General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Macey Chemist, 68 Mansfield Road, LONDON, NW3 2HU

Pharmacy reference: 1107708

Type of pharmacy: Community

Date of inspection: 20/06/2019

Pharmacy context

This is a community pharmacy located along a parade of shops in a residential area of North West London. Mainly elderly people use the pharmacy's services. The pharmacy dispenses NHS and private prescriptions. It provides services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). And, it supplies people with multi-compartment compliance aids, if they find it difficult to take their medicines on time. Some of these aids are assembled here but supplied via two of the other company's branches.

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	2.4	Good practice	The team has a culture of openness, honesty and learning. There are resources provided to assist with this and team members are proactive in keeping their knowledge up to date
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 manages most risks effectively. Pharmacy team members deal with their mistakes responsibly. But, they are not always formally reviewing them. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. The pharmacy's team members understand how they can protect the welfare of vulnerable people. And, they protect people's private information well. But, some of the pharmacy's records for private prescriptions are not always kept in accordance with the law. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence

The pharmacy was clear of clutter and organised. There was enough space for prescriptions to be dispensed safely. Staff assembled Monitored Dosage Systems (MDS) in a segregated space. This helped prevent errors from interruptions and distractions. The team routinely recorded near misses, this included a separate log to record errors with the MDS trays. The dispensing assistant and Responsible Pharmacist (RP) had identified similar sounding medicines or those with similar packaging and caution notes were placed in front of them as a visual alert. This included prochlorperazine and propranolol, carbamazepine and carbimazole as well as amlodipine and amitriptyline. The team also read and used reports issued from the Medication Safety Officer at the National Pharmacy Association (NPA) to help keep them informed of relevant risks. The RP explained that she informally reviewed near misses every three months and discussed details with staff but there were no details seen documented to verify this.

There was information on display about the pharmacy's complaints procedure and the RP handled incidents. The process here involved checking details, rectifying the situation, explaining the pharmacy's complaints process, documenting details and reporting this to the owner. A range of documented Standard Operating Procedures (SOPs) were present to support the services provided. They were reviewed in 2018. Staff had read and signed the SOPs, their roles and responsibilities were defined within them and team members understood their tasks and accountabilities. They knew when to refer to the RP and they knew which activities were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities on the day.

The pharmacy obtained feedback from people annually through questionnaires and from mystery customers. Older reports (from 2018/17) were seen for the latter and the RP explained that a visit was due soon. The results from the last questionnaire demonstrated that 98% of respondents rated the pharmacy as excellent or very good. The RP stated that only positive comments about the pharmacy were received.

Staff could identify signs of concern to safeguard vulnerable people, they were trained as dementia friends and the team informed the RP in the event of a concern. Staff had read SOPs and other relevant information as part of their training. There was a chaperone policy present and the pharmacist was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). Local contact details for the safeguarding agencies were present.

There was no confidential material left within areas that faced the public. The team shredded

confidential waste. Bagged prescriptions awaiting collection were stored in a location that prevented sensitive information being visible from the retail area. Staff were trained on the EU General Data Protection Regulation (GDPR) and had signed confidentiality clauses. There was also information on display to inform people about how their privacy was maintained. The RP had accessed Summary Care Records for emergency supplies or for queries involving MDS trays. Consent for the former was obtained verbally and in writing, the latter was via emergency access.

A complete audit trail for the receipt and destruction of returned Controlled Drugs was maintained. The team checked the minimum and maximum temperature of the fridge to ensure medicines were appropriately stored here. Daily records were kept verifying this. Records of supplies for unlicensed medicines, the RP record, emergency supplies and a sample of registers checked for Controlled Drugs (CDs) were maintained in line with statutory requirements. Balances for the latter were checked and details seen documented every three months. On randomly selecting CDs held in the cabinet (MST, methylphenidate), their quantities matched the balance recorded in corresponding registers.

There were missing prescriber details recorded within the electronic private prescription register, incomplete details were seen with only the name recorded or incorrect details were documented. The pharmacy's professional indemnity insurance was provided through Numark and due for renewal after August 2019.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members are trained well or are undertaking the appropriate training for their role. They understand their roles and responsibilities. And, they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The pharmacy dispensed 2,500 to 3,000 prescription items every month with around 50 people receiving their medicines inside MDS trays and six people with instalment prescriptions. Out of the 50 people receiving MDS trays, around 28 were supplied to other branches.

The staffing profile included a regular pharmacist, a trainee dispensing assistant who was undertaking accredited training with Buttercups and a trained medicines counter assistant (MCA). The team's certificates of qualifications obtained were seen. A locum pharmacist provided overlapping cover during the week and was responsible for checking the MDS trays. There were other staff present, solely involved in wholesale activities, employed at the premises.

Staff used a range of questions to obtain relevant information before selling over-the-counter (OTC) medicines and if they were unsure, details were brought to the attention of the RP. The team held sufficient knowledge of OTC medicines to sell these safely.

Staff routinely completed ongoing training through online modules that were provided by Numark, virtual outcomes, Perrigo and RB Health. They were also subscribed to receive trade publications, regularly took instruction from the RP and were provided with relevant information from the owners. The team's progress was checked frequently, this was through an informal process, but in-depth conversations occurred every 18 months with the owners. As they were a small team, communication occurred verbally, and staff regularly discussed details between them. There were no formal targets in place to achieve services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are secure and in general, provide a suitable environment to deliver its services.

Inspector's evidence

The premises consisted of a medium sized retail area and dispensary. There was a separate section to prepare MDS trays, a staff kitchenette area and WC facilities to one side as well as a large segregated section at the very rear. The latter was used for Wholesale Distribution Activity and this was kept separate from the pharmacy’s processes. A signposted consultation room was available to provide services and private conversations. The space was small but of an adequate size for this purpose. The key coded access to keep the door locked was broken, but there was no confidential information easily accessible from the room.

The pharmacy was suitably lit and appropriately ventilated. It was well presented and professional in appearance. All areas, except for the sink in the staff WC were clean. The tap and basin here were dirty and there was mould present. There was no hot/cold water supply from the main dispensary sink at the point of inspection. The owners were aware of this and were working to resolve the situation. In the interim, the pharmacy was using bottled water to reconstitute antibiotics and other liquid medicines.

Pharmacy (P) medicines were stored behind the front counter and there was gated access into this section as well as a drop-down barrier. Staff were always within the vicinity, this also helped to prevent the self-selection of these medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources and stores them appropriately. The pharmacy provides its services safely and effectively. Team members highlight prescriptions that require extra advice and they take extra care with high-risk medicines. This helps ensure that people can take their medicines safely.

Inspector's evidence

The pharmacy's front entrance was accessed via a ramp with an automatic door. This, along with the wide aisles inside the premises meant that people needing wheelchair access could easily use the pharmacy's services. There were two seats available for people to wait for their prescriptions if needed. There was a hearing aid loop present and staff described speaking clearly or loudly for people who were partially deaf. They explained that normally, only one person at a time came into the pharmacy but if more people were present, the consultation room would be used. To assist people who were visually impaired, the team described using labels with a larger sized font, physical assistance was provided or medicines with braille were supplied. Some of the staff spoke Gujarati or representatives were used for people, if their first language was not English.

In addition to the Essential Services, MURs and the NMS, the pharmacy provided smoking cessation, needle exchange, administered influenza vaccinations during the season and provided supervised consumption. The pharmacy was healthy living accredited, the team regularly promoted national campaigns. This included raising awareness of diabetes for one week and recently about oral health. There were posters on display in the retail space to assist with this. Staff used documented details to help signpost people to other local organisations and kept records for when this occurred. The pharmacy team used baskets to hold each prescription and associated medicines. This prevented any inadvertent transfer. Staff used a dispensing audit trail to verify their involvement in processes. This was through a facility on generated labels.

Dispensed prescriptions awaiting collection were stored with prescriptions attached. Fridge items and CDs (Schedule 2) were assembled at the time people arrived to collect. Schedule 3 CDs were identified but Schedule 4 CDs were not highlighted. Counter staff knew that prescriptions for CDs were only valid for 28 days but could not recognise some Schedule 4 CDs. Highlighting these medicines or making staff aware of which medicines were classified under this Schedule was discussed at the time. Uncollected medicines were checked and removed every three to six months.

MDS trays were supplied to people who found managing their medicines difficult after the GP assessed this. The team ordered prescriptions on behalf of people with trays, when these were received, details on prescriptions were cross-referenced against individual records to help identify changes or missing items. Queries were checked with the prescriber and audit trails were maintained to demonstrate this. Descriptions of medicines within trays were provided. Patient Information Leaflets (PILs) were routinely supplied. All medicines included in trays were de-blistered and removed from their outer packaging. Trays were not left unsealed overnight. Warfarin was provided separately. Some people received finasteride inside trays. Staff were aware of precautions associated with this medicine and stated that people receiving this inside the trays had no carers. Mid-cycle changes involved trays being retrieved, amended, re-checked and re-supplied.

For the people who received their MDS trays from another of the company's pharmacies, they ordered their own medicines when these were required or for any medicines that were provided separately to the trays. This was ordered through their own pharmacy. This pharmacy was kept informed of this and about any changes that occurred, all the pharmacies ensured details were communicated amongst them and notes were kept. The member of staff responsible for assembling trays, delivered them to the other two branches and kept an audit trail of this. Generated labels on the trays provided details of this pharmacy and contact details of the pharmacy where people collected the trays or received deliveries from, were also provided. Staff explained that consent to assemble people's trays from this premises was obtained verbally when the system was first set up and this was approximately three years ago.

Staff were aware of risks associated with valproate. There was literature present to provide to people. An audit was previously completed to identify females at risk. The RP explained that no prescriptions for females who may become pregnant had been seen. Prescriptions for higher-risk medicines were identified to enable pharmacist intervention, counselling and relevant parameters were routinely checked. This included asking people prescribed warfarin about their International Normalised Ratio (INR) level, there were details seen documented about this.

The pharmacy sourced its medicines from licensed wholesalers such as Phoenix, AAH, Alliance Healthcare, Doncaster, Waymade and Sigma. Unlicensed medicines were obtained through Sigma. The team was complying with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed and relevant equipment was present. Staff had received and completed training on FMD via virtual outcomes, they took instruction from the RP and were aware of the processes involved.

Medicines were stored in an organised manner. The team checked medicines for expiry regularly, the dispensary was date-checked on a three-month rolling basis with sections checked periodically and a schedule was in place to demonstrate this. Short-dated medicines were identified using stickers. There were no date-expired medicines or mixed batches seen. Liquid medicines were marked with the date that they were opened, and CDs were stored under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day and overnight.

Once accepted, the team stored returned medicines requiring disposal within appropriate receptacles. Sharps brought back by people for disposal, were accepted provided they were in sealed bins. Returned CDs were brought to the attention of the RP with relevant details entered into a CD returns register. Drug alerts were received by email. The process involved checking for stock and acting as necessary. An audit trail was available to verify this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and relevant equipment. This included clean, crown stamped conical measures for liquid medicines, a designated one for methadone and antibiotics as well as counting triangles. There was also a separate triangle available for cytotoxic medicines.

Computer terminals were password protected and positioned in a way that prevented unauthorised access. A shredder assisted in disposing of confidential waste. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight. The pharmacy team used cordless phones, and this helped conversations to take place out of earshot if required. The dispensary sink used to reconstitute medicines was clean. The fridge was maintained at appropriate temperatures for the storage of medicines and the CD cabinets were secured in line with legal requirements.

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.