

Registered pharmacy inspection report

Pharmacy Name: Burnt Oak Pharmacy, 71-73 Burnt Oak Broadway,
EDGWARE, Middlesex, HA8 5EP

Pharmacy reference: 1034839

Type of pharmacy: Community

Date of inspection: 15/07/2019

Pharmacy context

An independent pharmacy located on a busy high street in Edgware, London, serving a diverse and multi-ethnic community. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), the New Medicine Service (NMS), and multi-compartment compliance aids for patients in their own homes. The pharmacy also has an online business on the same premises selling fragrances.

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	2.2	Good practice	The team members have regular ongoing training and protected time to complete this to ensure their knowledge is kept up to date.
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's working practices are safe. However, the pharmacy does not record incidents in much detail, so they may be missing opportunities to prevent similar mistakes happening in future. The pharmacy keeps most records it needs to by law. But the responsible pharmacist record is not kept up to date meaning it is difficult to identify who the pharmacist was on a day. The team do not always record the fridge temperatures and so the quality of refrigerated medicines cannot always be guaranteed. The pharmacy keeps people's information safe and team members help to protect vulnerable people.

Inspector's evidence

The pharmacist demonstrated how the team records near misses in a log held in the dispensary. However, the team had last entered a record in May 2019 and the information included in the records was limited. The pharmacist explained that if the pharmacy made a dispensing error, it would be highlighted to everyone in the pharmacy team and it would be reported internally, and the report would be held in the dispensary. There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until 31 March 2020. SOPs were in place for the dispensing tasks which the team had signed to say they had read and understood them. Staff roles and responsibilities were described in the SOPs and they were reviewed regularly.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual Community Pharmacy Patient Questionnaire (CPPQ) survey and the results of the latest one were seen to be positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked sporadically. The responsible pharmacist record was held manually, and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. However, on the day of the inspection, the pharmacist had not signed in as responsible and there were several missing entries in the responsible pharmacist log.

The maximum and minimum fridge temperatures were recorded and were in the 2 to 8 degrees Celsius range. However, the fridge temperatures were seen to have not been recorded for a few days during the inspection. The private prescription records were seen to be completed electronically. The specials records were all seen to be complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. There were cordless telephones available for use and confidential waste paper

was collected in confidential waste baskets and later shredded.

Only one of the regular pharmacists had completed the CPPE level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. The team members were happy to refer to the pharmacist if they suspected a safeguarding incident. They were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there was one pharmacist who was also the superintendent, one NVQ level 2 dispenser and one medicines counter assistant. There were also several other members of staff who were not pharmacy trained but would work in the shop and in the internet warehouse room. The staff were seen to be working well together and supporting one another. The pharmacist explained that he would often be busy with the other side of the business which included selling fragrances online and so he would have regular pharmacist cover and this pharmacist would also manage the clinical governance needs of the pharmacy.

The team had access to the Alphega training programme which they would complete on a tablet. The training modules would be available every month and the team explained that they had dedicated time to complete this. Staff appraisals would be carried out every six months between the team members and the superintendent and they were a two-way discussion about progress and areas of development. The team explained that they would each be set three objectives to work towards.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which was causing concern or anything which they believed would improve service provision. There was a sheet attached to the wall in the dispensary where staff could note down any suggestions which would be discussed every Friday in the staff meeting. There were targets in place for MURs, but the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally suitable for the provision of its services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a large retail area, medicine counter, consultation room and office, dispensary, stock room and staff rest rooms. There was also a large warehouse stock area for internet sales to the back of the building. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The pharmacy was professional in appearance and clean. The team explained they would clean the pharmacy between themselves daily. Medicines were stored on the shelves in a suitable manner and the team explained that the shelves would be cleaned when the date checking was carried out.

The dispensary was suitably screened to allow for the preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. The consultation area was also used as an office and for storage of paperwork, but conversations going on inside could not be overheard. There was also a screened area of the medicines counter which could be used to protect privacy over the counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy services are accessible to people with different needs. Generally, the pharmacy team provides safe services and provides people with information to help them use their medicines. Although they do not always record relevant safety checks when people receive higher-risk medicines. This makes it difficult for them to show that they provide the appropriate advice when they supply these medicines. The pharmacy gets medicines from reputable sources. But the pharmacy could do more to ensure stock medicines are stored in appropriately labelled containers. The pharmacy team knows what to do if medicines are not fit for purpose.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and by the medicines counter, but the list of services was not up to date. The pharmacist explained he had someone coming in to change the signage so it reflects the services more accurately. There was a range of health promotion leaflets available to the public in one area of the medicines counter.

There was step free access into the pharmacy via a ramp and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services. The team were observed using their own language skills when dealing with people who had difficulty communicating in English.

The pharmacy team prepared multi-compartment compliance aids for patients in their own homes. The compliance aids were seen to include accurate descriptions of the medicines inside. The team explained that they would provide patient information leaflets (PILs) with every monthly supply of compliance aids. The team explained that they were all aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients affected by this. There was a small note placed by the sodium valproate on the shelf in the dispensary to highlight the warnings and requirements when valproates were prescribed. The pharmacist explained that they would double check with patients on warfarin to see if they knew their dose of warfarin and that they would provide them with an anticoagulant information card if required. But they did not always record the blood test results on the PMR.

The team were in the process of being compliant with the European Falsified Medicines Directive (FMD) and the pharmacist explained they had upgraded the scanners and were due to complete registration. The pharmacy obtained medicinal stock from AAH, Alliance, Sigma, Colorama, Phoenix, OTC and Enterprise. Invoices were seen to demonstrate this. Date checking was carried out regularly and the team highlighted items due to expire with stickers. However, there were some medicines stored on the shelves in amber bottles but labelled without the expiry date or batch number. There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste.

The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and secured to the wall of the dispensary. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock.

MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for phenobarbital injections. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

Inspector's evidence

There were crown-stamped measures available for use, including 100ml measures, and one was marked to show it should only be used with CDs. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation could not be overheard.

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.