

Registered pharmacy inspection report

Pharmacy Name: Midhurst Pharmacy, 92 Elthorne Park Road,
Hanwell, LONDON, W7 2JD

Pharmacy reference: 1041458

Type of pharmacy: Community

Date of inspection: 17/04/2019

Pharmacy context

This is an independently run community pharmacy, belonging to a small chain of 6-7 pharmacies owned by the same company. It is in a residential area, in the London borough of Ealing.

In addition to NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS), seasonal influenza vaccinations, Emergency Hormonal Contraception (EHC) and a delivery service. It also supplies Monitored Dosage System (MDS) trays and participates in the NHS Digital Minor Illness Referral Service (DMIRS) and NHS Urgent Medicine Supply Advanced Service (NUMSAS).

Overall inspection outcome

✓ **Standards met**

Required Action: None

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 met	1.3	Good practice	Team members have a good understanding of their roles and responsibilities
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		1.4	Good practice	The pharmacy responds well to people's feedback by making changes to improve the quality of its services.
2. Staff	Standards met	2.5	Good practice	Pharmacy team members work well together. They are comfortable about providing feedback to each other 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	4.2	Good practice	Staff are good at giving people the advice and support they need to help them use their medicines safely and properly.
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 have a good understanding of their roles and responsibilities and keep people's information safe. The pharmacy responds well to people's feedback by making changes to improve the quality of its services.

The team identifies and manages risks effectively. The pharmacy logs any mistakes it makes during the dispensing process. It learns from these and takes action to avoid problems being repeated. But, it doesn't always record what it has done to stop the same mistakes from happening again. So, it may be missing opportunities to keep what it has learned as part of day to day practice.

Inspector's evidence

The pharmacy had a regular Responsible Pharmacist (RP) who managed services 3 days per week. The remaining three days were covered by regular locum pharmacists. The rest of the team consisted of a pre-reg, a trainee dispenser and a MCA. Pharmacists days off were covered by regular locums

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were recorded at the time and reviewed regularly. Staff said that the pharmacist would discuss ways of preventing a reoccurrence, with the individual involved, as soon as the mistake came to light. The team described how 'look alike sound alike' drugs (LASAs) such as prochlorperazine and promethazine had been separated, to help prevent a picking error. Staff also made each other aware of similarly packaged drugs such as the same brands Indapamide 2.5mg and Bisoprolol 2.5mg.

However, the system for recording near misses did not show any contributory factors, 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. There was a set of SOPs for staff to follow. SOPs had been reviewed recently and staff were in the process of reading and signing the updated documentation. Staff had read and signed the previous SOPs which were 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 they would like more advice on smoking, diet and healthy exercise. However, although the local CCG had withdrawn funding support for a smoking cessation service, staff said they would offer advice and support from the pharmacist when patients enquired. The trainee dispenser was also the Healthy Living Pharmacy (HLP) champion and had created a display near the seating area, displaying information and leaflets on diet and exercise and healthy eating.

The team described how they ordered the same brands of medicines for certain people to help with compliance. Customer preferences included the Medreich brand of Ranitidine 150mg and the Teva and Almus brands of several different products. The team had added notes to the Patient Medication Record (PMR) as a reminder for staff dispensing and checking them. A reminder was also printed on the labels. These preferred brands had an elastic band around them and the name of the relevant patient.

The pharmacy had a documented complaints procedure in place. A SOP for the full procedure was available for reference. There was also a notice on the wall inviting feedback and asking customers to raise any concerns with the team. Customer concerns were generally dealt with at the time by the regular pharmacist where possible. Formal complaints would be recorded and referred to the Superintendent. Details of the local NHS complaints advocacy and PALs were available on a leaflet on counter Concerns and complaints.

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 in order including Controlled Drug (CD) registers, and records for the Responsible pharmacist and unlicensed 'Specials'. Records for Private Prescriptions and Emergency supplies 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 and had read and signed a confidentiality SOP. Discarded labels and tokens were shredded on a regular basis. Completed prescriptions were stored with patient details facing away from the counter and customer area.

The regular pharmacist had completed CPPE level 2 training. The locum pharmacist on duty had not yet completed formal safeguarding training. However, understood the principles of safeguarding. Remaining staff had been briefed on the principles of safeguarding and 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 and team members use their professional judgement to make decisions in the best interests of people. Pharmacy team members work well together.

The pharmacy offers its team plenty of training support and materials to improve their skills. They are also able to set aside time at work for training” Staff are comfortable about providing feedback to each other and are involved in improving the pharmacy’s services.

Inspector's evidence

On the day of the inspection the locum RP was supported by the pre-reg and a trainee dispenser. The pharmacy was relatively quiet as the inspection took place during the Easter holiday period.

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 was observed problem solving, coaching and assisting her colleagues. The pre-reg was involved in MDS tray dispensing, getting trays ready for delivery prior to the Easter holiday week end.

The trainee dispenser and pre-reg described being able to raise concerns. They described having regular informal discussions with pharmacists. The trainee dispenser said she could make suggestions as to how things could be improved. She described how she had suggested rearranging a section of dispensing stock for branded medicines only. This had made them easier to find and therefore quicker to dispense. She also took it upon herself to find out how to retrieve the RP record from the electronic system. She consulted IT support services and then her area manager when they could not help.

The pharmacist was set targets for services such as MURs. But he said these did not compromise patient care.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally secure, tidy and organised, and suitable for the provision of its services. But there is limited space to store medicines. Some items are stored on the floor which could increase the risk of trips or falls. The pharmacy has not refurbished its premises for many years and some areas are showing signs of general wear and tear.

Inspector's evidence

The pharmacy sat on a corner in a residential area of Ealing. The premises had a bright, modern, professional appearance. It had large windows across the front and to the side, providing a plentiful source of natural light.

The consultation room was situated to the side of the counter. The pharmacist used the room for MURs, and other services. Customers would be asked if they wanted to use the room if they wanted to talk in private. The pharmacy also had a seating area for anyone waiting.

The pharmacy had a plastic chain pulled across the entrance into the dispensary to act as a barrier and to restrict unauthorised access. In general access to the dispensary was restricted to authorised individuals only and at the discretion of the pharmacist.

The dispensary was situated behind the counter. It had a wide U-shaped area of bench space, part of which overlooked the shop floor. This was where the main pharmacy computer was, allowing staff to easily people coming into the pharmacy or waiting at the counter. Most of the dispensing and checking took place on the longest area of bench space. The dispensary was clean and organised with clean sinks, floors, shelves, worktops.

The pharmacy stocked a variety of goods including items for health and personal care as well as a range of cosmetics, perfumery, gift items, baby care and household items. Overall, the pharmacy was adequately lit and ventilated with temperature control systems in place and it was suitable for the provision of healthcare services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. Staff are good at giving 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 by law.

The pharmacy stores its medicines safely. And it carries out checks to help make sure that its medicines are fit for purpose.

Inspector's evidence

Services were advertised at the front window for people to see, but the list was not fully up to date. It included services no longer provided, such as pharmacist prescribing services and the minor ailments scheme.

There was a small range of information leaflets available for customer selection.

The pharmacy entrance had a slight ramp to enable wheelchair access. The shop floor area was uncluttered and wide enough for wheelchair users to move around.

There was 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 and staff were in the process of implementing them. CDs were audited on a regular basis as per the SOP. A random sample of CD stock was checked during the inspection. The quantity checked was as stated in the register. To provide a dispensing audit trail, dispensing labels were initialled by the person dispensing and the person checking, as per the SOP.

Monitored Dosage System (MDS) trays were provided for patients who needed them. Product Information Leaflets (PILs) were offered with new medicines and on a regular basis thereafter. The medication in MDS trays was given a description, including colour and shape, to help people to identify their medicines. 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.

At the time of the inspection, the pharmacy had the hardware for FMD scanning but was awaiting the software. Staff were aware of the requirement for FMD scanning.

The pharmacy had procedures for targeting and counselling all female patients taking Sodium Valproate. The trainee dispenser could locate warning cards and a guidance sheet for pharmacists. All patients were counselled. The trainee dispenser said that patients who were unaware of the risks had

been referred back to their GP. Packs of Sodium Valproate in stock bore the updated warning label.

Medicines and Medical equipment were obtained from: AAH, Alliance Healthcare, Phoenix, Sigma, and Colorama. Unlicensed 'specials' were obtained from Thame Laboratories or Alliance. All suppliers held the appropriate licences.

Stock was generally stored in a tidy, organised fashion. Two CD cabinets 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.

Stock was regularly date checked and records kept. Short dated stock was highlighted using a red dot sticker. Records were kept electronically.

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. No faulty stock had been identified in the recent recall for Actavis Irbesartan and Hydrochlorothiazide products and Actavis Losartan 50mg and 100mg tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities for the services it provides, and it uses these 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.

Precautions were taken to help prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets. However not all amber dispensing bottles were stored with their caps on. Bottles are 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, a 'Green Book' from 2006, the MEP and the drug tariff. The pharmacist said he also used the NPA. Pharmacists also had access to a range of reputable online information sources such as the NHS websites and EMC a BNF app and an on-line Drug Tariff.

There were three computer terminals available for use. Two in the dispensary and one in the consultation room. All computers had 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.