

Registered pharmacy inspection report

Pharmacy Name: Herman Pharmacy, St. Davids Health Centre,
Hadrian Way, STAINES, Middlesex, TW19 7HT

Pharmacy reference: 1110890

Type of pharmacy: Community

Date of inspection: 07/09/2020

Pharmacy context

A community pharmacy set next door to a medical practice in a residential area of Stanwell. The pharmacy opens five days a week. And most people who use it are patients of the medical practice and they live nearby. The pharmacy dispenses people's prescriptions. And it sells over-the-counter (OTC) medicines too. The pharmacy delivers medicines to a few people who can't attend its premises in person. And it provides Medicines Use Reviews (MURs) and the NHS New Medicine Service (NMS). This inspection took place during the coronavirus (COVID-19) pandemic.

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 generally manages its risks appropriately. And it has written procedures to help make sure its team works safely. The pharmacy keeps most of the records it needs to. And it has adequate insurance to help protect people if things do go wrong. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They review the mistakes they make. So, they can try to stop them happening again. They understand their role in protecting vulnerable people. And they mostly keep people's private information safe.

Inspector's evidence

The pharmacy team had risk assessed the impact of COVID-19 on the pharmacy and its services. And, as a result, the pharmacy suspended providing some of its face-to-face services, such as MURs. The pharmacy offered to undertake an occupational risk assessment for each team member to help identify and protect those at increased risk in relation to COVID-19. The inspector reminded the superintendent pharmacist and the responsible pharmacist (RP) of the need for community pharmacy employers to report instances of exposure to COVID-19 in the workplace. The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And some of the SOPs had been reviewed since the last inspection. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles. But some team members hadn't signed the SOPs. The superintendent pharmacist gave an assurance that the SOPs would be promptly reviewed. And the pharmacy team would read and sign the SOPs once they had been reviewed. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team were required to document and discuss their mistakes. They reviewed their mistakes to help spot the cause of them. And they shared learning with each other. So, they could try to stop the same types of mistakes happening again. The pharmacy team recently strengthened its prescription handing-out process after a person was given someone else's prescription by mistake.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described in the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell OTC medicines if a RP wasn't present. And they would refer repeated requests for products liable to overuse, misuse or abuse to a pharmacist. The pharmacy had a complaints procedure. People were asked to take part in a satisfaction survey once a year. And the results of this year's survey were available online and were mostly positive. The pharmacy team tried to keep people's preferred makes of prescription-medicines in stock when asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy team generally kept the controlled drug (CD) register in order. But the address from whom a CD was received from wasn't always recorded. And the CD running balance wasn't checked as often as the SOPs required. So, the pharmacy team could be missing opportunities to spot mistakes or discrepancies. The pharmacy kept a record to show which pharmacist was the RP and when. It also kept records for the supplies of unlicensed medicinal products it made. But it didn't always record when it had received each product. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied electronically. And while these records were mostly in order, the date of prescribing and the name and address of the prescriber were sometimes

entered incorrectly.

The pharmacy had an information governance policy. It had arrangements to make sure confidential waste was collected and then destroyed offsite by the superintendent pharmacist. But this had built up over the pandemic. The pharmacy team tried to store prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy had a safeguarding procedure and contacts should its team need to tell someone about a safeguarding concern. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team can keep their skills and knowledge up to date. So, they can deliver safe and effective care. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one.

Inspector's evidence

The pharmacy team consisted of a full-time pharmacist (the superintendent pharmacist), two part-time locum pharmacists, a full-time dispensing assistant, a full-time trainee dispensing assistant and a part-time medicines counter assistant (MCA). The superintendent managed the pharmacy and its team. The RP, the superintendent pharmacist, the trainee dispensing assistant and the MCA were working at the time of the inspection. The pharmacy relied upon its team, team members from a nearby branch and locums to cover absences.

The team members worked well together. So, people were served promptly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had a sales of medicines protocol which its team needed to follow. The MCA described the questions she would ask when making OTC recommendations. She referred requests for treatments for babies, people who were pregnant or breastfeeding, people who were old and people with long-term health conditions to a pharmacist. Members of the pharmacy team needed to undertake accredited training relevant to their roles. They could talk to the superintendent pharmacist about their development needs. They were encouraged to ask questions and familiarise themselves with new products. They could complete training to make sure their knowledge was up to date. And they could train while they were at work when the pharmacy wasn't busy. The pharmacy held informal meetings to update its team and share learning.

The pharmacy team didn't feel under pressure to complete the tasks it was expected to do. The pharmacy only provided NMS consultations when a suitably qualified pharmacist decided it was clinically appropriate to do so and when the workload allowed. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to a change in the way medicines were stored in the pharmacy's dispensary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean and tidy. The pharmacy has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy had a retail area, a counter, a dispensary, a small kitchenette, a consulting room, a toilet and a small stockroom. It was air-conditioned, bright, secure and appropriately presented. The pharmacy displayed a notice explaining that no more than two people were allowed in it at a time. People tried to socially distance themselves from one another when waiting at the pharmacy. And they wore face coverings too. The pharmacy had the workbench and storage space it needed for its current workload. It also had an adequately sized dispensary. This meant that team members could generally socially distance themselves from each other. But there were times when this was difficult. The pharmacy had a consulting room if people needed to speak to a team member in private. The pharmacy team locked the consulting room when it wasn't being used. So, its contents were kept secure. The pharmacy had a few sinks. And it had a supply of hot and cold water. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy. They cleaned the pharmacy the days it was open. And they wiped and disinfected the surfaces they and other people touched. The pharmacy had handwash and alcoholic hand sanitiser for people to use. So, its team members could wash or sanitise their hands regularly.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are safe and effective. And its team is helpful. The pharmacy gets its medicines from reputable sources. And it stores most of them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. The pharmacy team disposes of most people's waste medicines properly too.

Inspector's evidence

The pharmacy had step-free access. But it didn't have an automated door. So, the pharmacy team tended to leave it open throughout the day. This meant that people with mobility difficulties, such as wheelchair users, could enter the building easily. The pharmacy listed the services it could provide online. Members of the pharmacy team were helpful. They spoke different languages. They took the time to listen to people. So, they could help and advise them. And they signposted people to another provider if a service wasn't available at the pharmacy.

The team members responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the RP who also initialled the dispensing label. The pharmacy team generally supplied people with patient information leaflets for their medicines. The pharmacy delivered prescriptions to a few people who had difficulty in getting to the pharmacy. And the demand for this service had increased recently. The pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person collecting the medication or if other items, such as CDs and refrigerated products, needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had some valproate educational materials available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines when it dispensed them and at regular intervals. It recorded when it had done these checks. It marked products which were soon to expire. And it marked containers of liquid medicines with the date they were opened. This helped the team reduce the chances of it giving people out-of-date medicines by mistake. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy kept a record of the destruction of patient-returned CDs. The pharmacy team needed to keep patient-returned and out-of-date CDs separate from in-date stock. The pharmacy team was aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock. And they were unsure when the pharmacy would become FMD compliant. But the superintendent pharmacist confirmed following the inspection that the pharmacy was registered through its patient medication record provider and would become FMD compliant within the next 60 days. The pharmacy had procedures for handling the unwanted medicines people returned to it. And it had some pharmaceutical waste bins. But it didn't

have an appropriate bin for the disposal of hazardous waste. The pharmacy had allowed the unwanted medicines people returned to it to build up. And some intact patient-returned tramadol effervescent tablets were found in a pharmaceutical waste bin. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take when they received a drug alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had the personal protective equipment, including face masks, its team members needed when they couldn't socially distance from people or each other. It had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure the equipment they used to measure, or count, medicines was clean before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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. |