

Registered pharmacy inspection report

Pharmacy Name: Centennial Pharmacy, 509 Centennial Park,
Centennial Avenue, Elstree, BOREHAMWOOD, Hertfordshire, WD6
3FG

Pharmacy reference: 1120610

Type of pharmacy: Community

Date of inspection: 03/02/2020

Pharmacy context

The pharmacy is located within a medical care centre in Centennial Park, Elstree. The pharmacy does not have an NHS contract and mainly dispenses private prescriptions. There are no other services. The pharmacy has a wholesale distribution authorisation.

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's working practices are generally safe and effective. The pharmacy team satisfactorily manages risks in provision of its services. The pharmacy has written procedures which tell staff how to complete tasks safely. It keeps the records it needs to show medicines are supplied safely and legally. The pharmacy team members make sure that people have the information they need so that they can use their medicines safely. They understand their role in protecting the welfare of vulnerable people and keeping people's information secure.

Inspector's evidence

Near misses and errors were recorded and the pharmacist explained that the team would discuss the errors together and any actions they could take forward to prevent a recurrence. The pharmacist explained that due to review of errors, the team had implemented a fourth accuracy check to reduce the likelihood of errors in dispensed medicines.

The pharmacist said that the team had previously used two online prescribing services, but this had ceased in the last month. The pharmacist was able to demonstrate how the providers had changed their service, but despite this, the pharmacy decided to cease using both the prescribing services.

Although there was a lack of formal risk assessment, the pharmacy had shown an insight into risk management and delivering safe services. The pharmacist explained that the pharmacy had previously used two online prescribing service providers, but this had ceased in the last month. The pharmacist demonstrated a policy created in December 2019 entitled 'Implementing GPhC protocols' which the pharmacy team had created and shared with the two providers outlining the GPhC guidance (on providing pharmacy services at a distance, including on the internet) to support them to change their practice and ensure it aligned with the expected standards. The pharmacist was able to demonstrate how the providers had changed their service, but despite this, the pharmacy decided to cease using the prescribing services.

Reviewing the dispensing history on the pharmacy computer showed supplies of painkillers or opioid medicines made until Dec 2019. The pharmacy had a policy which stated that a patient cannot obtain more than 100 tablets of any opioid in a month and after six supplies, the pharmacy would cease supplying unless they had written confirmation from the patient's doctor to continue with the supply or that the supply was safe. When asked if there were any patients who were supplied with six supplies and who had provided their doctor's details, the team explained they did not have any such patients. The patient medical records (PMRs) were inspected and prior to January 2020, no records were seen where a patient had received more than six supplies of opioids. The pharmacy team had completed audits monitoring the dispensing of co-codamol and opioids with the previous online prescribing service. Audits were conducted via the on-site prescribers including antibiotic prescribing.

Several examples of interventions dating back to 2016 were seen whereby the pharmacy had queried the prescriptions or the prescription requests as being potentially harmful to patients and so the prescriptions were terminated. Communications between the pharmacy and the prescribers were also examined and there were several interventions documented where the pharmacy had refused to supply due to various reasons such as 'supplying incorrect GP details' or 'not providing the correct

postal address’.

The pharmacy also dispensed prescriptions issued by a UK based online prescribing service registered with the Care Quality Commission (CQC). The prescribing service had supplied their own hardware and software to the pharmacy on which prescriptions were received. This prescribing service included phone or video consultations which gave reassurance about the model. The numbers dispensed were small and this prescribing service was planning to allow patients to pick up medicines from their local pharmacy and not just be dispensed and sent by Centennial Pharmacy. The service level agreement (SLA) did not include any clauses requiring monitoring or audit or key performance indicators which included prescribing trends such as high-risk medicines or prescribing in line with national prescribing guidelines for the UK.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. The dispensing audit trail was completed identifying staff who dispensed and checked medicines. The pharmacist performed clinical and final check of medicines. Interactions between medicines for the same person were shown to the pharmacist. There was a procedure for dealing with outstanding medication. The original prescription was retained and an owing slip was issued to the patient. For ‘manufacturer cannot supply’ items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

There was a set of standard operating procedures (SOPs) which included responsible pharmacist procedures. The review date was Feb 2020. There were staff training records and training was due to be updated when SOPs were reviewed. There was a suggestion box in the reception area for patient feedback.

The pharmacy had a certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until the 9th February 2020. The responsible pharmacist records were kept electronically and were complete. The responsible pharmacist notice was on display in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were electronically recorded daily and were in the two to eight degrees Celsius range. Controlled drug (CD) registers were generally complete. There was a CD destruction register for patient returned CDs. The CD running balance was maintained and up to date. A sample of Medikinet 10mg tablets was checked and it reconciled with the stock record. FP10PCD prescriptions were in order and submitted to the Prescription Pricing Division. Private prescription records were generally complete.

The pharmacy had a General Data Protection Regulation (GDPR) policy in place as well as training documents and confidentiality agreements which all the staff members have signed. A privacy notice was displayed. Confidential waste paper was collected for shredding. The pharmacy computer was password protected and backed up regularly.

The pharmacy had a safeguarding children and vulnerable adults policy in place which the whole team were aware of. The safeguarding policy was on display in the pharmacy and staff were aware of signs to watch out for which may indicate a safeguarding concern. The private hospital had a safeguarding lead which the team could also refer to when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together to manage the workload in the pharmacy. Team members are properly trained for the jobs they do.

Inspector's evidence

Staff comprised: one full-time regular pharmacist, two part-time pharmacists and one pharmacist who was available to cover annual leave, one full-time dispenser also accredited as a medicines counter assistant with the NPA. There was an informal appraisal system to monitor staff performance. Staff numbers had been reduced due to a recent change to the model of pharmacy. The superintendent pharmacist (SI) had discussed staff roles changing as this model of pharmacy changed. Staff felt there was an open culture in which staff had an input within the pharmacy. There was a whistleblowing policy. The SI said targets and incentives were not set in a way that affected patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, clean and suitable for the services provided. The pharmacy prevents people accessing the premises when it is closed to keep medicines and information safe.

Inspector's evidence

The pharmacy's premises were located within the reception area of the medical care centre. There was seating available for people who were waiting. The premises were clean and tidy and well presented. There were nearby lavatory facilities and handwashing equipment was provided. There was a clinic room next to the pharmacy if the patient wanted a private conversation with the pharmacist. There was sufficient lighting and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy tries to make its services accessible to everyone and stays open later than usual. The pharmacy gets its medicines from reputable suppliers and makes sure they are stored securely at the correct temperature. The pharmacy team members take the right action if any medicines need to be returned to the suppliers. They highlight prescriptions for high-risk medicines to provide people with the information they need to take their medicines safely.

Inspector's evidence

There was wheelchair access and large font labels could be printed to assist visually impaired people. Staff could access an interpreter service to assist people whose first language was not English. There was a hearing loop to assist people who were hearing impaired. Patients were signposted to other local services including pharmacies to access more services.

The pharmacy was in a consultant led clinic with 86 consultants and five general practitioners (GPs) working regularly. The clinic provided consultations as well as minor surgical procedures and services such as ultrasound and phlebotomy. The pharmacy also had a wholesale distribution authorisation.

The majority of prescriptions were acute, and the person was present if counselling was required. There were cards in the dispensary with the wording "high risk" and the pharmacist said they would attach them to anything they deemed high risk to prompt further counselling. The current prescribing service was contracted to different companies to provide a service to their employees. The prescribing service had supplied their own hardware and software to the pharmacy on which prescriptions were received. Prescriptions generally acute. The pharmacy contacted the patient on receipt of a prescription to obtain patient details and secure payment. The pharmacy could contact the prescriber if needed.

The pharmacy posted medicines prescribed by the current prescribing service to patients. The medicines would be packaged in an unmarked brown box and sent via Royal Mail Signed and Tracked Delivery which the team would organise every day. The pharmacist was present when parcels were dispatched.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix and Sigma. Floor areas were clear and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded regularly. No out of dates were found in a random check. Medicines were mostly in their original packaging. Cold chain items were stored in the medical fridge. CDs were supplied in clear plastic bags to allow an additional final check. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) software and hardware were operational at the time of the visit. Drug alerts and recalls were received by email, printed and stock was checked for affected batches prior to being filed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It uses these appropriately to protect people's private information.

Inspector's evidence

Current reference sources included: BNF, NPA and the internet. The medical fridge was in good working order. Minimum and maximum fridge temperatures were monitored daily and found to be within range two to eight Celsius. The CD cabinet was fixed with bolts. A privacy notice was displayed. Confidential waste paper was collected for shredding. The pharmacy computer was password protected and backed up regularly.

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.