

Registered pharmacy inspection report

Pharmacy Name: Arches Pharmacee, Attenborough Court Owen Square, Aldenham Road, Opposite Bushey Station, WATFORD, WD19 4FN

Pharmacy reference: 1116527

Type of pharmacy: Community

Date of inspection: 05/05/2021

Pharmacy context

The pharmacy is in a mainly residential area opposite Bushey Station. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection. The pharmacy is working towards healthy living status. This was a follow up inspection after enforcement action was taken because the pharmacy had been buying unusually large quantities of codeine linctus which is known to be liable to misuse and addiction without adequate safeguards and monitoring. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed. The inspection took place during the Covid-19 pandemic. The pharmacy has recently changed ownership.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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's working practices are generally safe. The pharmacy has written procedures which tell staff how to work safely but these are being updated. The pharmacy team has introduced new ways of working to help protect people against COVID-19 infection. The pharmacy's team members mostly keep the records they need to so they can show the pharmacy supplies its medicines safely and legally. But they do not record all their mistakes, so they may miss opportunities to learn and prevent the same errors happening again. The pharmacy's team members understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had changed ownership recently and was staffed by two locum pharmacists, and two dispensers. Systems to manage risk were in the process of being put in place. There was a near miss log although no records had been made but during the visit, a near miss was detected and recorded during the checking process. The dispenser explained that the pharmacy was in the process of re-arranging medicines stock on the dispensary shelves to improve workflow. The retrieval system to store prescriptions awaiting collection had been reviewed.

Although there was limited bench space, there were different dispensing and checking areas. The pharmacy team used baskets to separate prescriptions and medicines during the dispensing process. Some baskets of prescriptions and medicines were stacked awaiting final check or stock on order and there may be a risk of items 'jumping' from one basket to another. Avoiding placing these baskets where they may be in reach of someone on the public side of the pharmacy was discussed.

To minimise risk of COVID-19 infection, there was hand sanitiser on the medicines counter for people to apply and staff wore personal protective equipment (PPE). The pharmacy displayed posters reminding members of the public about social distancing and no more than two people were allowed to enter the pharmacy at a time. The pharmacy had not fitted a screen at the medicines counter due to the layout of the pharmacy. There was a regular daily cleaning routine for pharmacy surfaces.

The pharmacy team was aware of the need to report COVID-19 infections contracted in the workplace to the relevant authorities. Pharmacy team members had been vaccinated against COVID-19 infection but were unsure if the staff vaccination questionnaire had been completed.

There was a set of standard operating procedures (SOPs) which included responsible pharmacist (RP) procedures and a locum pack. The SOPs were being reviewed by the pharmacy head office. There were some training records for previous staff members who were no longer employed by the pharmacy. A pharmacy protocol for selling medicines and giving advice with appropriate questions to ask when people were purchasing medicines over the counter was discussed. The pharmacy team described how they would deal with people wanting to buy medicines liable to abuse. So, the sale may be refused and the person referred to the doctor. For instance, the RP explained that when people asked to purchase Nurofen Plus, which contained codeine, he emphasized that it was only to be taken for three days and after that they should see their doctor.

To protect people using its services, there was professional indemnity insurance in place provided by NPA expiring 3 April 2022. The RP record was complete and the RP notice was correctly displayed. The private prescription records were complete. The controlled drug (CD) registers examined had not been annotated reflecting the change in ownership. But the CD records were mostly complete. A random check of two strengths of morphine modified release tablets reconciled with the recorded balance in the CD registers.

There was an information governance (IG) folder which contained templates for confidentiality agreements and a business continuity plan. Confidential wastepaper was collected for shredding. The computer was password protected and backed up regularly. Staff used their own NHS cards. The pharmacist had undertaken Centre for Postgraduate Pharmacist Education (CPPE) safeguarding training at level 2.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified staff to safely provide its services. The pharmacy's team members work well together and are comfortable about providing feedback to the pharmacist.

Inspector's evidence

At the time of the visit, staff comprised: one locum pharmacist, one full-time and one part-time dispenser enrolled on or completed accredited training. The pharmacy team members explained that training was provided by the pharmacy's head office. The locum pharmacist had completed CPPE vaccination training (for Pfizer and AstraZeneca vaccines), oral contraception, discharge medicines service and risk assessment. The pharmacy was in the process of training to become a healthy living pharmacy.

The pharmacy's team members felt able to provide feedback as it arose and said they could raise concerns. Targets and incentives were set but not in a way that effected patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally safe, clean and suitable for the provision of pharmacy services. Team members have introduced additional cleaning measures to help protect people from COVID-19 infection. The pharmacy prevents people accessing its premises when it is closed so that it keeps its medicines and people's information safe.

Inspector's evidence

The pharmacy was light and bright and accessed via double doors down a few steps from street level or via a ramp. The dispensary was behind the medicines counter. The premises were generally clean although the dispensary bench was a little cluttered. The pharmacy team planned a deep clean of the premises. To minimise risk of COVID-19 infection, there was hand sanitiser for people to apply and staff wore PPE. The pharmacy displayed posters reminding members of the public about social distancing and two people were allowed to enter the pharmacy at a time. The pharmacy had not fitted a screen to protect people at the medicines counter due to the layout of the pharmacy's premises. There was a regular daily cleaning routine for pharmacy surfaces. The consultation room was mostly tidy and there was handwashing equipment. The consultation room was signposted and protected patient privacy. There was sufficient lighting including natural light and ventilation.

Principle 4 - Services ✓ Standards met

Summary findings

People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources to protect people from harm. Pharmacy team members make sure people have all the information they need to use their medicines safely. They generally make sure that medicines are stored securely at the correct temperature so that medicines are safe to use. Team members know what to do if any medicines or devices need to be returned to the suppliers, but they do not always keep a record to show they took the right steps to protect patient safety.

Inspector's evidence

Members of the public accessed the pharmacy and its services through double doors. There were steps down from the street and a ramp for people with mobility issues. The pharmacy team could converse in Gujarati, French and Creole to assist people whose first language was not English. The pharmacy could print large font labels for people who had difficulty reading small print. There was a folder containing signposting information to local services. Ensuring the information was kept up to date was discussed. Members of the public could access COVID-19 lateral flow devices via the Pharmacy Collect service at the pharmacy.

People could complete a consultation in the consultation room via the Medicspot laptop, using available equipment to monitor values such as their blood pressure, oxygen levels and temperature. The person logged in using a password sent by email from Medicspot. The pharmacy had not received a prescription following a consultation yet. The pharmacy team had contacted Medicspot to obtain a standard operating procedure regarding care of the equipment before and after use and explaining how the service was operated to the team.

Workflow: the pharmacy team picked medicines from reading the prescription. The pharmacist performed the clinical and final check of all prescriptions. The dispensing audit trail to identify who dispensed and checked medicines was seen to be completed during the visit. Interactions between two medicines for the same person were printed and shown to the pharmacist. Interventions would be recorded on the patient medication record (PMR) although an example was not seen. The pharmacy had a procedure for dealing with outstanding medicines. The original prescription was retained, and an owing slip was issued to the person. For 'manufacturer cannot supply' items, the pharmacy team asked the person how urgently they required the medication and the surgery was emailed to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for around 23 people which included people in 'assisted living' accommodation nearby. Compliance aids were prepared in a separate area of the dispensary. The pharmacy managed prescription re-ordering on behalf of patients. EPS prescriptions were received from the surgery and checked for changes in medication. The person's medication record was updated. Labelling for compliance aids included a description identifying individual medicines and patient information leaflets (PILs) were supplied. The pharmacy was installing a new computer system so in future backing sheets would be printed instead of labels. High-risk medicines were mostly not supplied in a compliance aid except for alendronate which was supplied to a few people de-blistered and placed in a weekly compartment to be taken on a Sunday. The date of issue for CD prescriptions

was managed so CDs were supplied within the period of validity of the prescription.

The RP was aware of the procedure for supply of sodium valproate to people of child bearing potential and information on the pregnancy prevention programme (PPP) to be explained. There was printed information to give to people in this at-risk group. The procedure for supply of isotretinoin to people in the same at-risk group and keeping a record of these interventions was discussed. The RP said the prescriber would be contacted regarding prescriptions for more than 30 days' supply of a controlled drug (CD).

The RP said if he was supplying warfarin, people were asked for blood test due dates to measure INR. Advice was given about side effects of bruising and bleeding. And about a diet containing vitamin K in green vegetables and cranberries which could affect INR. People taking methotrexate were given a methotrexate warning book and asked about their blood test dates which were sent to the surgery, so the prescription was released for dispensing. Advice was given reminding people about the weekly dose of methotrexate and when to take folic acid.

There was a discussion about ensuring interventions were recorded to show appropriate clinical checks were carried out such as for high-risk medicines. For instance, sodium valproate, warfarin and CDs. The dispenser said that he would deliver medicines to people's homes during the lunch hour or on the way home on three days of the week. The dispenser set the package down at the door and stepped back to wait for the package to be taken in by the person. The pro-delivery App was to be introduced so deliveries could be tracked and produce an audit trail.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix and OTC Direct. There were storage cupboards above the dispensary shelves. Floor areas were not all clear as items were stored in tote boxes. Stock was stored neatly on the dispensary shelves. No date-expired medicines were found in a random check. There were no open liquid medicines, but the dispenser said he marked them with a date when opened. Medicines were generally stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. The fridge temperature records showed the minimum and maximum temperatures to be between two and eight Celsius. Falsified medicines directive (FMD) software and a scanner had been installed but was not operational at the time of the visit. Waste medicines were stored in appropriate containers separate from other stock.

The pharmacy team said uncollected prescriptions were cleared from the retrieval system within three months. The RP attached CD stickers endorsed with the expiry date to prescriptions, so CDs were not given out when the prescription was no longer valid. Prescriptions for fridge items were highlighted. When drug alerts were received stock was checked for affected batches but a record was not yet in place to record what actions had been taken and how much stock was quarantined.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy team had access to current reference sources such as British National Formulary and Emc. The dispensary sink and stamped measure required treatment to remove limescale. Cold chain items were stored in a medical fridge with a monitor to measure minimum and maximum temperatures between two and eight Celsius. The computer was password protected and backed up regularly. The pharmacy team member's own NHS card was in use. Confidential wastepaper was shredded.

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.