

# Registered pharmacy inspection report

**Pharmacy Name:** Watmans Pharmacy, Hillview Surgery, 179 Bilton Road, Perivale, GREENFORD, Middlesex, UB6 7HQ

**Pharmacy reference:** 1109905

**Type of pharmacy:** Community

**Date of inspection:** 15/11/2019

## Pharmacy context

This is an independently owned pharmacy within a health centre. It is one of 70 owned by the same company. The pharmacy is in the midst of a residential area of Greenford. As well as NHS essential services the pharmacy provides medicines in multi-compartment compliance packs for many people in the community. Other services include: Medicines Use Reviews (MURs), New Medicines Service (NMS) and a delivery service for those who cannot collect their own prescriptions. The pharmacy also offers a winter flu vaccination service and a dispensing service for substance misuse clients.

## 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's working practices are safe and effective. Its team members understand their roles and responsibilities. They listen to people's concerns and keep people's information safe. Team members discuss any mistakes they make, and they share information on what could go wrong to help reduce the chance of making mistakes in future.

### Inspector's evidence

The pharmacy was predominantly a dispensing pharmacy. Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. Staff had standard operating procedures (SOPs) to follow and had read and signed those relevant to their roles. The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and generally recorded. Near misses were reviewed informally on a regular basis and more formally every six months. They were reviewed and discussed to prevent staff from repeating their mistakes and to help them learn and improve. Near miss records indicated that mistakes had occurred because staff had not double checked the item selected against the prescription, before the pharmacist's accuracy check. But the same causes and follow up actions had been repeated several times. This could indicate that staff could reflect on their mistakes more thoroughly, so they could identify what could be done differently next time.

The team had other ways of managing risk. They were required to take extra care when selecting 'look alike sound alike' drugs (LASAs) such as amlodipine and amitriptyline, Novomix and Novorapid, and rosuvastatin and rivaroxaban. Brightly labelled shelf edge labels had been placed in front of these products. Several LASAs had been clearly separated to help reduce the chance of selecting the wrong one. Several months earlier, the pharmacist had reviewed staff compliance with dispensing SOPs, to encourage them to check as they dispensed.

The pharmacy team had a positive approach to customer feedback. A previous survey demonstrated a high level of customer satisfaction. In a recent customer satisfaction survey, people had commented that they had not been offered any healthy lifestyle advice. And so, team members had introduced a range of health and dietary advice leaflets, which customers had been taking. Healthy lifestyle advice was also included as part of MURs. The team described how they ordered the same brands of medicines for certain people to help with compliance. Customer preferences included the Teva brand of bisoprolol 2.5mg tablets and omeprazole 10mg capsules. Also, the Almus brand of metformin 500mg tablets. All preferred brands were kept separately to make sure they were kept for the people who needed them. Team members had also added notes to individual patient medication records (PMR)s as a reminder.

The pharmacy had a formal procedure for handling complaints. Customer concerns were generally dealt with at the time by the RP. Formal complaints were recorded although staff said that complaints were rare. Details of the local NHS complaints advocacy service and PALs were available on request. And there was a notice on the wall explaining the procedure for patients. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 31 August 2020 when they would be renewed for the following year.

The pharmacy kept all the records it needed to keep and, in general, these were in order. Records for private prescriptions, emergency supplies and unlicensed 'Specials' were in order as were controlled drug (CD) registers. The pharmacy also kept records for CDs, returned by patients, for destruction. Records are kept for patient-returned CDs for audit trail and to account for all the non- stock CDs which RPs have under their control. Records for the RP were generally in order although not all entries showed the time at which the RP's responsibilities ceased

Staff had been trained to protect patient confidentiality and had signed a confidentiality agreement. They had also received GDPR training. Discarded labels and prescription tokens, containing patients' information, were collected for confidential disposal by a licensed waste contractor. Completed prescriptions were stored in drawers in the dispensary, out of view from customer areas. The Pharmacy had a safeguarding policy in place. The RP had completed CPPE level 2 training. All remaining staff had been briefed on the principles of safeguarding. The pharmacy had a flow chart on display, to show the process for reporting a safeguarding concern. All staff had completed dementia friends training. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together. They are comfortable about providing feedback to employers and are involved in improving the pharmacy's services

### Inspector's evidence

The pharmacy had a regular full-time RP and a regular part-time locum who covered her days off and Saturdays. Pharmacists were supported by a pre-registration pharmacist (pre-reg.), a full-time dispenser (EU pharmacist) and two part-time dispensers. On the day of the inspection the team consisted of the regular RP with the support of the pre-reg. and two dispensers. The team had recently lost two dispensers. One had moved out of the area and the other was absent because of illness. Remaining staff were very busy and were working overtime to cover some of the hours lost due to reduced staff numbers. Team members were observed to work together and they were seen assisting each other when required. The daily workload of prescriptions was in hand and customers were attended to promptly.

Staff said they felt able to raise concerns. The pre-reg said she had regular informal discussions with her colleagues and felt able to raise concerns with them. She described how she had been tasked with doing an audit on diabetic medication. She asked staff to annotate all prescriptions for diabetic medicines with a 'D'. This allowed her to retrieve all the relevant prescriptions for the audit. Staff and locums had taken this on board in order to help her complete her task. The pharmacist felt able to raise concerns with her employers and had done so recently after losing two core members of the team. Since raising her concern, she had received support from her line managers who had arranged for additional dispensary cover with locum dispensers. The pharmacist could make her own professional decisions in the interest of patients and offered services such as an MUR or flu vaccination when she felt it beneficial for someone. She was targeted with managing the daily workload and to provide a good service. She would carry out an MUR or flu vaccination whenever it was appropriate to do one.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services. But, they did not have not enough storage space.

### Inspector's evidence

The pharmacy had been designed as an integral part of the health centre. Although access to the pharmacy could only be gained by entering the health centre, it occupied a separate unit within it. The pharmacy had its own entry door via the consultation room and a separate counter and prescription reception area. The pharmacy stocked only prescription medicines and had a small range of counter medicines for sale. The dispensary was opposite the surgery reception. Customer areas were confined to a waiting area outside the pharmacy which it shared with the health centre. The pharmacy counter and reception area also looked out over the waiting area, so staff could see people waiting there or standing at the counter. Staff had placed a notice at the counter promoting the consultation room. Staff said that they used the room a lot so that people in the surgery waiting area could not overhear their conversations with patients. The consultation room offered a good level of privacy and the pharmacist described using the room regularly for private consultations such as MURs.

The dispensary did not appear to have adequate storage space. It had a run of pull-out drawers for storing stock and dispensed prescriptions. Dispensed prescriptions were stored in the lower run of drawers. These were kept pulled out and open to make it easier for staff to retrieve prescriptions. But, pulled out this way, the drawers could be a trip hazard. Bulkier prescriptions were stored under the pharmacy counter area or on the floor. Dispensing surface was adequate for the number of prescriptions dispensed. But, it was well utilised and there was not much free space. There was a four-metre run of bench space, with storage drawers underneath. The dispensing bench had two work stations with computers and labellers and a space for accuracy checking. The pharmacy sink occupied a separate small area of bench space, which also had storage underneath.

The pharmacy had an additional room upstairs, above the surgery. The room was used for dispensing multi-compartment compliance packs and general storage. In order to access the room, and the stairs to it, staff had to pass behind the surgery reception area. The pharmacy had a small lift which staff used for moving stock, multi-compartment compliance packs and prescriptions between the upstairs room and the dispensary. Staff said the lift helped with efficiency as it reduced the need for them to walk up and down the stairs. The upstairs room had a keypad entry. The entry code was known only to pharmacy staff. The premises were generally clean and well -maintained. Although there was a lack of storage space, the pharmacy was tidy and well organised. It had a professional appearance, and floors, shelves and sinks were clean.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. In general, members of the pharmacy team give people the advice and support they need to help them use their medicines safely and properly. The pharmacy manages its medicines safely and effectively. In general, the pharmacy checks stocks of medicines regularly to make sure they are in date and fit for purpose. They store medicines appropriately and dispose of waste medicines safely.

### Inspector's evidence

The entrance to the health centre, and pharmacy area was step-free and suitable for wheelchair access. The consultation room was also suitable for wheelchair access. The pharmacy had a repeat prescription collection service and a prescription ordering service. The service was offered to a small number of patients who needed help to manage their prescriptions. Services were advertised on posters near the waiting area. And there was a selection of information leaflets for customer selection.

In general, staff appeared to be providing services in accordance with standardised procedures. CDs were audited on a monthly basis as per procedure. A random check of CD stock (Zomorph 60mg capsules) indicated that the running balance quantity in the register, was correct. Dispensing labels were initialled by the person dispensing and the person checking, to provide a dispensing audit trail, as per the SOP.

Multi-compartment compliance packs were provided for patients who needed them. Patient information leaflets (PILs) were offered with new medicines, but not on a regular basis thereafter. The medication in compliance packs was given a description, including colour and shape, to help people to identify them. Labelling directions gave the required BNF advisory information to help people take their medicines properly. Medicines summary sheets were created for each person and checked against prescriptions each time. Staff would pursue discharge letters after being informed that people had been in hospital. This was so that the pharmacy could make the necessary changes and supply people's medicines in accordance with their most up-to-date prescription.

The pharmacy had procedures for targeting and counselling all patients, in the at-risk group, taking sodium valproate. All patients taking valproate, had been identified, but, the pharmacy did not currently have any patients in the at-risk group taking the drug. Staff said that, where appropriate, they would include valproate warning cards with prescriptions. The RP had the MHRA purple pack to hand. The pack contained a guidance sheet for pharmacists, and warning cards and information booklets for patients. Packs of sodium valproate in stock bore the updated warning label and additional warning stickers were available for split packs. The pharmacy had up to date PGDs and service specifications for both the private and NHS flu vaccination services. People were briefed on what to expect when receiving a vaccination and asked to complete a consent form. Records were kept of the consultation for each vaccination, including details of the product administered. The pharmacy had procedures in place for managing an anaphylactic response to the vaccination.

Medicines and Medical equipment were obtained from established wholesalers; Kamsons, Alliance Healthcare and AAH. Unlicensed 'specials' were obtained from IPS or Alliance Healthcare. All suppliers held the appropriate licences and stock was generally stored in a tidy, organised fashion. A CD cabinet

and fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that the medication inside was kept within the correct temperature range. The pharmacy team were not yet scanning products with a unique barcode, in accordance with the European Falsified Medicines Directive (FMD). Staff were aware of the requirement but were awaiting further direction from the head office.

Stock was regularly date checked and records kept. Short-dated stock was identified and highlighted using a dot sticker. Waste medicines, including denatured CDs, were disposed of in the appropriate containers. The containers were collected by a licensed waste contractor for safe disposal. A list of hazardous waste had been placed on the wall, to help staff dispose of hazardous waste medicines properly. Drug recalls and safety alerts were responded to promptly and records were kept. Staff could recall responding to the recent recall for paracetamol 500mg tablets. They had not had any of the affected stock.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, in general, it uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean. The pharmacy had separate measures for measuring methadone mixture. The measures were labelled and kept in a separate basket on a shelf. Staff used a separate triangle for counting loose cytotoxic tablets to help prevent cross contamination with other tablets. Although, staff had not had to use it for some time, as the cytotoxic tablets dispensed were in foil strips. Amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris.

There were up to date information sources available in the form of a BNF, a BNF for children and the drug tariff. The team also used the Numark advice line service. Pharmacists also had access to a range of reputable online information sources such as the NHS websites, EMC, NICE, the MEP and patient.co.uk. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was collected for safe disposal. The pharmacy had four computer terminals with a patient medication record (PMR) facility. Two were in the dispensary, one in the consultation room and one in the pharmacy room upstairs. Computers were password protected and were generally out of view of patients and the public. But, staff were using the smart card belonging to a dispenser who was not present during the inspection. Staff should use their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was appropriate and secure.

### 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.  |