

Registered pharmacy inspection report

Pharmacy Name: One-Stop Pharmacy, 98 Leavesden Road,
WATFORD, Herts, WD24 5EH

Pharmacy reference: 1084882

Type of pharmacy: Community

Date of inspection: 23/09/2019

Pharmacy context

This is a community pharmacy in a residential area of Watford in Hertfordshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), Emergency Hormonal Contraception (EHC), chlamydia screening and treatment as well as smoking cessation. It can also offer a few private services such as supplying medicines for erectile dysfunction or to help prevent malaria. And, it provides multi-compartment compliance aids to people if they find it difficult to take their medicines on time.

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

Overall, the pharmacy manages risks in a satisfactory way. Members of the pharmacy team generally work in a safe manner. They understand how to protect the welfare of vulnerable people. And, they protect people's private information appropriately. The pharmacy team identify and deal with their mistakes responsibly. And, the pharmacy adequately maintains most of its records in accordance with the law. But it doesn't always record enough details for all its records or formally review its internal mistakes. This means that the team may not have all the information needed if problems or queries arise. And, they could be missing opportunities to spot patterns, learn and prevent similar mistakes happening again.

Inspector's evidence

The pharmacy's main business was dispensing prescriptions that were ordered and managed by the pharmacy team. This meant that staff could work at their own pace. The workload was being managed appropriately during the inspection although the pharmacy was cluttered in places. This included the dispensary where most of the bench space was taken up with baskets of prescriptions, the consultation room (see Principle 3) and the area outside the room. However, staff could easily locate relevant paperwork, this was work in progress and staff explained that they cleared workspaces before they worked, for example when they prepared multi-compartment compliance aids.

To maintain safety, staff described working to the pharmacy's standard operating procedures (SOPs), higher-risk medicines were stored separately, and prescriptions were processed, assembled as well as accuracy-checked from separate areas. This included a separate area for the responsible pharmacist (RP). This was generally cleared as he worked. There were some near misses being recorded. Staff were made aware of them at the time. The regular pharmacist collectively reviewed the near misses and shared details with them. Medicines with similar packaging or those that sounded-alike were identified, highlighted and separated. This included amitriptyline and amlodipine as well as quetiapine and quinine. Some posters were seen on display about this and a few caution notes placed in front of stock. However, other than an annual patient safety report that had been completed, there were no details routinely being documented about the review process. This limited the ability of the pharmacy to verify that trends or patterns were being routinely being identified and managed.

There was information on display to inform people about the pharmacy's complaints procedure. A documented complaints procedure was seen and the pharmacist's process for handling incidents was in line with this. The RP explained that details would be checked, the situation rectified, an apology issued, the level of harm checked, and if any medicines were taken incorrectly, the person's GP would be informed. Details would also be documented. Staff stated that there had been no incidents since the last inspection.

There was information available on display in the pharmacy's front window to inform people about how the pharmacy maintained their privacy. Staff segregated confidential waste before this was shredded and details on dispensed prescriptions awaiting collection were not visible from the retail area. The team had been trained on data protection and the European General Data Protection Regulation (GDPR). The pharmacy was also registered with the Information Commissioners Office (ICO), and its registration was due for renewal after October 2019.

Team members could identify signs of concern to safeguard vulnerable people. They were also trained as dementia friends and had read the relevant SOP. The pharmacy's chaperone policy was seen. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). However, there were no local contact details for the safeguarding agencies, local policy information or SOP present. Remedying this situation was advised at the time.

One of the team members had taken the pharmacy's SOPs home to read and sign. They explained that the pharmacy had very recently implemented SOPs from Avicenna however the previous range of documented SOPs to support the provision of the pharmacy's services were present. They had been reviewed in 2019. The staff had read and signed them, they understood their roles, responsibilities and limitations and they knew when to refer to the pharmacist. Team members roles and responsibilities were defined within most of the SOPs seen. The correct RP notice was on display and this provided people with details of the pharmacist in charge of operational activities on the day.

The maximum and minimum temperatures for the fridges were checked every day and records were maintained to verify that temperature sensitive medicines had been stored appropriately. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and this was due for renewal after 30 November 2019. Staff kept a full record of controlled drugs (CDs) that had been returned by people and destroyed by them although the record consisted of loose sheets. This meant that records could be lost or records inadvertently entered.

A sample of registers seen for CDs and records of emergency supplies were maintained in line with statutory requirements. On randomly selecting CDs held in the cabinets, their quantities matched entries in the corresponding registers. Occasionally, there had been incorrect prescriber details documented in the electronic register for private prescriptions, the RP record sometimes contained missing details about when the pharmacist's responsibility ceased and records for unlicensed medicines were missing details of who the medicine was supplied to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff in line with the volume of services it provides. The team is suitably qualified. They understand their roles and responsibilities. And, they have access to resources that can help them with ongoing training. This helps keep their skills and knowledge up to date.

Inspector's evidence

Staff present during the inspection consisted of a locum pharmacist, a pharmacy technician who was also the pharmacy manager and a pre-registration pharmacist. The regular pharmacist who was the owner, was on annual leave and a trained medicines counter assistant (MCA) was off sick. Staff normally covered each other as contingency for annual leave or absence. During the inspection, the pre-registration pharmacist was managing the front and checking off stock from invoices, and the pharmacist as well as the technician were managing the dispensary. They were coping with the workload. Some of the team's certificates of qualifications obtained were seen.

Team members understood their roles. They asked relevant questions to obtain necessary information before medicines were sold over the counter and checked sales with the RP when required. The pre-registration pharmacist was provided with set aside but limited time to complete his studies, the RP was his tutor and he stated that his learning plan had only been discussed and determined verbally at this stage. This was discussed during the inspection. The owner provided further details following the inspection which included the training plan being provided at the outset. Ongoing training for staff included completing training modules from Avicenna, CPPE, taking instructions from the pharmacists and attending training events. They also read newsletters from the Local Pharmaceutical Committee (LPC) and used emails as well as held weekly team meetings to keep up to date with relevant information. Appraisals were held in an informal manner to monitor the staff's progress.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and generally provide an adequate environment to deliver its services. It has a separate area where confidential conversations and services can take place. But parts of the pharmacy are untidy.

Inspector's evidence

The pharmacy's premises consisted of a medium sized retail space and a smaller dispensary that was raised on one side. The owner's office wasn't accessible and staff facilities were situated at the very rear. Most of the retail area was adequately presented although parts of the carpet were worn and stained, the fixtures and fittings in the pharmacy were dated but still functional and some parts of it, such as the consultation room were cluttered. There was also a side corridor that led to the dispensary entrance and where people's photographs could be taken for passports. Behind this there was some bulky exercise equipment. This, along with the consultation room (see below) detracted from the overall professional appearance of the pharmacy.

There was enough space for dispensing processes to take place. The pharmacy was suitably ventilated, and lighting was adequate. The dispensary floor required vacuuming and the staff WC required cleaning. This was discussed at the time, the team was advised to ensure this was kept clean and photographic evidence was received to confirm that this had been cleaned to a more adequate level of hygiene.

Pharmacy (P) medicines were stored behind the front counter and staff were always present to restrict their self-selection. There was also a drop-down barrier that helped prevent unauthorised access to this area and the dispensary. A signposted consultation room was available for services and for private conversations. It was of an adequate size for this purpose but cluttered and full. The door was kept unlocked.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's team members make suitable adjustments to ensure their services are readily accessible to people with different needs. They have been proactive in identifying people who could benefit from their services. The pharmacy generally provides its services in a safe and effective manner. It sources its medicines from reputable suppliers, usually stores and manages medicines appropriately. But, team members don't always identify prescriptions that require extra advice. And, the pharmacy does not always provide medicines leaflets. This makes it difficult for them to show that appropriate advice has been provided or that people have all the information they need to take their medicines safely.

Inspector's evidence

There was a slight step at the front of the pharmacy, but this was not enough to prevent or limit people with wheelchairs from entering the pharmacy. There was some clear space inside the premises as well as wide aisles which also helped people with limited mobility. Staff explained that they used written communication for people who were partially deaf, they explained details verbally to people who were visually impaired and could speak Mandarin, Malay or South Asian languages to assist people whose first language was not English. The latter was observed during the inspection.

Details about the pharmacy's services and its opening times were on display. There were two seats available for people waiting for prescriptions or services. The pharmacy was healthy living accredited and promoted this by running campaigns in line with the national ones. There was a small but dedicated section near the seats where people were provided with relevant information and some leaflets were available in this area. The current campaign was about high blood pressure. Staff stated that they took pictures when the campaigns were being held but there was no information seen documented or located to help verify the pharmacy's role as a provider of this service.

The team had been providing blood pressure checks for people and the pharmacy was enrolled onto a pilot study with the British Heart Foundation. Staff had been trained to measure people's blood pressure by attending a relevant course, they used a chart to help them to know when to refer appropriately and the RP explained that on occasion, they had provided this service, but there had been limited uptake due to the strict exclusion criteria.

Staff explained that they had focused on their services in the recent past. Subsequently, the pharmacy had been recognised by Hertfordshire LPC in 2017-18 for their smoking cessation and chlamydia screening and sexual health service. For the latter, staff explained that the regular pharmacist promoted the chlamydia screening service by offering this when people required EHC and they described achieving around 95% quit rate for smokers. This had been attained by identifying people receiving medication for asthma, asking them if they smoked, offering and enrolling them onto a 12-week programme with follow ups taking place every week. The regular pharmacist could also supply Champix against a Patient Group Direction (PGD). Paperwork for this was seen and had been signed by the authorised pharmacist.

Staff were aware of the risks associated with valproates and there was educational literature available to provide to people if required. The team had seen prescriptions for people at risk of becoming

pregnant and they were counselled accordingly. The RP explained that, during intervention MURs, people prescribed higher-risk medicines were asked about relevant parameters. This included asking people prescribed warfarin about the International Normalised Ratio (INR) level. However, prescriptions for these people were not normally routinely identified for pharmacist intervention or for relevant checks to routinely take place. There were also no details seen recorded about this.

Medicines were supplied to people within compliance aids after the person's suitability for them was assessed by the RP or initiated by the person's GP. The pharmacy ordered prescriptions on behalf of people and details on them were cross-referenced against records on the pharmacy system as well as individual records to help identify any changes or missing items. They were checked with the prescriber and audit trails were maintained to verify this. Staff routinely obtained discharge information from hospitals via email and provided this to the person's GP if needed to help prevent delays with people's medicines when they were discharged. Descriptions of the medicines within the compliance aids were provided, all medicines were de-blistered and removed from their outer packaging before being placed into the compliance aids and the compliance aids were not left unsealed overnight. Mid-cycle changes involved new prescriptions being obtained and new compliance aids being supplied.

However, patient information leaflets were not routinely being supplied with the compliance aids and staff were preparing compliance aids with Epilim inside them. This was not supplied to anyone who was at risk of becoming pregnant, but they were dispensing and supplying them two weeks at a time. Staff stated that this was at the request of the prescriber although there were no details seen documenting this. This included information about stability concerns and suitability for its inclusion inside the compliance aids. The team was advised to re-assess the pharmacy's processes relating to this, to consult reference sources, to check with the person or representatives and the persons' prescriber as well as to record the relevant information.

Staff delivered medicines to people in the local area, they kept records to help verify this process and called people before they attempted to deliver. CDs and fridge items were identified, staff took prescriptions for CDs with them when they went out to deliver and people's signatures were not usually obtained when they were in receipt of their medicines. The former situation meant that there was a risk that prescriptions could become lost or diverted and the latter meant that the pharmacy did not hold a full audit trail of the process. This was discussed at the time. Failed deliveries were brought back to the pharmacy and medicines were not left unattended.

Staff used baskets during the dispensing process to hold prescriptions and medicines. This helped prevent any inadvertent transfer. Dispensing audit trails were in use to identify staff involved in the various processes. This was generally through a facility on generated labels although the pharmacist also used a stamp on bag labels to indicate when the final accuracy-check had taken place. The team ordered prescriptions on behalf of people and managed this for them. There were full records kept verifying this. Dispensed prescriptions awaiting collection were stored with most prescriptions attached. Fridge items and CDs (Schedules 2-4) were identified or made up at the time when people came to collect them. Uncollected medicines were removed every three months.

The pharmacy obtained its medicines and medical devices from licensed wholesalers. This included AAH and Sigma. Unlicensed medicines were obtained through Colorama. The team was aware of the processes involved for the EU Falsified Medicines Directive (FMD), the pharmacy was registered with SecurMed, there was guidance information about the process and relevant equipment present. The team was complying with the decommissioning process.

Some of the pharmacy's medicines could have been stored in a more ordered manner. Staff explained

that medicines were date-checked for expiry upon receipt and every three months. There was a schedule being used which helped verify that this process had taken place. Short-dated medicines were removed and used first. A few mixed batches were seen. This was discussed during the inspection. Liquid medicines in general, were marked with the date upon which they were opened. Medicines were stored appropriately in the fridge. CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received by email. The process involved checking for stock and acting as necessary. An audit trail was present to verify the process.

Medicines returned by people for disposal were stored within designated containers. This included separate containers for hazardous or cytotoxic medicines and there was a list for the team to readily identify these medicines. People returning sharps for disposal were referred to the local council for collection. Returned CDs were brought to the attention of the RP, they were segregated in the CD cabinet prior to destruction and relevant details were entered into a CD returns register.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean and helps to protect the privacy of people.

Inspector's evidence

The pharmacy held the necessary equipment and facilities it needed to provide its services. This included current versions of reference sources, counting triangles, a separate one for cytotoxic medicines, an appropriately operating fridge, legally compliant CD cabinet and a clean, standardised conical measure for liquid medicines. A second conical measure was on order according to staff. The dispensary sink used to reconstitute medicines was clean. There was only cold running water available here, but hot water was available from the staff kitchenette area.

The pharmacy system was secured with individual passwords and computer terminals were positioned in a way that prevented unauthorised access. A shredder was available to dispose of confidential waste and staff used their own their NHS smart cards to access electronic prescriptions. The blood pressure machine was described as having been replaced recently and the monitor for the smoking cessation service was calibrated annually.

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.