

# Registered pharmacy inspection report

**Pharmacy Name:** Trident Pharmacy, 211 Worple Road, LONDON,  
SW20 8QY

**Pharmacy reference:** 1108669

**Type of pharmacy:** Community

**Date of inspection:** 11/12/2019

## Pharmacy context

This is in a residential area of Raynes Park. It dispenses NHS and private prescriptions. And also sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons and travel vaccinations all year round. It supplies some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines. And it offers home deliveries for those who cannot get to the pharmacy themselves.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy provides its services in line with clear, up-to-date processes and procedures which are being followed by its team members. Team members are clear about their roles and responsibilities. And they work to professional standards, identifying and managing risks effectively. The pharmacy keeps satisfactory records of the mistakes it makes during the dispensing process. The pharmacist regularly reviews them with members of the team so that they can learn from them and avoid problems being repeated. The pharmacy manages and protects confidential information well and tells people how their private information will be used. Team members understand their role in helping to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

### Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards which were regularly updated by the superintendent pharmacist (SI). The SOPs were all current and several had been reviewed in October 2019. There were signature sheets for each SOP which had been signed by all staff to indicate that they had read and understood them. The pharmacy also had a business continuity plan in place to maintain its services in the event of a power failure or other major problem. This was kept in the information governance (IG) folder in the dispensary.

Errors and near misses were recorded on the 'Community Pharmacy Quality Payments Scheme Monthly Patient Safety Template' form, showing what the error was, the members of staff involved, and the action taken. These were kept in the Pharmacy Quality Scheme folder in the dispensary for easy access by all staff. The possible causes were recorded and there was evidence of reflection and learning. There were separate entries for errors that had left the premises, which were also recorded on their patient medication record (PMR) system as well as the NHS National Reporting and Learning Service (NRLS) website. The responsible pharmacist (RP) explained that she reviewed them monthly and discussed them with her team. She recorded the key learnings and action points from those meetings. She also completed a patient safety report every six months. The team had identified some items that were prone to error, such as the 'look alike sound alike' (LASAs) medicines prednisolone and propranolol which were highlighted with stickers on the shelves. There were stickers on the shelves highlighting other items prone to errors such as ramipril capsules and tablets.

Roles and responsibilities of staff were not explicitly documented but staff titles and system access levels were set out in the IG folder. 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 paper RP log was complete.

Results of the 2018 Community Pharmacy Patient Questionnaire (CPPQ) were positive and displayed

online at [www.nhs.uk](http://www.nhs.uk). The pharmacy complaints procedure was set out in the SOP file, on a notice in the retail area and in the pharmacy practice leaflet for people to take away.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until July 2020 was on display in the dispensary. Private prescription records were maintained in a book and were complete with all details correctly recorded, including the date of prescribing. The pharmacy recorded emergency supply requests in the back of the book. The entries were complete although the reasons for supply tended to be too brief, for example 'run out'. Upon reflection the RP agreed to include more detail in future.

The CD register was seen to be correctly maintained, with running balances checked at intervals of approximately three months. Amendments were made with footnotes at the bottom of the page with initials and date. Running balances of two randomly selected CDs were checked and both found to be correct. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. The last witnessed entry for destruction was in September 2019 and there were a number of returned CDs awaiting destruction that had been returned since then. Records of unlicensed "specials" were mostly complete with required patient details, but several were missing the prescriber details. Upon reflection the RP agreed to include this in future.

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 checking people's identity before discussing their medication, or inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were in the dispensary so that people waiting at the counter couldn't read details. Confidential waste was kept separate from general waste and shredded onsite once or twice a day. There was no privacy notice but the RP printed one for display while the inspection was carried out.

There were safeguarding procedures in place and contact details of local referring agencies were available for all staff to access. The pharmacist had completed level 2 safeguarding training, and the pre-reg had completed level 1 so 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. 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 a pre-registration pharmacy graduate (pre-reg), one dispensing assistant and the RP on duty during the inspection. A delivery driver also came and went during the course of the inspection. This appeared to be appropriate for the workload and everyone was working well together. The RP explained that another dispensing assistant had recently left and she was in the process of recruiting a replacement. 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 the training folder. The pre-reg was able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. He described how he would refer to the pharmacist if necessary. He was due to have his twelve-week review shortly and both he and the RP indicated that there were no problems. His training programme was provided by ProPharmace and he tracked his progress on his ipad to help ensure he kept up to date.

Both team members were seen to serve customers and 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 they were involved in discussions about their mistakes and learning from them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a safe, secure and professional environment for people to receive its services. The premises include a private room which the team uses for some of its services and for private conversations.

### Inspector's evidence

The pharmacy premises were clean, tidy and in a reasonable state of repair with step-free access via a single automatic door to the street. The retail area was small but allowed sufficient space for wheelchair users. The dispensary was sub-divided into two sections, separated by shelving for stock. The front section was primarily used for dispensing walk-in prescriptions and provided sufficient space to work safely and effectively. There was a clear workflow in the dispensary and the layout was suitable for the activities undertaken, with the separate area at the rear designated for the assembly of multicompartment compliance aids. This area was out of sight of people waiting in the pharmacy to minimise any distractions. The dispensary sink had hot and cold running water. There was handwash available.

There was a recently extended consultation room available for confidential conversations, consultations and the provision of services. The extension work itself had been completed but had yet to be decorated and furnished. The door to the consultation room was kept closed but not locked when not in use, but there was no confidential information visible. There was shelving for paperwork, a vaccines fridge and two small sharps bins present. There was also a sink with hot and cold running water.

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 its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds satisfactorily to drug alerts or product recalls so that people only get medicines or devices which are safe for them to take. The pharmacy team identifies people supplied with high-risk medicines and records the checks that it makes so that they can be given extra information they may need to take their medicines safely.

### Inspector's evidence

A list of pharmacy services was displayed in the shop window and there were also a few health information leaflets and posters in the pharmacy. The pharmacy provided a limited range of services including seasonal flu vaccinations during the autumn and winter, and a travel vaccination 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 if the pharmacy was unable to supply the entire prescription. The prescription was kept in the owings box until the stock arrived. In the event of being unable to obtain any items, they tried alternative suppliers before contacting the GP for an alternative.

Completed prescriptions for schedule 2 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 and 4 CDs were only stickered if they weren't collected straight away. The RP explained that she encouraged patients not to leave them, but if there were any approaching their expiry date then she would call or text the patient. They checked the retrieval shelves every eight to twelve weeks and any prescriptions that had remained uncollected were removed. 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 for care homes and for individual people in their own homes were dispensed in a separate designated area at the rear of the dispensary. The pharmacy worked to a four-week cycle and had a tracker on its computer system to help ensure that prescriptions were ordered and assembled at the appropriate time. Any known allergies were recorded on the patient's PMR and any hospital discharge summaries were stored on a clip in the dispensary. Changes were recorded on the individual PMR. Medication times were checked against the patient's last printed backing sheet, and any discrepancies were followed up before labelling. The completed compliance aids would then be checked either by the RP, or by the pre-reg before being bagged up ready for either collection or delivery. Compliance aids were seen to include product descriptions 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.

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. The PMR was checked and there were no patients in the at-risk group. Patients taking 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 routinely asked about blood tests. There were steroid cards, lithium record cards and methotrexate record cards available to offer patients who needed them.

There were a small number of patients using the substance misuse service, although none were currently for supervised consumption. Appropriate records were kept, and key workers contacted in the event of non-collection for three consecutive days.

There were valid Patient Group Directions (PGDs) in place for both the NHS and the private flu vaccination services. Appropriate informed consent was documented and records of each vaccination kept in a file in the consultation room. There were two adrenaline autopen injectors available in the consultation room for use in emergencies. There were also valid PGDs in place for the travel vaccination service. This service was provided by the other pharmacist who regularly worked in the pharmacy. There was a separate folder in the dispensary containing all the necessary documentation for the service.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance and Sigma Doncaster and Trident. Unlicensed 'specials' were obtained from Sigma. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD) and was using it to decommission products.

Routine date checks were seen to be in place on a quarterly cycle, 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 pre-reg 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 separate container designated for the disposal of hazardous waste medicines but no list of hazardous medicines present. The RP agreed to print a copy. 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 a designated folder. Each alert was annotated with any actions taken, the date and initials of those involved. 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, and it makes sure that it is properly maintained. The pharmacy takes reasonable steps to ensure that people's private information is kept safe and secure.

### 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 (including separate measures clearly marked for CDs only), 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.