

# 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:** 07/09/2020

## Pharmacy context

This is an independently run, local community pharmacy, in a residential area of Hanwell. In addition to dispensing prescriptions and selling over-the-counter medicines, the pharmacy supplies medicines in multi-compartment compliance aids. And it provides a delivery service for the vulnerable and housebound. The pharmacy also provides drug treatment services to people who have developed a dependency from substance misuse. And it plans to offer a flu vaccination service for the forthcoming flu season. The inspection was conducted during the COVID-19 pandemic. The pharmacy had limited its range of services due to the pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies its risks adequately. And its team members have suitably adapted their working practices to minimise risks to people's safety during the COVID-19 pandemic. Team members record their errors and review them to identify the cause so that changes can be made to stop mistakes from happening again. And they respond well to feedback. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy has insurance to cover its services. Team members know how to protect people's private information and know how to protect the safety of vulnerable people. But while the pharmacy keeps all the records it needs to keep, some of its records are incomplete.

### Inspector's evidence

To help reduce the risk of spreading coronavirus, the pharmacy had reviewed its working practices to reduce risk for its team members and the public. To achieve this, team members generally kept to their own workstations which were spaced more than two metres apart or in a separate room. Only one assistant worked at the medicines counter.

This generally allowed team members to remain socially distanced from one another. The pharmacy had placed a limit on the number of people coming in, where no more than three people should be in at one time. Team members had also applied stickers to the floor, two metres apart, to show people where to stand when they were waiting to approach the counter. The RP described how the pharmacy would maintain its services in the event of closure due to the COVID-19 pandemic. And individual staff risk assessments had been completed for all staff, to help identify and minimise the risks of spreading the coronavirus. The RP was reminded of the requirement to report any COVID-19 infections, believed to have been contracted at work, to the relevant authorities.

The pharmacy had procedures for managing risks in the dispensing process. And generally had two people involved in the labelling, dispensing and accuracy checking process. Team members discussed their mistakes as soon as they were discovered. And the responsible pharmacist (RP) then reviewed the near miss record along with any other issues each week. He did this to help prevent the same or similar, mistakes from happening again. The pharmacy had improved its recording of near miss mistakes in recent months. The inspector and RP discussed these records and the importance of recording the learnings and actions arising from near misses. They agreed that records should show what staff could do differently to help prevent similar mistakes in future. Team members also made each other aware of similarly packaged items and look-alike-sound-alike drugs (LASAs) to help prevent them from picking the wrong item. They had done this with fexofenadine and fluoxetine after a near miss.

The team worked under the supervision of the RP. The RP's notice had been placed on display for people to see. The pharmacy had a set of standard operating procedures (SOPs) for team members to follow. These were due for review the following year. But the pharmacy had already made changes to its procedures in respect of the coronavirus. And, as described elsewhere in this report, had introduced additional measures to help reduce the risk of the virus being transmitted in the pharmacy. Any long-term changes were likely to be documented in the next review.

The pharmacy team sought customer feedback through satisfaction surveys and general conversations with people. Throughout the pandemic, people had given the team positive feedback. And many had

sent in thank you cards to express their appreciation for the attention and care they received from the pharmacy team. The customer satisfaction survey from 2019 demonstrated a very high level of customer satisfaction overall. The pharmacy had responded well to a GPhC inspection conducted several months earlier and had taken action to improve on the points raised at the time.

The pharmacy had a complaints procedure, which corresponded with NHS guidelines. A SOP for the full procedure was available for reference. And the RP was able to demonstrate that the procedure was being followed. Customer concerns were generally dealt with at the time by the regular pharmacist. Staff could provide details of the local NHS complaints advocacy service and the Patient Advice and Liaison service (PALS) if necessary. The pharmacy had professional indemnity and public liability arrangements so, it could provide insurance protection for the pharmacy's services and its customers. Insurance arrangements were in place until 31 January 2021 when they would be renewed for the following year.

The previous inspection found that the pharmacy kept all its essential records and, in general, kept them in the way it needed to. This inspection found that RP records were up to date, showing who the RP was each day. But some RPs had not recorded the time at which their responsibilities had ceased. The Inspector discussed this with the RP who agreed that he would remind his colleagues of the pharmacy's procedures for keeping the record accurately. The RP had also fallen behind with the recording of private prescriptions in the private prescription register. He had been exploring the option of keeping the register electronically. And the inspector understood that the software was to be introduced for this shortly. In the meantime, the RP was aware that the register needed to be updated as soon as possible. Recording of unlicensed medicines had improved since the previous inspection with all the required information available for inspection.

The pharmacy's team members understood the need to protect people's confidentiality. They discarded any unused labels and old prescription tokens into a confidential waste bin during the working day and then transferred them to a confidential waste bag for collection and disposal by the company's licensed waste contractor. But a stray patient label had been discarded into the non-confidential bin by mistake. The RP agreed that the location of the non-confidential waste bin so close to the confidential waste bin may have led to this oversight. The pharmacy stored its completed prescriptions in the dispensary where they were out of people's view. The RP had completed appropriate safeguarding training. And had briefed other team members to discuss any concerns with him. The RP could access details for the relevant safeguarding authorities online. Staff had not had any specific safeguarding concerns to report.

## 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 one another, so that they can maintain the quality of the pharmacy's services. But key members of the team have still to complete the appropriate training.

### Inspector's evidence

The pharmacy had a medicines counter assistant (MCA), a dispenser and a trainee dispenser on duty with the RP during the inspection. The trainee dispenser, who was dispensing multi-compartment compliance packs, was still working his probationary period and had not yet been registered on a formal training course. But had been given verbal instructions by the RP. And had read all the relevant SOPs. The inspector and RP discussed the importance of staff being appropriately trained for the tasks they are given. The RP anticipated the trainee would be registered on a course within the next week. In the meantime, the RP was supervising the trainee in his duties. And the trainee described how he would seek the advice and support of the pharmacist and his other colleagues, regularly. All other members of staff had completed the required training relevant to their roles. And the MCA was observed consulting the pharmacist when she needed to.

Team members were observed to work effectively together. They were seen assisting each other when required and discussing prescription issues. The daily workload of prescriptions was in hand and customers were attended to promptly. The pharmacy had a small close-knit team and staff could to raise concerns and discuss issues when they arose. The RP was able to make his own professional decisions in the interest of patients. He did not have any specific targets other than to manage the daily workload while keeping each other, and people using the pharmacy, safe.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. They are sufficiently clean and secure. But they would benefit from having a greater amount of work surface. The pharmacy has made some sensible adjustments to help keep people safe during the pandemic.

### Inspector's evidence

The pharmacy premises were clean, tidy and in a reasonable state of repair with access via a single automatic door to the wide pavement outside. The dispensary layout was suitable for the activities undertaken and provided just about enough space to work safely and effectively. It had a separate area at the rear for preparing multi-compartment compliance aids. This room doubled up as a staff area, but staff facilities were separate from dispensing areas. There was a clear workflow in the dispensary, although work surfaces were well used which left little free space for dispensing, particularly at busy times.

The medicines counter was immediately in front of the dispensary. There was a large Perspex screen across the front of the counter to help reduce the spread of the coronavirus. There were notices in the window near the entrance advising people of the need to maintain social distancing and to wear a face covering. There was also a notice limiting the number of people in the pharmacy to three at a time. The pharmacy had a consultation room available for confidential conversations, consultations and the provision of services. The RP described how he would check the room for any confidential information before each consultation so that he could remove it. The pharmacy also had a small searing area for waiting customers. Room temperatures were appropriately maintained to keep staff comfortable and were suitable for the storage of medicines

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. And makes them easily accessible for people. Staff understand the actions to take if any medicines or devices are not safe to use to protect people's health and wellbeing. The pharmacy team gets its medicines and medical devices from appropriate sources. And it stores them properly. Team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy had an automatic door and ramp providing a step-free entrance. This made access easier for wheelchair users and those with a physical disability. It had a sign in its front window advertising the times of opening and services provided. It also had a range of healthcare leaflets on display. The retail area was free of obstructions. So, it was suitable for wheelchair users. The consultation room was also suitable for wheelchair access. The pharmacy also delivered medicines to people who found it difficult to visit the pharmacy. The RP described how demand for deliveries had increased during the pandemic. The team had reviewed its delivery procedures in recent months so that it had an adequate audit trail in place and to ensure that the delivery had been made safely.

The pharmacy team used baskets to hold individual prescriptions and medicines during dispensing. It did this to keep prescriptions and their corresponding medicines together. The pharmacy stored its completed prescriptions in alphabetical order. And it removed any items uncollected items after one month. The inspector discussed the importance of ensuring that all dispensed CDs were removed from storage after their prescription's 28-day expiry date.

The pharmacy provided multi-compartment compliance packs for people who needed them. Team members labelled compliance packs with a description of each medicine, including colour and shape, to help people to identify them. And they included patient information leaflets (PILs) with new medicines on a regular basis. The labelling directions on compliance packs gave the required advisory information to help people take their medicines properly. The inspector discussed the importance of following a safe dispensing process with the RP and the trainee dispensing assistant. This included ensuring that medicines were dispensed from appropriately packaged and labelled medicine packs. And the use of the appropriate equipment to ensure that all medicines are handled hygienically. The RP gave people advice on a range of matters. He was aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate. And would give appropriate advice to anyone taking other high-risk medicines.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team stored its medicines, appropriately and in their original containers. And stock on the shelves was generally tidy to assist selection of the correct item. The pharmacy team date-checked the pharmacy's stocks regularly, checking a different section each week. Although the team did not keep records of its checks a random sample of stock checked by the inspector was in date. In general, short-dated stock was identified and highlighted. And the team put its out-of-date and patient returned medicines into dedicated waste containers. The team stored items in a CD cabinet and fridge as appropriate. And it monitored its fridge temperatures daily to ensure that the medication inside was kept within the correct temperature range. The pharmacy responded promptly to drug recalls and

safety alerts and kept appropriate records. The team had not found any stock affected by recent recalls from July 2020.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. It had equipment for counting tablets and capsules, including a separate tablet triangle for methotrexate. Team members had access to a range of up-to-date reference sources. And they had access to PPE, in the form of face masks and gloves, which were appropriate for use in pharmacies. Team members washed or sanitised their hands at regular intervals throughout the day and after handling money.

The pharmacy had two computer terminals. Both were in the dispensary and had a facility for keeping patient medication records (PMRs). The team had placed the two computers at opposite ends of the small dispensary, in a way that meant that staff members using them were facing away from one another. Computers were password protected and their screens could not be viewed by people. Team members generally used their own smart cards when working on PMRs, so that they could maintain an accurate audit trail and ensure that access to patient records was appropriate and secure. But the new team member did not have a smart card and so would have to use another team member's card when accessing the PMR.

### 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.