General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Medipharmacy, 1 Lambton Road, Raynes Park, LONDON, SW20 0LW

Pharmacy reference: 1117426

Type of pharmacy: Community

Date of inspection: 10/02/2020

Pharmacy context

This Healthy Living Pharmacy (HLP) is located in a large health centre, a short walk away from the centre of Raynes Park. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons and a home delivery service. It dispenses some medicines in multicompartment compliance aids for those who may have difficulty managing their medicines. There is a private chiropractic clinic, and a separate aesthetics clinic open within the pharmacy premises.

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

Overall the pharmacy manages risk fairly well and has written instructions to tell staff how to complete tasks safely. The pharmacy keeps most of the records it needs to by law and it has adequate insurance in place to help protect people if things do go wrong. The pharmacy's team members understand how they can help to protect the welfare of vulnerable people. They have become much better at recording the mistakes they make during the dispensing process. This makes it much easier for the pharmacy to spot patterns and take action to prevent mistakes being repeated.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, and all reviewed at varying dates. The responsible pharmacist SOPs had just been updated and were next due for review in February 2021. Two members of staff were reorganising and tidying up the SOP folders as the inspector arrived. Signature sheets were signed by staff to indicate that they had read and understood them. Newly appointed members of staff were in the process of reading and signing them. The pharmacy also had a detailed business continuity plan in place to maintain its services in the event of a power failure or other major problem.

Errors and near misses were recorded using a paper form, showing what the error was, the members of staff involved and the action taken. The record sheet on the wall was current and indicated no near misses had occurred so far in February. Errors and near misses had been recorded for previous months, together with evidence of reflection and learning. There were monthly patient safety reports which identified actions taken to reduce the risk of patient safety incidents. They included separating the different strengths of atorvastatin or separating look alike soundalike medicines (LASAs) and labelling the shelves. There were some labels on the shelves, for example 'check selection, tamsulosin capsules similar appearance fluoxetine capsules' and 'attention check selection propranolol to prednisolone'. The pharmacist reviewed errors and near misses with the staff, and the superintendent pharmacist (SI) would also discuss them when he visited the pharmacy.

Roles and responsibilities of staff were not specifically documented in the SOPs. However, 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 RP log held on the patient medication record (PMR) computer system was complete apart from three entries in the previous month where the end time had been missed. The RP agreed to find a way of ensuring that locum pharmacists didn't forget to sign out when their responsibilities ceased at the end of their shift.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at www.nhs.uk and at the pharmacy reception counter. The results showed 100% satisfaction ratings under each of the main headings. One area for improvement highlighted by the CPPQ was a lack of somewhere to have private conversations and the pharmacy responded by highlighting the availability

of the consultation room. The RP explained that owing to the layout of the building and the narrowness of the reception counter, it could sometimes be difficult to have a sensitive conversation without other people overhearing. As a result of this he actively encouraged all staff to make use of the consultation room if they were concerned about being overheard. The pharmacy complaints procedure was set out on display at the counter. A certificate of professional indemnity and public liability insurance from Numark valid until June 2020 was on display in the dispensary.

Private prescription records were maintained on the patient medication record (PMR) system and were complete with all details correctly recorded. Dates of prescribing and of dispensing on those inspected were all correctly recorded. The emergency supply records were completed on the PMR system, and two had not yet been redeemed against a valid prescription. Valid reasons for these supplies had been recorded and the level of detail had significantly improved since the previous inspection. The RP explained that most of the emergency supplies he made were as a result of patients from the attached medical centre running out of their medication before their next supply had been issued. He had a good working relationship with the staff in the medical centre and was usually able to arrange for a valid prescription to be provided.

The CD registers were seen to be correctly maintained, with running balances checked at regular weekly intervals in accordance with the SOP. Running balances of two randomly selected CDs were checked and both found to be correct. Alterations made in the CD register were asterisked with a note made at the bottom of the page, and they were initialled with the pharmacist's registration number and date. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed "specials" were all complete with the prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. The driver's delivery sheets were arranged in such a way as to avoid potential breaches of confidentiality. People signing for their delivery were not able to see other people's personal details. Completed prescriptions in the prescription retrieval system were out of sight of people waiting at the counter and were stored behind opaque roller blinds. Confidential waste was kept separate from general waste and shredded onsite. A privacy notice was on display near the prescription reception counter.

There were safeguarding procedures in place and contact details of local referring agencies were seen on display near the entrance to the consultation room. Both pharmacists had completed level 2 safeguarding training, and the rest of the team understood the signs to look out for. 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 satisfactory understanding of their roles and responsibilities. The pharmacy gives its new staff a well-structured induction to make sure they quickly learn what they can and cannot do. They work well as a team and feel able to make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one trainee medicines counter assistant (MCA), two trainee dispensers (one of whom was recently appointed) and the RP on duty during the inspection. A second pharmacist arrived during the course of the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages the pharmacist could call upon the weekend staff to help where possible.

Training records were seen confirming that all staff had completed, or were completing, the required training. One of the dispensers was currently completing the NVQ2 combined dispensing and counter assistant course from 'Buttercups'. The remainder were completing their induction and records for each were seen, together with a pathway leading to accredited qualifications. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary. The dispensers and pharmacists were seen to serve customers when the MCA was busy, and all asking appropriate questions when responding to requests or selling medicines. The RP confirmed that he was comfortable with making decisions and did not feel pressurised to compromise his professional judgement. Team members said that they could raise concerns and there was a whistleblowing policy in place. There were targets in place, but they were applied reasonably and did not impact upon the professional judgement of the pharmacist.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are very modern and attached to a large health centre. They provide a safe, secure and professional environment for people to receive its services. The pharmacy has two treatment rooms which it rents out to other service providers. It has its own consultation room as well, which it uses for providing some of its services and for sensitive conversations.

Inspector's evidence

The pharmacy premises were very modern, clean, tidy and in a good state of repair with step-free access and wide entrance doors. They were on the ground floor of a large modern health centre building. There was a large dispensary, providing plenty of space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary. The dispensary sink had hot and cold running water, and handwash was available. There were lockable shutters to secure the pharmacy from the medical centre when the pharmacy was closed. Staff from the GP practice did not have access to the pharmacy area.

There were two separate consulting rooms with direct access to the sales floor. One of which was rented to a local chiropractor (Wimbledon Chiropractic Clinic) and the other was rented to a separate company (The MediClinic) offering aesthetic services such as botox treatments. The aesthetic clinic was operated by the RP when he was not on duty as the pharmacist at the pharmacy. He explained how his shifts at the pharmacy generally finished at 4.30pm and 'The MediClinic' only operated in the evenings from 6.00pm onwards.

The pharmacy's consultation room was used for confidential conversations, consultations and the provision of pharmacy services. Access to this was through the entrance to the dispensary and at the rear of the area used for prescription retrieval. This access area was also used for storing some bulky creams and also for conducting some wholesaling activity. This consulting room was also used as an office. Patient details on prescriptions awaiting collection had been obscured by opaque roller blinds which were kept closed. The door to the consultation room was left open when the room was not in use, but people could not access this without passing a member of staff. There was a sink with hot and cold running water and a password-protected PMR terminal in the room.

The toilet areas were clean and well maintained. Room temperatures were appropriately maintained by a combined heating and air-conditioning 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 medicines safely, and so makes sure that all of the medicines it supplies are fit for purpose. The pharmacy responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe. But it still doesn't keep adequate records of the checks it makes, and the advice it gives when people are supplied with high-risk medicines. This may make it harder for the pharmacy to show what it has done if a query should arise in the future.

Inspector's evidence

A list of pharmacy services was displayed in the shop window but there was very little information on display in the pharmacy itself. The pharmacy provided a limited range of services including seasonal flu vaccinations during the autumn and winter.

Controls were seen to be in place to reduce the risk of picking errors, such as highlighting those medicines considered to be vulnerable to errors. They used colour-coded baskets to keep individual prescriptions separate, and to highlight those waiting for collection and those for delivery. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were in use when medicines could not be supplied in their entirety. Patients were referred back to their GP or another pharmacy if the pharmacy was unable to obtain their medicine.

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. The RP explained how the regular weekend pharmacist now carried out a weekly CD check at same time as the CD register balance check. Any uncollected schedule 2 CDs approaching expiry were separated and the patient contacted to remind them to collect them. Schedule 3 and 4 CD scripts were highlighted, and the staff also used the PMR system as a prompt if items were approaching their expiry. The RP explained that they had increased the frequency with which they cleared the retrieval shelves since the previous inspection to every four weeks. Any CDs approaching expiry and still awaiting collection were removed and the patient contacted. Fridge lines in retrieval awaiting collection were highlighted so that staff would know that there were items to be collected from the fridge.

Compliance aids were dispensed at the rear of the dispensary, facing away from distractions. There were well-organised folders with separate individual files containing records of each persons' medication, when they were taken, any known allergies, any discharge information from the hospitals and contact details. Changes were recorded in the file and also on the patient's PMR. Medication times were checked, and any discrepancies were followed up before dispensing. The compliance aids were always sealed as soon as she had assembled them ready for the pharmacist to complete the final check. They were placed in a designated checking area before being checked by the pharmacist. Compliance aids were seen to include product descriptions on the backing sheet and patient information leaflets (PILs) were supplied. Warfarin, epilim and alendronic acid were supplied separately.

Staff were aware of the risks involved in dispensing valproates to people who could become pregnant. All such patients were counselled and provided with leaflets and cards highlighting the importance of

having effective contraception. Patients taking warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions were not always recorded on patient's individual PMR and the figures themselves were not routinely asked for. Patients taking methotrexate and lithium were also asked about blood tests. The pharmacy had completed the recent Pharmacy Quality Scheme (PQS) audit on these high-risk medicines, and upon reflection the RP agreed to continue recording those interventions on the PMR system. There were yellow warfarin books, lithium record cards and methotrexate record cards available to offer patients who needed them.

There were valid PGDs for both private and NHS seasonal influenza vaccination services, both expiring in March 2020. The private PGD was from 'Pharmadoctor' and it could only be accessed online by the pharmacists accredited to carry out the vaccinations. In order to obtain a login, they had to submit evidence of training and their declaration of competence. Records were seen of consent and of vaccinations provided, for both the private and the NHS services.

The pharmacy participated in the locally commissioned minor ailments scheme, although the RP explained that this service was due to finish at the end of March 2020. There was a file containing the formulary associated with the service, communications from the commissioners and a list of the participating GP surgeries in the area. The RP demonstrated how the service worked and how the paperwork was completed and then submitted online via the 'service pact' website. Records were all kept online and shared with the relevant GP practice. The RP explained that this, and the NHS Urgent Medicine Supply Advanced Service (NUMSAS), had now been superseded by the recently introduced Community Pharmacist Consultation Service (CPCS). There had been very little uptake of the new service to date.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance, Sigma. Unlicensed 'specials' were obtained from Quantum. Appliances were obtained from North West Ostomy Supplies (NWOS). The RP explained how they used the agency scheme from NWOS for some appliance prescriptions. They didn't currently have a notice on display or a procedure for letting people know that their prescriptions may be processed elsewhere. Upon reflection the RP agreed to contact NWOS for a suitable notice and for some guidance. The pharmacy had the scanners necessary to comply with the Falsified Medicines Directive (FMD) but they were waiting for their software to be registered before starting to decommission products.

Routine date checks were seen to be in place, and record sheets had been completed. Stock with a shelf life of less than three months was highlighted and then disposed of one month prior to expiry. Opened bottles of liquid medicine were annotated with the date of opening, and there were no plain cartons of stock seen on the shelves. 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.

Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and to see whether there were any sharps present. Sharps were only accepted if in a closed sharps bin, otherwise people were signposted to the local council. Sharps bins were collected weekly by 'Stericycle' as part of their service to the medical centre. There was a list of hazardous medicines but no separate purple-lidded hazardous waste container present. The RP made arrangements to obtain one during the course of the inspection. 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

file. 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.

There was a separate aesthetics clinic offering botox treatments in the former consultation room at the front of the pharmacy. This had been discussed with the superintendent pharmacist (SI) during the previous inspection when he confirmed that the service was not a part of the pharmacy's own operation. It had been established as a separate company by their employed pharmacist in partnership with a local dentist. The pharmacist confirmed that he did not operate the clinic during his normal working hours at the pharmacy and that he had separate professional indemnity insurance to cover this activity. The inspector reminded him that although this may not be a service provided by the pharmacy itself, he should ensure that he follows the recently issued GPhC guidance for pharmacist prescribers. The pharmacist confirmed that the procedures in place are in line with that guidance.

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 is now taking sufficient action to keep people's private information safe when using its facilities.

Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including a range of crown stamped measuring equipment, 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.

The blood pressure meter was replaced every year and the current one was approximately six months old. Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens are positioned so they are not visible to the public except when accessing the consultation room.

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 not left on 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.