

1034910- EnforcementActionSummaryImprovement- chief cornerstone-20240524.docx

Pharmacy trading name: The Chief Cornerstone

Pharmacy address: 4 Eastmead Avenue, GREENFORD, Middlesex, UB6 9RA

Premises registration number:

1034910

Enforcement action taken:

Issuing of an improvement notice - (Article 13 of the Pharmacy Order 2010)

Effective date:

24/05/2024

Premises standards failed:

1.1, 1.2, 1.3, 1.4, 1.6, 2.4, 4.2, 4.3

Summary:

Following an inspection at the pharmacy on 7 May 2021, and subsequent inspections on 6 April 2022, 3 August 2023 and again on 10 April 2024, the pharmacy was found not to be meeting all the standards and little or no improvement had been made, or sustained, between inspections. The failings included inadequate management of medicines that require refrigeration, the way in which the pharmacy team worked and stored medicines after dispensing both multi-compartment compliance packs and day-to-day prescriptions, its failure to properly monitor and review its mistakes for the purposes of learning and improvement, its failure to review its procedures for dispensing multi-compartment compliance packs and its failure to review and manage the risks associated with poor medicines management in general. Other system wide failings were also found. There were issues which were identified at previous inspections which have re-occurred repeatedly.

Improvements required:

1. The pharmacy owner must make sure that:

the pharmacy has up-to-date policies and procedures for the services it provides including standard operating procedures (SOPs) covering all operations, tasks and activities

the SOPs are relevant, up to date and reviewed regularly

that all team members read, understand and follow them and monitor their compliance

those updated procedures must also include:

A procedure for identifying and managing risks in the dispensing process to create a culture of openness and learning. This should include details of:

- i) Any near misses and errors
- ii) Follow up action taken to prevent a reoccurrence.
- iii) Follow up action to promote learning and improvement and
- iv) A process of regular review to ensure that practices improve, and improvements are sustained.

A detailed standard operating procedure (SOP) for the step- by- step process involved in the dispensing of multi-compartment compliance packs. Including details of:

- i) the process for dispensing
- ii) The checks to be made when dispensing and preparing the packs.
- iii) The correct procedure to follow when removing medicines from their original packs to be dispensed into compliance packs.
- iv) The correct procedure to follow when returning medicines back into stock after dispensing. e.g., in the manufacturer's original pack.
- v) Procedures for handling and disposing of patient returned medicines.
- vi) How to manage changes to compliance pack prescriptions, including mid-cycle changes e.g., after hospital admission.
- vii) Information to be supplied with compliance packs e.g., BNF advisory warnings, accurate description of the medicines supplied, medicines administration record charts (if applicable) and patient information leaflets.
- viii) The safe management and storage of compliance packs both incomplete and complete and
- ix) Any further steps identified as appropriate to ensure the safe delivery of the service.

2. The pharmacy owner must make sure that the pharmacy keeps its essential records up to date and in the way the law requires including:

Private prescription records

The Responsible Pharmacist record

3. The pharmacy owner must make sure that all medicines are stored appropriately. This includes:

Ensuring that all medicines that require refrigeration are stored within the required temperature range by:

- i) Ensuring that all medicines fridges are in good working order.
- ii) Ensuring that all medicines fridges have an appropriate working thermometer.
- iii) Ensuring that relevant team members are trained to read fridge thermometers properly.
- iv) Ensuring that fridge temperatures are recorded accurately every day the pharmacy is open, and by
- v) Ensuring that team members understand the importance of keeping medicines within the required temperature range and know what action to take if temperatures go outside the required temperature range.

Ensuring all medicines are appropriately packaged and labelled by:

- i) Ensuring that, where possible, stock is kept in the manufacturer's original packaging.
- ii) Ensuring that the packaging gives an accurate, appropriately detailed description of the contents.

Ensuring that all medicines are of appropriate quality and suitable for supply by:

- i) Conducting regular expiry date checks and keeping records to ensure the process is robust.
- ii) Removing short dated and expired products from stock and
- iii) Including these tasks as part of the pharmacy's updated medicines management procedures

4. The pharmacy owner must take appropriate action in response to feedback or concerns raised by others including organisations such as the General Pharmaceutical Council.

Deadline for compliance:

19/07/2024

Outcome:

Met