had a refit for many years. The inspector was informed that new owner had plans to upgrade and improve the premises.

The team described how they ordered the same brands of medicines for certain people to help with compliance. Customer preferences included the Teva brand of Amlodipine 10mg, the Almus brand of Amlodipine 5mg and the Zentiva brand of Tamsulosin 400mg. The team added notes to Patient Medication Records (PMR)s as a reminder for staff when dispensing and checking items for these individual patients. Each of the brands had an elastic band around them with the names of the relevant patients attached, to ensure they weren't given to anyone else by mistake.

The pharmacy had a documented complaints procedure, and 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 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 March 2020 when they would be renewed for the following year.

All the necessary records were kept and were in order including Controlled Drug (CD) registers. Records for Private Prescriptions, Emergency supplies, the Responsible pharmacist and unlicensed 'Specials' were also in order. 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.

Staff had undergone Information governance training. They had read and signed a confidentiality agreement.

Discarded labels and tokens were shredded on a regular basis. Completed prescriptions were stored with patient details facing away from the counter and customer areas.

The pharmacist on duty and the pre-reg technician had completed level 2 CPPE training. Remaining staff had been briefed. All staff had completed dementia friends training. 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 well. Team members work well together. They are comfortable about providing feedback to pharmacists and managers and are involved in improving the pharmacy's services.

Inspector's evidence

On the day of the inspection the RP was supported by a pre-reg. pharmacist, a pre-reg technician, a pharmacy supervisor/ dispenser, an assistant supervisor/ dispenser trainee and a MCA.

Team members were observed to work well together. Matters were discussed openly, and they were seen assisting each other when required. The daily workload of prescriptions was in hand and customers were attended to promptly.

The supervisor/ dispenser described being able to raise concerns. She said she had regular informal discussions with regular pharmacists. The pharmacy had been under new ownership for approximately 6 weeks and she felt able to raise concerns with the new group operations manager. She was observed contacting him during the inspection. Staff had also had an all staff meeting with the superintendent and the group operations manager and were due to have another one in 3 months' time. Staff said that they were encouraged to raise concerns during these meetings. Under the previous owner staff had had regular performance appraisals and they expected these to continue. They described raising a concern recently over staffing levels and a new full-time counter assistant had been employed. This gave greater flexibility when organising day to day staff cover.

The pharmacist was expected to complete the maximum Medicines Use Review (MUR) target for the year. However, she felt able to make her own professional decisions in the interest of patients. She would offer such a service when she felt it beneficial for someone. She was also targeted with managing the daily workload and to provide a good service. She described a MUR where she advised an asthma patient who had not been rinsing her mouth after using her steroid inhaler.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is a suitable place to provide healthcare. But some areas of the pharmacy, including dispensary drawers, floors and back shop areas need maintenance.

Inspector's evidence

The pharmacy was on the corner between a residential street and the local high street. It had a traditional appearance. It had a double front with full height windows, and a glass door to the corner, providing natural light.

There was a small step up into the pharmacy entrance.

The shop floor was to the front with the dispensary behind. Aisles were wide and kept clear of obstructions and were wide enough for wheelchair users. There was a small seating area for waiting customers. Items stocked included a range of baby care, healthcare, beauty and personal care items.

There was a consultation room to the side of the counter. Completed prescriptions were stored on shelves to the side of the counter but they were stored side on so that names and addresses could not be viewed by the public.

The back-shop area had a stock room and a staff toilet. All these areas were clean although showed signs of wear and tear. Stock room walls were of unpainted chipboard and appeared unfinished. Flooring was chipped and marked with exposed concrete in some places. Several drawers in the dispensary were broken. The staff toilet was basic but clean.

The dispensary was compact. It had a 5-6-meter L-shaped run of dispensing bench to the front and a further 4m L-shaped area of bench with a sink. The front of the dispensing bench was where most of the dispensing and checking took place. MDS dispensing took place on a side area of bench space. Work surfaces were well used but there was a clear work flow.

Access to the dispensary was authorised by the Pharmacist.

Although the interior of the pharmacy appeared dated, it was tidy and organised and had a professional appearance. Shelves, worksurfaces, floors and sinks were clean, but their age and condition made them appear less so.

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. But, it was not scanning products with a unique barcode, as required in law.

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 does not always properly label medicines which have been removed from their original packaging. And it may not always respond promptly to drug recalls. This could mean that the team are not able to identify all stock affected by drug recalls or safety alerts.

Inspector's evidence

The pharmacy's services were advertised at the front window and there was a range of information leaflets available for customer selection. The pharmacy had a portable ramp to aid access over the threshold for people using wheelchairs. Aisles were wide and were kept clear. They were wide enough for wheelchair users to approach the pharmacy counter. Wheelchair users could also access the consultation room, which meant that they could access services requiring a private consultation, such as a MUR

The pharmacy offered a prescription collection service and 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 every month, in accordance with the SOP and the quantity of stock checked (Zomorph 10mg) matched the running balance total in the CD register.

Monitored Dosage System (MDS) trays 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 MDS trays was given a description, including colour and shape, to help people to identify the medicines from the descriptions. The labelling directions on trays gave the required BNF advisory information to help people take their medicines properly.

The pharmacy had procedures for targeting and counselling all female patients taking Sodium Valproate. Staff could locate warning cards, booklets and the MHRA guidance sheet. Staff described how they had counselled a female patient of childbearing potential. Packs of Sodium Valproate in stock bore the updated warning label, except for one. But, the pharmacist had updated warning labels to apply to packs if needed.

The pharmacy had equipment for scanning products in accordance with the European Falsified Medicines Directive (FMD), but it was not being used. Staff were aware of FMD requirements but had not yet been fully trained.

Medicines and Medical equipment were obtained from: Alliance Healthcare, Sigma, and AAH. Unlicensed 'specials' were obtained from Quantum. All suppliers held the appropriate licenses.

Stock was generally stored in a tidy, organised fashion. However, there was a quantity of loose Phenergan 10mg tablets in an amber dispensing bottle bearing only 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.

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. Stock was regularly date checked and records kept. Short dated stock was highlighted with a sticker.

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, so they could dispose of medicines appropriately.

Drug recalls and safety alerts were generally responded to although records weren't kept. No faulty stock had been identified in the January recall for the Irbesartan 150mg and 300mg. However, staff had not seen the more recent recall for Losartan from 21st March 2019. The recall 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.

Inspector's evidence

There was a CD cabinet for the safe storage of CDs. The cabinet was 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 a BNF, a BNF for children and the drug tariff. Pharmacists also used the NPA advice line service and had access to a range of reputable online information sources such as NHS and EMC websites.

There were three computer terminals available for use. Two were in the dispensary and one in the consultation room. All computers had a PMR facility, 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 collected for safe disposal.

It was noted that staff were using the pharmacist's smart card when working on PMRs. The pharmacist was supervising from a close proximity. 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.