

Registered pharmacy inspection report

Pharmacy Name: Maswell Park Pharmacy, 6 & 6A Central Avenue,
HOUSLOW, Middlesex, TW3 2QH

Pharmacy reference: 1091124

Type of pharmacy: Community

Date of inspection: 29/01/2020

Pharmacy context

A family run pharmacy located on a parade of shops in the Hounslow area of London. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes, supervised consumption and emergency hormonal contraception.

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 | 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

The pharmacy operates in a satisfactory manner. Members of the pharmacy team deal with their mistakes responsibly, and they know how to protect people's private information. The pharmacy has written instructions to help with this which they keep updated. However, the pharmacy doesn't keep some of its other records sufficiently up to date. So they may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) in place which included the roles and responsibilities of the staff. The SOPs were reviewed every two years and had last been updated in 2019. On questioning, the team members were all clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. Each member of the pharmacy team had read and signed the SOPs to say they worked according to the procedures set out. A certificate of public liability and professional indemnity insurance from the NPA was displayed in the dispensary and was valid until 31st October 2020. The pharmacy team recorded near misses and errors electronically and would review them as they occurred. The pharmacist explained that the reviews would take place with the whole pharmacy team and they would action anything immediately after discussing how they could prevent similar mistakes recurring. The pharmacist demonstrated a label on the edge of the shelf highlighting the interaction between amlodipine and simvastatin following an incident.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Multi-compartment compliance aids were prepared at the back of the pharmacy to reduce distractions. The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. There was a complaints procedure in place, and this was detailed in the practice leaflet displayed in the retail area of the pharmacy. The leaflet also had the contact details for the Patient Advice and Liaison Service and the Independent Complaint Advocacy Service. The results of the 2018 Community Pharmacy Patient Questionnaire (CPPQ) were displayed on the nhs.uk website and were seen to be positive. However, the results of the 2019 survey were not displayed. The pharmacist demonstrated how he had responded to verbal patient feedback and ensured he kept specific brands which patients wanted.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 10mg tablets was checked for record accuracy but was seen to be incorrect and had not been identified as incorrect since October 2019. The running balance was not checked regularly but a stock check would be completed after each drug was dispensed. The pharmacist would complete a balance check of the methadone stock every week and included the manufacturers overages appropriately. The responsible pharmacist record was seen to be complete and the correct responsible pharmacist notice was displayed where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply records were kept electronically with all the required

information recorded. The specials records were complete with the required information documented. The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential waste paper was regularly shredded and the pharmacy had completed the Data Security and Protection (DSP) toolkit. The pharmacists had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. The staff had an awareness of safeguarding and they were all confident of signs to look out for which may indicate safeguarding issues in both children and adults. The team members were also all Dementia Friends and had completed this training online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

The pharmacy was a family run business with the company owned by the pharmacist who had run the pharmacy as the regular pharmacist and superintendent for over 25 years. During the inspection, the superintendent was working as well as his wife, who was an NVQ Level 2 dispenser, and one medicines counter assistant. The pharmacist explained that his son was also a pharmacist and worked in the pharmacy.

Certificates were available to show that the dispenser undertook regular training to keep her knowledge up to date. Training was provided from Maguire through the NPA. Recently, the team had been updated on the needle exchange service, how to handle requests for the service and what to do in the case of a needle stick injury. The team would also be coached and updated by the pharmacist and they would be encouraged to attend any local events.

Team members were aware of how to raise concerns and felt comfortable discussing anything of concern with one another. There weren't any targets in place for services, and the pharmacist explained that the team would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was located on the ground floor of the building and included a retail area, consultation room, medicines counter dispenser and staff bathroom. The team had recently changed the office into a treatment room for the new travel clinic they had started that week. The pharmacy was bright, clean, modern and well maintained. The team cleaned the pharmacy daily between themselves and had a cleaning rota on display at the back of the dispensary.

The consultation room allowed for confidential conversations and included a table, seating and health promotion leaflets. The team also had a treatment room which they had recently created for their travel clinic and the pharmacist explained this was not used as a regular consultation room. The treatment room included seating, a table, a laptop, storage and a sink. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines, and alcohol hand gel was available.

Medicines were stored on the shelves in a generic and alphabetical manner, and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally delivers its services in a safe and effective manner, and people with a range of needs can access them. Team members identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed in the practice leaflet and on posters around the pharmacy. There was a raised lip at the front door but there was also a ramp available when needed for wheelchair access. Aisles were kept clear and were wide enough for wheelchair users to move around and there was seating available for patients or customers waiting for services. The pharmacy had a health promotion area which the team updated to reflect national health promotion campaigns. Current information on the health promotion board in the pharmacy included information about reducing alcohol consumption.

The pharmacy used a detailed system to prepare multi-compartment compliance aids for domiciliary patients and logged the relevant activities. The compliance aids were prepared with descriptions of the medicines inside and patient information leaflets (PILs) were supplied when patients started receiving the compliance aids and with any subsequent changes. Each patient had a file where the team recorded their medicines, when they were taken, any known allergies, any discharge information from the hospitals and contact details. People taking warfarin were asked for their blood test results and the warfarin dose they were on, but the pharmacist explained that not all of their patients were aware of this, but if they were, these details would be recorded on the PMR. The pharmacy team had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing for all patients in the at-risk group. The team had completed a valproate audit to highlight patients who were on valproates and demonstrated how they had the appropriate counselling conversations with these patients. All PGDs in the pharmacy were seen to be in-date and valid.

The pharmacy obtained medicinal stock from AAH, Alliance Unichem, Sigma, Colorama, Waymade and Enterprise. Specials were ordered from Thame Labs and Sigma. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of returned medicine. Date checking was carried out in a manner which meant that the whole pharmacy was date checked four times in a year and records of this were maintained. The team used stickers to highlight short-dated medicines. Opened stock bottles examined during the inspection were seen to include the date of opening on them and the fridges were in good working order and the stock inside was stored in an orderly manner. The pharmacy team was aware of the European Falsified Medicines Directive (FMD) and were using the AAH programme, but were not always using it regularly. MHRA alerts and recall notices came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with an alert for Zapain 30mg/500mg capsules. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit

trail of all the recall notices they had received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities it needs to provide its services safely. Its equipment is clean and well maintained.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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. |