

# Registered pharmacy inspection report

**Pharmacy Name:** Anna Pharmacy (Hackbridge), Unit 4, 186 London Road, Hackbridge, Wallington, SM6 7FW

**Pharmacy reference:** 9011838

**Type of pharmacy:** Community

**Date of inspection:** 17/10/2022

## Pharmacy context

This is a locally owned independent pharmacy on the main road opposite Hackbridge railway station. It dispenses people's prescriptions, sells over-the-counter medicines and offers healthcare advice. It supplies some medicines in multi-compartment compliance aids for people who find it difficult to manage their medicines. It also offers a delivery service to those who can't visit the pharmacy in person. Most people using the pharmacy's services live in the local area.

## 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   |
|--|-------------------|------------------------------|------------------|---|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A   |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A   |
| <b>3. Premises</b>                                 | Standards met     | 3.1                          | Good practice    | The pharmacy's new premises have been fitted to a notably high standard of fixtures and fittings. They are of a bespoke design, providing a very professional environment for the services delivered. |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A   |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A   |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has up-to-date written instructions which tell its team members how to complete their tasks safely. The pharmacy keeps satisfactory records of any mistakes made during the dispensing process. It also makes sure its team members learn from those mistakes. It has appropriate insurance in place to help protect people if things do go wrong. Members of its team are clear about their roles and responsibilities. They work to professional standards, identifying and generally managing risks effectively. The pharmacy satisfactorily manages and protects people's confidential information, and it tells them how their information will be used. Team members also understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

There were up-to-date standard operating procedures (SOPs) in place which had been established when the pharmacy moved to its current premises a few months before the inspection. There was a signature page for each individual SOP, most of which had been signed and dated by each member of the team. This showed that they had read and understood the SOPs, and that they would follow them. The responsible pharmacist (RP) explained that he was currently going through the SOPs with each member of staff and that they would all be signed shortly. A workplace risk assessment had been carried out and some members of the team were wearing face masks to help minimise the risks of spreading airborne viruses. They still maintained a safe distance from each other and were frequently cleaning down all work surfaces. There was a business continuity plan in place to ensure people could still access the pharmacy's services if it had to close for any reason.

There was a file for staff to record their near misses and errors showing the nature of the incident, who had made it and what had been learned as a result. But it was kept in the consultation room, so the RP was advised to keep a record sheet in the dispensing area for ease of access. Any errors or near misses were discussed with the team member involved to help make sure they learned from their mistakes.

There was a roles and responsibilities matrix in the SOP folder, and everyone understood their own responsibilities and knew when to ask for help. The correct notice was on display to show people the name and registration number of the responsible pharmacist who was on duty. There was also a daily RP record kept on the pharmacy computer system. Staff could describe what they could and couldn't do in the absence of the RP. Prescription labels were initialled to show who had assembled and checked the prescriptions.

There was a complaints procedure in place with a notice on display for people to see. The pharmacy had professional indemnity insurance in place, valid until March 2023. But it didn't have a certificate on display at the time of the inspection.

Private prescription records were maintained using the pharmacy's patient medication record (PMR) system. Those records examined were generally complete although some didn't have all the required prescriber details present. Once this had been pointed out, the manager agreed to ensure that the correct prescriber details would be recorded in future. The controlled drugs (CD) register was easily accessible, and those records examined were in generally order. A few pages didn't have the necessary information recorded on the page headers, but the RP agreed to add this after the inspection.

Alterations were made using an asterisk together with a footnote outlining the nature of the amendment with initials, date and registration number of the person making the entry. The entries in the CD register were balanced against the items held in stock once every month. The balances of two CDs were checked and found to correspond with their respective entries in the register. The RP couldn't find the record of CDs returned by people who no longer needed them. The RP explained that they did have one and had seen it earlier. There were some unwanted and out-of-date CDs in the cabinet, so he was advised to arrange for their safe disposal at the earliest opportunity. The pharmacy had the necessary kits for denaturing and disposing of the unwanted CDs.

There was an information governance (IG) file containing the pharmacy's IG policy and a privacy notice was on display for people to see. Team members were able to describe how they would protect people's confidential information. There was a container at each workstation for confidential waste which was shredded at the end of each day.

There was a safeguarding folder containing local safeguarding policies but hadn't yet been updated with the contact details of the local safeguarding agencies. The superintendent pharmacist (SI), who was also present, updated this during the course of the inspection.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are either appropriately trained, or on a suitably recognised training course. They work well together, supporting each other. And have a satisfactory understanding of their role and how they can help people with their medicines. They are suitably aware of the risks involved in selling some medicines and know when to involve the pharmacist.

### Inspector's evidence

At the time of the inspection there was one qualified dispensing assistant, one trainee dispensing assistant, two trainee medicines counter assistants (MCAs), the responsible pharmacist and the superintendent pharmacist on duty. This appeared to be sufficient for the workload and they were working well together. The delivery driver arrived part way through the inspection and departed shortly afterwards to start the delivery round. The manager explained that part-time staff could increase their hours if needed to cover staff shortages. They could also call upon their other local branch for help if required.

The qualified dispensing assistant was waiting for his certificate to be forwarded by his previous employer. The trainees were both registered on appropriate accredited training courses with the NPA. The trainee dispenser described the progress she was making with her course. There was one newly appointed member of staff who was still in her probationary period. The RP confirmed that she would be registered on the appropriate training course at the end of her probationary period.

Staff were seen to be asking appropriate questions when selling medicines and were aware of which medicines may be liable to abuse. They knew when to refer to the pharmacist and which products they couldn't sell. There was a whistleblowing policy in place and staff knew who they could speak to if they had any concerns. There were some targets from the superintendent but they were sensibly managed and didn't affect the RPs' professional decision-making.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, bright and very modern-looking. The pharmacy provides a safe, secure and very professional environment for people to receive its services

### Inspector's evidence

The premises were very new and of a bespoke, professional design. The waiting area was spacious with plenty of seating, and more was available if required. (The additional seats were for the planned COVID-19 vaccination service). There was a curved medicines counter and prescription reception in front of the low height dispensary. The layout was clear, and people could easily find what they wanted. The barriers that should have been fitted at each end of the medicines counter and dispensary hadn't yet been installed so the SI agreed to pursue this with the contractor responsible.

There was plenty of space to work safely and effectively with a logical workflow along the curved workbench. There was a separate area to the rear of the dispensary where multi-compartment compliance aids were assembled. Work areas and public areas were well organised, clean and tidy.

There were two large consulting rooms, both with access from the retail salesfloor. The doors were closed but not locked when the rooms weren't in use. One was used for providing services such as the seasonal flu vaccination service, and the other was currently used as an office. The second room was intended for the COVID-19 vaccination service. No confidential information was visible. There was a sink with hot and cold running water, sanitiser and hand towels.

The dispensary sink was clean and free of limescale. Hot and cold water, soap and drying facilities were present. All worksurfaces were frequently cleaned. Room temperatures were maintained to keep staff comfortable and were suitable for the storage of medicines. The layout was arranged to allow effective supervision of the retail sales area, which was very professional in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a variety of services which it delivers in a safe and effective manner. And people with a range of needs can easily access them. The pharmacy keeps satisfactory records, including when it has given people advice about their medicines. It sources, stores and manages its medicines safely. It has a well-organised compliance aid service with suitable records keeping track of each one. The pharmacy makes sure that all the medicines it supplies are fit for purpose, responding satisfactorily to drug alerts or product recalls.

### Inspector's evidence

There were wide automatic doors into the pharmacy from the main road outside, making it easily accessible for people using wheelchairs or mobility scooters. There was a digital screen in the window advertising products and services.

There were controls in place to minimise errors such as separating those items which looked alike or whose names sounded alike (LASAs). For example, amitriptyline tablets were kept well away from amlodipine tablets. Baskets were used to keep all the items for a prescription together while they were being assembled and then awaiting a final check. The baskets were stored tidily to help prevent any mix ups. There was a separate area for baskets containing prescriptions with missing items. There was a documented owing process for them. Some of the pharmacy's fast-moving items were stored on shelving adjacent to the retail area and could be reached by people in the retail area. Upon reflection the SI agreed to move those items to a more secure location and replace them with dressings or similar.

There was a separate area for those prescriptions awaiting delivery. The delivery driver used a paper drop sheet to record each delivery. Compliance aid assembly was carried out in a dedicated area away from distractions. Compliance aids were supplied to people on either a once weekly basis or every four-weeks depending upon their needs. Any changes to people's medicines were recorded on the PMR system so that there was an audit trail. They were assembled on a four-week cycle and there was a checklist matrix to show when each stage of each person's compliance aid had been completed. Patient information leaflets (PILs) were supplied with the first delivery of each cycle. There were descriptions of the medicines included within the compliance aids and an indication of which medicines were supplied separately.

The RP described how he checked that women who could become pregnant were aware of the risks and had suitable long-term contraception in place. He kept a record of all interventions on the pharmacy's PMR system. He also described the checks they made when dispensing other high-risk medicines such as warfarin. Many people didn't have their INR results with them, but the RP still made a record of each intervention.

The pharmacy offered the NHS seasonal flu vaccination service using a valid patient group direction (PGD) as the legal mechanism for doing so. The RP was recently qualified and confirmed that he had undertaken all the necessary training to provide the service. There were two adrenaline auto-injectors in the consultation room for use in an emergency.

The pharmacy provided a substance misuse service to a small number of people. Those records examined appeared to be in order. The RP confirmed that if people failed to turn up for their medicine on three consecutive days then the prescription would be cancelled and the person directed back to the prescriber, in accordance with the service specification.

The pharmacy obtained its medicines from appropriately licensed wholesalers and stored them in the manufacturer's original containers. There was a file containing details of the date checks carried out each month, showing which items were approaching their expiry date. Fridge temperatures were monitored daily and recorded on the PMR system.

Prescriptions awaiting collection were stored out of sight of people waiting at the medicines counter. Any prescriptions for schedule 2 CDs were highlighted with a 'CD' sticker so that staff would know to look in the CD cabinet. Prescriptions for items that needed to be stored in the fridge were highlighted in a similar way with a 'fridge' sticker.

There were suitable containers for storing unwanted medicines. Controlled drugs were brought to the attention of the pharmacist and appropriately recorded before being denatured and safely disposed of. There was a file containing copies of alerts received from the Medicines and Healthcare products Regulatory Authority (MHRA). Those alerts were annotated to show what action had been taken in response, when and who by.



## 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 kept clean and suitably maintained. The pharmacy keeps people's private information safe.

### Inspector's evidence

There was a set of standard conical measures available to use with liquid medicines. Some had been marked so that they would only be used for measuring methadone solution. There was also suitable equipment for counting tablets and capsules.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use, and individual passwords were not shared. The pharmacy had access to a range of online resources, and had the British National Formulary (BNF) for reference.

### 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.  |