

Registered pharmacy inspection report

Pharmacy Name: C.G Harrison Chemist, 7 Kennedy Parade, Twist Way, Slough, SL2 2BF

Pharmacy reference: 1124525

Type of pharmacy: Community

Date of inspection: 04/09/2019

Pharmacy context

This is an independent community pharmacy situated in a residential area alongside other local shops. It dispenses mainly NHS prescriptions and sells a range of over-the-counter (OTC) medicines. The pharmacy provides some medicines in multi-compartment compliance packs, to help make sure people take them at the correct time. And it delivers medicines to people who are not able to get to the pharmacy. It offers other NHS services including Medicines Use Reviews (MURs), the New Medicines Service (NMS) and it also provides a substance misuse service and needle exchange.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	Medicines are stored in a disorderly way and some are not adequately labelled. This increases the risk of things going wrong.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy keeps the records it needs to by law and it protects people's private information. The team monitors the safety of the services by recording and learning from its mistakes. But team members do not necessarily follow written procedures, so they might not always understand how to complete tasks properly or as work as effectively as they could.

Inspector's evidence

The team produced a few standard operating procedures (SOPs) covering some of the operational tasks and activities. However, it was unclear if these were the current versions as some dates indicated they had been implemented several years previously. The dispenser said she had read and signed SOPs, but versions with her signature could not be located. The counter assistant did not recall reading or signing any SOPs. The pharmacist believed that the pharmacy manager might be updating the SOPs. The pharmacist owner confirmed this and said he would ensure that the current team members read and signed the new versions.

The pharmacy had some basic risk management processes in relation to dispensing processes. Baskets were used to separate prescription during the assembly process to prevent them becoming mixed up. Dispensing labels were initialled by team members involved in the assembly and checking process, which assisted with investigating and managing any mistakes. The dispenser explained how they recorded near misses. She said she usually corrected her own errors, to make sure she learnt from them. The pharmacist explained how she would manage dispensing errors and ensure the pharmacy manager was informed, so any learning could be shared. It was unclear how often they conducted patient safety reviews to identify common trends, but they had sometimes made changes such as separating stock to prevent picking errors.

A notice was displayed in the retail area explaining how people could make a complaint. The pharmacy manager dealt with these in the first instance, but they could be escalated to the pharmacy owner if necessary. The team had received positive feedback in the last patient satisfaction survey which was available on www.NHS.uk. The team had also received 'thank you' cards complimenting them on the service received.

The pharmacy had current professional indemnity insurance arranged with the NPA. A responsible pharmacist (RP) notice was displayed and this was visible from the counter. A log was maintained on the patient medication record system (PMR). The team maintained all the other records required by law including private prescription and emergency supply records, controlled drugs (CD) registers and specials records. A sample of records checked found these were in order, although occasional cease times were missing on the RP log. CD registers included running balances and these were checked periodically. A couple of balances were checked and were found to match to amount held in stock.

Team members understood the principles of data protection and confidentiality. Pharmacists used individual NHS smartcards to access the spine, but correct smartcard use was not observed on the day as the team were using the manager's card when he was absent. The pharmacist agreed to rectify this and ensure they used their own cards in future. Confidential paper waste was segregated and

shredded. Confidential material was not accessible to the public. Patients provided signed consent for services such as MURs.

The pharmacist had completed level 2 safeguarding training and was aware of potential issues and the signs to look for. Local safeguarding contacts were accessible, and a sexual exploitation checklist issued by the local council was available. Other team members had not completed any formal safeguarding training but said they would report any concerns to the pharmacist. The dispenser gave an example of one occasion when she was worried about a delivery patient, which they had discussed and resolved in conjunction with the patient's doctor.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Team members work under supervision and they have access to appropriate training courses. But the lack of structured staff management processes means the pharmacy might not always identify and support gaps in their skills and knowledge.

Inspector's evidence

At the time of the inspection a regular locum pharmacist was working with a dispenser and a counter assistant. They greeted people promptly and courteously throughout the inspection. The pharmacist felt the workload was manageable and said they rarely had a back log of work.

The pharmacy manager had been in post for a number of years and worked as the regular responsible pharmacist five days a week. The pharmacist owner visited occasionally, and the team were able to contact him by phone if needed. The pharmacy also employed another counter assistant and a pharmacy technician. The dispenser undertook any home deliveries.

Absences were planned to make sure they had enough cover. Staff occasionally worked extra hours if needed. An additional part-time counter assistant had been recruited following the long-term absence of one team member.

The dispenser had completed a medicines counter course and had been enrolled on a dispensary assistant's course and had completed a couple of workbooks. The counter assistant had worked at the pharmacy on a part-time basis for almost a year. She had received verbal guidance and read some pharmaceutical publications on OTC medicines, but she had not completed any formal training in keeping with GPhC requirements. The pharmacy owner said this was an oversight and confirmed he had subsequently enrolled her on a course.

There were no formal staff management processes such as induction or appraisal processes, or whistleblowing policy. However, the team members said they felt comfortable raising issues or discussing concerns. No commercial targets were set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. But some areas of the dispensary are untidy, which impacts on the efficiency of the working environment and detracts from the overall professional image.

Inspector's evidence

The pharmacy was situated in a modern purpose-built retail unit. It was spacious, bright and professional in appearance. Fittings were suitably maintained. There was a retail area, counter and large open-plan dispensary with enough bench space for the volume and nature of the work. A small room off the dispensary had been fitted for storing compliance packs. A spacious well-equipped consultation room was accessible from the retail area. There was a room at the back of the dispensary used as a stock room and staff rest area, and there were staff WC facilities. Work areas were generally clear, but some parts of the dispensary were cluttered and less well organised.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's services are easy to access, and it generally manages them appropriately to help make sure that people receive effective care. It obtains medicines from licensed suppliers and the team makes some checks to make sure they are in good condition and suitable to supply. But organisation and storage of medicines is sometimes lacking which increases the risk of things going wrong.

Inspector's evidence

The pharmacy entrance had double doors and the threshold was level and suitable for wheelchairs. There was a sign in the retail area detailing the services which were offered. Staff were able to signpost people to other services in the locality.

The pharmacy offered a delivery service three days a week, primarily for compliance pack patients. Deliveries were recorded to provide an audit trail. The recipient was asked to sign for deliveries that included controlled drugs but not necessarily for other items, so these may be harder to track. Failed deliveries were returned to the pharmacy and the team contacted the patient to rearrange a second delivery. The team managed some people's repeat prescriptions and reported a good relationship with the nearby surgery. Pharmacists were able to access summary care record if needed provided patients had consented.

Dispensed medicines were appropriately labelled, and these were bagged and kept with the prescription forms or token, so this could be referenced when handing the medicine out. The pharmacist said she kept prescriptions to one side if she wanted to speak to patients, so she was aware when these were being handed out. A patient's prescription which indicated they were being initiated on methotrexate had been kept to one side, so the pharmacist could counsel them.

The dispenser and pharmacist were aware of the risks associated with the use of valproate during pregnancy. An alert reminding them of this had been stuck to the shelf containing the relevant stock. The dispenser was aware of one person potentially in the at-risk group who had been provided with the relevant patient literature. But the warning stickers that should be applied to split or compliance packs could not be located, and the pharmacist agreed to obtain them.

The pharmacy supplied medicines in multi-compartment compliance packs for about 100 patients. Most of these patients were supplied on a weekly basis as per their GP's request. The trainee dispenser managed these patients according to weekly cycles. She said she always checked against the patient medication records (PMR) to make sure there had not been any changes before making up trays. A diary was used to record interventions. But there were no records indicating how packs should be made up showing timings or personal preferences, which could potentially cause inconsistencies, and may lead to confusion. Packs were clearly labelled and included medication descriptions and patient information leaflets (PILs) were supplied each month.

Substance misuse patients were managed by the pharmacist using an instalment programme on the PMR. Concerns or missed doses were reported to the prescriber. The needle exchange service was popular. The team understood the risks of needle stick injuries and people were required to deposit

returns in sharps bins themselves. The bin was kept near the counter, but it was not secured, so it was technically accessible to other people including children.

The pharmacy obtained its medicines from licensed wholesalers and suppliers. The pharmacy was not currently compliant with the Falsified Medicines Directive, and the team were unsure if any steps had been taken in relation to this. The dispenser said expiry date checks were carried out regularly, and documentation confirmed this. A random sample of stock was checked; two expired medicine were found on the shelves one of which had been stickered to indicate it was short dated.

Stock medicines were stored on open shelves which were reasonably orderly. But a few mixed batches were found in the same container, as well as off-cuts and de-blistered items left loose in cartons or in amber bottles without appropriate labelling. And other medicines were frequently found in random locations on dispensary benches or in boxes on the floor. Split packs used for compliance pack dispensing were disorganised and untidy. There were dedicated bins in the rear stock room so waste medicines could be segregated, but there was no cytotoxic waste bin. Expired medicines waiting to be processed were found in more than one location in the dispensary. Pharmaceutical and sharps bins were collected periodically by a specialist waste contractor

There was a medicines fridge in the dispensary equipped with a thermometer. It was clean but assembled items stored in the fridge were not well organised. The fridge maximum and minimum temperatures were recorded daily, and records showed they were within the required range. Controlled drugs were appropriately stored in the cabinet. Obsolete CDs were segregated but a large amount had accumulated, and a destruction was needed. Drug and device alerts were received by email and recent alerts had been actioned. But there was no clear systematic approach to managing these so there was a risk they could be overlooked.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And the team uses these in a way that protects privacy.

Inspector's evidence

The pharmacy team had access to the internet and other reference sources, including a recent edition of the BNF. Glass crown-stamped measures were available for measuring liquids. Separate measures were marked for use with CDs. Counting triangles were available for counting loose tablets; a separate triangle was marked for use with cytotoxic medicines. The pharmacy had disposable medicine containers for dispensing purposes and these were stored appropriately. The large CD cabinet was sufficient for the volume of stock. Electrical equipment appeared to be in working order. A large medical fridge was used to store cold chain medicines. Computer systems were password protected and screens were located out of public view. Telephone calls could be taken out of earshot of the counter if needed. The consultation room was used during the inspection for counselling.

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.