

Registered pharmacy inspection report

Pharmacy Name: Abbey Pharmacy, 12A Abbey Parade, 116 Merton High Street, LONDON, SW19 1DG

Pharmacy reference: 1087374

Type of pharmacy: Community

Date of inspection: 16/10/2019

Pharmacy context

This Healthy Living Pharmacy (HLP) is attached to a busy GP practice located on the high street between South Wimbledon and the centre of Merton. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons, a travel health service and home deliveries for those who cannot get to the pharmacy themselves. It supplies some medicines in multicompartiment compliance aids for those who may have difficulty managing their medicines.

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	1.2	Good practice	Records of errors and near misses are regularly reviewed and records are kept showing what has been learned and what actions had been taken.
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

The pharmacy provides its services in a safe and effective manner. Its team members log the mistakes they make, and regularly review them together, so that they can learn from them and act to avoid problems being repeated. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They understand their role in protecting vulnerable people, and they keep people's private information safe. The pharmacy keeps all of the records it needs to, and it has appropriate insurance to protect people if things go wrong.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, originally dated August 2013 and regularly updated by the superintendent pharmacist (SI). He confirmed this by email sent to each pharmacy within the group. There were signature sheets in the front of the folder which had been signed by all staff to indicate that they had read and understood them. The folder was regularly updated with new SOPs as well, such as those for the Serious Shortages Protocol (SSP). The pharmacy also had a detailed business continuity plan in place to maintain its services in the event of a power failure or other major problem. This was easily accessible to all members of staff.

Errors and near misses were recorded using a paper form, showing what the error was, the members of staff involved, and the action taken. The forms were kept in a folder by the main labelling computer for easy access by all staff. The possible causes were recorded and there was evidence of reflection and learning. They were also entered onto the computer in order to produce the monthly patient safety report. The registered technician explained that they held a regular monthly meeting, on the first Tuesday of every month when all staff were available, to discuss the previous months near misses and errors. Minutes of each meeting were held in a patient safety folder, together with monthly patient safety reports. They had identified some items that were prone to error, such as the 'look alike sound alike' (LASAs) medicines amitriptyline and amlodipine which had subsequently been separated on the shelves. There were stickers on the shelves highlighting those and other items prone to errors.

Roles and responsibilities of staff were documented on a matrix in the SOP file, and also on the dispensary noticeboard. Each individual SOP also referred to those who had the delegated authority to carry out specific tasks, and those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log held on the patient medication record (PMR) computer system was complete.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at www.nhs.uk and on a poster in the pharmacy for people to see. The results were positive overall and

areas for improvement included a need for more healthy eating advice and physical exercise advice. As a result of this feedback the pharmacy had raised awareness among its staff. The pharmacy complaints procedure was set out in the SOP file and in the pharmacy practice booklet for people to take away.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until November 2019 was on display in the dispensary. Private prescription records were maintained on the patient medication record (PMR) system and were complete with all details correctly recorded. Dates of prescribing and of dispensing were all correctly recorded. The emergency supply records were completed on the PMR system with valid reasons recorded.

The CD register was seen to be correctly maintained, with all running balances checked at regular monthly intervals. All pages had their headers completed in full, complete with the wholesaler's addresses. Running balances of two randomly selected CDs were checked and both found to be correct. Alterations made in the CD register were asterisked with a note made at the bottom of the page, and they were initialled with the pharmacist's registration number and date. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed 'specials' were all complete with required patient and prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They had all signed confidentiality agreements and were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were arranged so that people waiting at the counter couldn't read details. Confidential waste was kept separate from general waste and sent to another branch in a sealed bag for shredding there. A privacy notice and NHS data use poster were on display.

There were safeguarding procedures in place and contact details of local referring agencies were seen on the noticeboard for all staff to access. The pharmacist and the registered technician had both completed level 2 safeguarding training, and most of the team had been trained so that they could recognise potential safeguarding risks. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely, and they work well together as a team. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one medicines counter assistant (MCA), one registered technician, one pre-registration pharmacy graduate (Pre-Reg) and the RP on duty during the inspection. The superintendent pharmacist arrived and stayed for a short while during the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, part-time staff could adjust their working hours to provide additional cover.

Training records were seen confirming that all staff had completed the required training, and there were some certificates to be seen in individual staff folders. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary.

All staff were seen to serve customers when the MCA was busy, and all asking appropriate questions when responding to requests or selling medicines. There was no pressure to achieve specific targets. They appeared to have open discussions about all aspects of the pharmacy, and team members were involved in discussions about their mistakes and learning from them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure and professional environment for people to receive its services. The pharmacy keeps most parts of its premises adequately maintained. Team members make regular use of their private consultation room for some of the pharmacy's services and for sensitive conversations

Inspector's evidence

The pharmacy premises were clean, tidy and generally in a good state of repair with step-free access via a single door to the street, and a wide entrance from the GP surgery next door, with a roller shutter separating the two. There was a small dispensary, providing sufficient space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary. The dispensary sink had hot and cold running water, although the tap was loose and secured with parcel tape. There was handwash available.

There was a consultation room available for confidential conversations, consultations and the provision of services. The door to the consultation room was kept closed but not locked when not in use, as the key had broken off in the lock. The sliding door had become slightly bent and was not running smoothly on its runners. This made it harder to open and acted as a deterrent to unauthorised access. There were closed cupboards for paperwork and no confidential information was visible.

Staff have access to toilet facilities in the surgery and were not included in the inspection. Room temperatures were appropriately maintained by a combined air-conditioning and heating unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all of the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls so that people only get medicines or devices which are safe. Team members identify people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. They keep appropriate records of most of those checks, and of the pharmacy's other services. This enables them to show what they have done if a query should arise in future.

Inspector's evidence

A list of pharmacy services was displayed in the shop window and there was also a range of health information leaflets in a display stand beside the prescription reception counter. The pharmacy provided a limited range of services including seasonal flu vaccinations during the autumn and winter, and a travel health service.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were used and the prescription was kept in the owings box until the stock arrived. In the event of being unable to obtain any items, they used a Whatsapp group to see if the stock was available in any of their other branches. If they couldn't obtain the stock the RP contacted the GP to suggest an alternative.

There were valid patient group directions (PGDs) in place to enable the pharmacist to supply a number of prescription-only medicines as part of the travel health service. These included malaria prophylaxis PGD valid until November 2020, diphtheria, tetanus and polio vaccine, meningococcal ACW135Y vaccine, typhoid and rabies PGDs all valid until January 2021. Patient consent forms and other paperwork relating to supplies covered by the PGDs were seen and were stored in a PGD file. There were two adrenaline autopen injectors kept in the consultation room for use in emergencies.

Completed prescriptions for CDs were highlighted with a CD sticker so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 CDs were also stickered, and the expiry date of the prescription was written on the token to help ensure that it wasn't handed out after it had expired. Schedule 4 CDs such as zopiclone or diazepam were not routinely highlighted, but the technician explained that they very rarely remained in retrieval for very long. The technician explained that he checked the retrieval shelves in the first week of every month and that any prescriptions from the previous month were removed and stored in a box for the relevant month. Any expired Schedule 3 or 4 CDs still awaiting collection were then removed. The Fridge lines in retrieval awaiting collection were also stickered so that staff would know that there were items to be collected from the fridge.

Compliance aids were dispensed offsite at another branch within the company. The pharmacy used a calendar with each week of the four-week cycle numbered in order to ensure that prescriptions were ordered at the appropriate time. Any known allergies were recorded on the patient's PMR and a scan of hospital discharge information was stored on the computer together with scans of any relevant faxes or

other communications. Changes were recorded on the individual PMR. Medication times were checked, and any discrepancies were followed up before labelling. A backing sheet containing the dosage instructions for each item in the compliance aid was sent to the assembly hub, together with a copy of the MAR chart. The compliance aids were assembled by machine at the hub and then returned to the pharmacy, where any additional items were added before being placed in retrieval awaiting either collection or delivery. Compliance aids were seen to include product descriptions and photos of the medicines on the backing sheet and patient information leaflets (PILs) were always supplied. There were a number of compliance aids ready for supply to individual patients which were also seen to have product descriptions and to contain PILs. Warfarin and alendronic acid were supplied separately. People were informed that their compliance aids would be assembled elsewhere, and their signed consent had been obtained when the pharmacy updated its consent forms in accordance with the new GDPR requirements.

Staff were aware of the risks involved in dispensing valproates to women in the at-risk group, and all such patients were counselled regarding the importance of having effective contraception. Records of the initial intervention were kept on their PMR but not subsequent interventions. Upon reflection, the RP agreed that they would do so in future. Patients on warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions and the INR results were recorded on the PMR. Patients taking methotrexate and lithium were also asked about blood tests, but these interventions were not recorded. Upon reflection, both the RP and the technician agreed to start recording them in future. There were steroid cards, lithium record cards and methotrexate record cards available to offer patients who needed them.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance, Sigma, Day Lewis and Doncaster. Unlicensed 'specials' were obtained from Smartways. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD) and had started using it to decommission products but was not at present because not all products were scanning correctly. The RP agreed to contact the SI for guidance on how to proceed with decommissioning.

Routine date checks were seen to be in place, record sheets were seen to have been completed, and no out-of-date stock was found. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules.

Fridge temperatures were recorded daily, and all seen to be within the 2 to 8 Celsius range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

The MCA described how patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to the local council for disposal. There was a list of hazardous medicines present and a separate purple-lidded container designated for the disposal of hazardous waste medicines. Denaturing kits for the safe disposal of CDs were available for use.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept in the patient safety folder. Each alert was annotated with any actions taken, the date and initials of those involved. There was also a summary sheet for each month showing the alerts that had been received, the date and the RP's signature confirming that all staff had been briefed. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the

wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides. It uses its facilities and equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were left in a secure location within the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

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.