

Registered pharmacy inspection report

Pharmacy Name: Paydens Pharmacy, 100 Bedford Hill, BALHAM,
London, SW12 9HR

Pharmacy reference: 1087103

Type of pharmacy: Community

Date of inspection: 13/06/2019

Pharmacy context

A community pharmacy set in a small row of shops serving the Balham area in the London borough of Wandsworth. The pharmacy opens six days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides winter influenza (flu) vaccinations and multi-compartment compliance packs to help people take their medicines. And it delivers medicines to people who can't attend its premises in person.

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	1.2	Good practice	The pharmacy continually monitors the safety of its services to protect people and further improve patient safety.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team receive set aside time to train and to keep their skills and knowledge up to date. And they learn from their own and other people's mistakes.
		2.4	Good practice	Staff work effectively together as a team and have a work culture of openness, honesty and learning.
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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks appropriately. The pharmacy continually monitors the safety of its services to protect people and further improve patient safety. Its team members log and review the mistakes they make. So, they can learn from these and act to avoid problems being repeated. The pharmacy has appropriate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. The pharmacy's team members act upon people's feedback. They generally keep people's private information safe. And they understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the Responsible Pharmacist (RP) who was also seen initialling the dispensing label.

Staff described the actions they have taken to minimise risks in the dispensing process; for example, they have highlighted the locations of some look-alike and sound-alike drugs on the dispensary shelves to reduce the risk of them picking the wrong product. They used an electronic reporting system to record concerns about potential abuse or misuse of drugs by people, controlled drug (CD) discrepancies, dispensing incidents and near misses. They routinely discussed and documented individual learning points when a mistake was identified. They also reviewed their mistakes periodically to help them spot the cause of them. And they tried to stop them happening again; for example, they separated and highlighted the different strengths of amiodarone after some team members had selected the wrong strength from the shelf. The safety and quality of the pharmacy services were reviewed and monitored by the pharmacy team and during company compliance audits.

The pharmacy's Monitored Dosage System (MDS) workload for its largest care home was reviewed. The care home was separated into four units. And each unit received its medication on a different week. So, the pharmacy team could manage its workload better. The pharmacy displayed a notice that identified the RP on duty. And its staff were required to wear name badges which identified their roles within the pharmacy. The pharmacy's team members understood what their roles and responsibilities were. And these were described within the SOPs. A member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of some patient satisfaction surveys were published online. Details on how patients could provide feedback about the pharmacy were included in the pharmacy's practice leaflet and were on display. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so. The pharmacy had appropriate insurance arrangements in place, including professional indemnity,

through the National Pharmacy Association (NPA).

The emergency supply records and the RP records were adequately maintained. The address from whom a CD was received from wasn't always included in the CD register. But the CD register's running balance was checked regularly as required by the pharmacy's SOPs. The details of the prescriber were occasionally incorrect or missing in the private prescription records. The date a specials line was obtained wasn't always included in the pharmacy's 'specials' records.

An information governance policy was in place and staff were required to read and sign a confidentiality agreement. Confidential waste was shredded on-site. An information leaflet told people how the pharmacy and its team gathered, used and shared personal information. Staff were required to complete training on the General Data Protection Regulations. The pharmacy team stored prescriptions in such a way to prevent people's names and addresses being visible to the public. But people's details weren't always removed or obliterated from patient-returned pharmaceutical waste before disposal as required by the pharmacy's SOPs.

Safeguarding procedures and a list of key contacts for safeguarding concerns were available at the pharmacy. Members of the pharmacy team were encouraged to complete safeguarding training relevant to their roles; for example, dementia friends training and CPPE safeguarding training. Staff knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough team members to provide safe and effective care. Staff work effectively together as a team and have a work culture of openness, honesty and learning. They receive set aside time to train and to keep their skills and knowledge up to date. And they learn from their own and other people's mistakes. The pharmacy encourages its team members to give feedback. And its staff know how to raise a concern if they have one. The pharmacy's team members can exercise their professional judgement and the quality of care they provide is not compromised in order for them to meet targets.

Inspector's evidence

The pharmacy opened for over 53 hours a week and it dispensed between 8,000 and 9,000 prescription items a month. The pharmacy team consisted of a full-time Pharmacist Manager (the RP), a part-time pharmacist, a full-time pre-registration pharmacy technician trainee, two full-time dispensing assistants, a full-time medicines counter assistant (MCA), a part-time MCA, a full-time assistant and two part-time delivery drivers. A second pharmacist worked alongside the RP two days a week to make sure additional services could be provided without disrupting the core dispensing business. The pharmacy relied upon its team members and staff from other branches to cover absences.

The RP, the pre-registration pharmacy technician trainee, a dispensing assistant, a MCA and the assistant were working at the time of the inspection. The assistant was currently in her probationary period. The pharmacy had an induction training programme for its staff. And newer team members were mentored by more experienced staff. The pharmacy's team members needed to complete mandatory training during their employment. And they were required to complete or undertake accredited training relevant to their roles after completing a probationary period. One of the dispensing assistants was training to become an accredited accuracy checker.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. The MCA described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for animals, infants, people who were pregnant, elderly people or people with long-term health conditions.

Staff performance and development needs were monitored and discussed informally throughout the year and at annual appraisals. The pharmacy's team members were encouraged to ask the pharmacists questions, familiarise themselves with new products, attend training events and complete their accredited training or additional training to ensure their knowledge was up to date. They received set aside time to train. Staff were also encouraged to learn from their mistakes and share any learning outcomes with their colleagues.

Team meetings were held regularly to update staff, share learning from mistakes or concerns and so staff could make suggestions about the pharmacy. The pharmacy team received updates from head office on professional matters and to share learning from adverse events from other branches. Staff felt comfortable in providing suggestions about the pharmacy during team meetings or raising a concern with the persons nominated within the company's whistleblowing policy. Staff feedback led to a change

in the type of multi-compartment compliance packs the pharmacy used for its MDS service.

The pharmacy's team members didn't feel their professional judgement or patient safety were affected by the company's incentive scheme. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was bright, clean, adequately presented and air-conditioned. The pharmacy team was responsible for keeping the premises clean and tidy. The pharmacy's dispensary had the workbench and storage space it needed for its current workload.

A consultation room was available if people needed to speak to a team member in private. And it was locked when not in use to make sure its contents were kept secure. The pharmacy's sinks were clean and there was a supply of hot and cold water within the premises. Antibacterial hand wash and alcoholic hand sanitisers were available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. And its services are accessible to most people. The pharmacy delivers prescription medicines safely to people's homes and keeps records to show that it has delivered the right things to the right people. It gets its medicines from reputable sources and it generally stores them appropriately and securely. And it disposes of people's waste medicines safely too. Members of the pharmacy team are helpful. They check stocks of medicines regularly to make sure they are in-date and fit for purpose. But they could do more to make sure people have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy didn't have an automated door into its premises. And its entrance wasn't level with the outside pavement. But it had an assistance bell that people with mobility difficulties, such as wheelchair users, could use to gain the attention of staff. The pharmacy team could help these people gain access to the building by putting down a portable ramp. The pharmacy's services were advertised in-store and were included in the pharmacy's practice leaflet. Staff were helpful and knew where to signpost people to if the pharmacy didn't provide a service.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery and people were asked to sign a delivery record to say they had received their medicines. The pharmacy provided about 25 Medicines Use Reviews and two to three NMS consultations a month. And people were required to provide their written consent when recruited for these.

The pharmacy offered a winter influenza (flu) vaccination service. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy provided a substance misuse treatment service to a few substance misuse clients. And the pharmacist could supervise the consumption by clients if this was needed. The pharmacy had been commissioned to provide emergency hormonal contraception via a patient group direction (PGD). The PGD was up-to-date and could be provided by a suitably qualified pharmacist.

The pharmacy used disposable and tamper-evident multi-compartment compliance packs for its MDS dispensing service. A dispensing audit trail was maintained for the assembled packs seen. And a brief description of each medicine contained within the packs was provided. But patient information leaflets weren't always supplied. And cautionary and advisory warnings weren't included on the backing sheets supplied with the MDS packs.

Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. But prescriptions for CDs weren't routinely marked with the date the 28-day legal limit would be reached to make sure supplies were made lawfully.

The members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people who may become pregnant who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

Recognised wholesalers, such as AAH, Alliance Healthcare, Sangers and Phoenix, were used to obtain

medicines and medical devices. Most medicines and medical devices were stored within their original manufacturer's packaging. Some inadequately labelled containers of loose medicines were found on the dispensary shelves. But these were removed and quarantined during the inspection. Pharmaceutical stock was subject to date checks, which were documented, and stock nearing its expiry date was appropriately marked.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. And they could verify and decommission stock at the time of the inspection as the pharmacy had the appropriate scanning equipment and computer software installed. The company has revised its SOPs to reflect the changes FMD would bring to the pharmacy's processes.

Pharmaceutical stock requiring refrigeration was appropriately stored between 2 and 8 degrees Celsius. CDs, which were not exempt from safe custody requirements, were appropriately and securely stored. A record of the destruction of patient returned CDs was maintained. Staff were required to mark and keep patient-returned and out-of-date CDs separate from in-date stock. Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Suitable waste receptacles were available. But, they were full. The pharmacy team had recently asked the waste contractor to collect its pharmaceutical waste and provide some more empty bins. A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were retained and annotated with the actions taken following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to the NPA's information department. The pharmacy had a range of clean glass measures with separate ones for methadone. But it sometimes used a plastic oral syringe to measure out small volumes. The pharmacy team quarantined and disposed of the syringe during the inspection. The pharmacy also had equipment for counting loose tablets and capsules including a counting triangle for methotrexate.

The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And their maximum and minimum temperatures were checked and recorded regularly. The pharmacy provided blood pressure checks on request. But its staff didn't know when the blood pressure monitor was last replaced. So, they contacted head office. And were told it had been in use since 2016 and it needed to be changed every two years. They quarantined and replaced it with a new monitor.

Access to the pharmacy computers and the PMR system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.