

Registered pharmacy inspection report

Pharmacy Name: Singers Pharmacy, 74 Edgware Way, EDGWARE,
Middlesex, HA8 8JS

Pharmacy reference: 1034844

Type of pharmacy: Community

Date of inspection: 05/09/2024

Pharmacy context

The pharmacy is located in a parade of shops off a busy road in the town of Edgware in London. The pharmacy dispenses NHS and private prescriptions. And it supplies medicines in multi-compartment compliance packs to some people. It sells medicines over the counter. And offers a prescription delivery service. The pharmacy provides some NHS services such as the Pharmacy First service and the Blood Pressure Check service.

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

Overall, the pharmacy manages its risks well. It has a comprehensive set of written procedures for team members to follow to help them carry out tasks safely. The team record mistakes it makes during the dispensing process and carry out reviews to reduce the chances of similar mistakes happening again. The pharmacy ensures it protects people's personal information. And team members understand their role in supporting vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) that covered the activities of the pharmacy. The SOPs were last reviewed in October 2023 by the superintendent pharmacist (SI) and reflected the current practice in the pharmacy. Team members were given time to go through the updated SOPs. And signature sheets were used to show which team members had read them. There were copies of SOP audit templates in the folder, however the responsible pharmacist (RP) said these had not yet been completed.

Team members recorded near misses (mistakes that were picked up and rectified during the dispensing process) onto a paper log. The RP explained these were reviewed regularly and actions were put into place to try and prevent similar mistakes. For example, the team separated different strengths of medicines on the shelf that were getting mixed up. The pharmacy had not had any recent dispensing errors (mistakes that were handed out) but the RP explained what actions they would take if there was one.

The RP notice was displayed prominently. And the RP record was largely complete with start and finish times. The pharmacy had valid indemnity insurance in place. Controlled drugs (CD) registers were kept in order and balance checks were completed as per the SOP. A random check of the balance of two CDs was carried out. One check showed the physical quantity in stock matched the balance in the register. The CD balance of the second CD was incorrect in the register due to a miscalculation. This was corrected during the inspection. The pharmacy kept records of private prescriptions electronically. These were largely complete, but some entries were missing prescriber details. This was discussed with the RP who said she would ensure these details were entered correctly. The pharmacy sometimes made emergency supplies, but records did not always explain the nature of the emergency. This may make it harder for the pharmacy to show why the supply had been made. This was discussed with the RP during the inspection. Records for unlicensed medicines were maintained appropriately.

The pharmacy had a complaints procedure. People could provide feedback to the pharmacy over the phone, in person or online. Any complaints were dealt with by the RP or the SI. Team members had signed the pharmacy's privacy policy and they received refresher training about data protection and information governance. Confidential waste was kept separate to normal waste in the dispensary. And this was then shredded. No confidential waste was found to be mixed with normal waste. Assembled prescriptions awaiting collection were stored in the dispensary and were not visible to people using the pharmacy.

Team members understood how they might identify vulnerable people. The dispenser explained they would refer any concern they had to the pharmacist. The RP had completed level two safeguarding

training. And team members knew where they could access details for the local safeguarding team should they need.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff members to manage the workload in the pharmacy. Team members are appropriately trained to carry out their roles. And they work well together. The team is supported to complete some on-going training to help keep it's knowledge and skills up to date. And team members feel comfortable about raising feedback to make improvements in the pharmacy or raise any concerns they may have.

Inspector's evidence

During the inspection, there was the RP, trainee dispensing assistant and dispensing assistant present. The pharmacy also had a full-time delivery driver. Team members were clear about their roles and were observed to be working well together in an organised way. And there was no back log of work. The RP explained there were enough staff members to manage the workload. And there was sufficient contingency available to cover staff absence. The branch was part of a small group of pharmacies, so the SI brought staff from the other branches to cover any absence, if needed. Team members appeared confident when serving people. And when asked, one team member described how she would safely make a sale of a pharmacy medicine. She also explained which medicines were liable to misuse and when she would refer to the pharmacist.

Team members did not get regular training time. But the trainee dispenser explained he was given time to complete online training for his dispensing course. The SI organised some training for team members to keep their knowledge up to date. For example, he had recently planned for some additional training for over-the-counter eye medicines. The team also received training on services such as the flu vaccination service. The RP understood the continuous professional development requirements for revalidation. And she had completed the necessary training for the NHS services offered, such as the Pharmacy First service.

The RP explained they did not have formal team meetings, but said she shared any updates or feedback informally whilst working. Team members had annual appraisals about their performance. But they were not set targets. They explained they were comfortable with suggesting improvements or sharing any concerns they may have. For example, the RP described how she implemented the near miss record when she started and ensured team members signed dispensing labels to maintain an audit trail.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally suitable for providing healthcare services. And they are kept secure from unauthorised access. There is a consultation room so people using the pharmacy can have a private conversation if needed.

Inspector's evidence

The premises consisted of a spacious retail space and a pharmacy counter and a dispensary. There were staff facilities to the rear which consisted of a WC and a small kitchen area. There was a consultation room located via a walkway to the side of the dispensary. The pharmacy was bright, and the temperature was adequate for working and storing medicines. The dispensary was an appropriate size for the workload and the fixtures and fittings were suitable for storing medicines. There was a central workbench used for checking prescriptions. There was a sink in the dispensary with hot and cold running water. And an additional sink in the consultation room. Pharmacy-only medicines were stored behind the pharmacy counter.

The consultation room was clean and professional in appearance. And it allowed people to have a private conversation without being overheard. The consultation room had a clear, glass door so there was a chance people having consultations could potentially be seen by people using the pharmacy. No confidential information was visible in the consultation room. The premises were kept clean by team members.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people with different needs. And overall, it manages its services safely. It obtains its medicines from licensed wholesalers and generally stores them appropriately. And it responds to drug alerts appropriately to ensure it only supplies medicines suitable for use. Team members identify prescriptions for higher-risk medicines so that additional information can be provided to people taking these medicines.

Inspector's evidence

The pharmacy was accessible to people with different needs. There was step-free access from the pavement and enough space in the pharmacy for wheelchair users or those with pushchairs. Seating was available for people who wanted to wait. The pharmacy clearly displayed its opening times on the front window. And there were some leaflets available providing information for people about a range of healthcare conditions. The team could print dispensing labels in larger fonts for those people who needed it. The pharmacy offered a delivery service to those people who could not get to the pharmacy. Delivery logs were used to maintain an audit trail. And stickers were used to highlight fridge medicines. CD delivery sheets were used when CDs were delivered, and these were signed by the person receiving these medicines. If there was a failed delivery, missed delivery notes were left. People could then contact the pharmacy to re-arrange their delivery.

The RP explained that although the pharmacy offered the NHS Pharmacy First service, it did not provide many consultations and referrals were fairly low. The pharmacy had the necessary signed PGDs available. Team members used separate areas of the dispensary for completing different tasks. Team members used baskets to separate prescriptions to reduce the chance of medicines for different people getting mixed up. Dispensing of multi-compartment compliance packs was completed on a separate workbench to other dispensing. The packs were seen to contain the correct labelling information. But drug descriptions were not included. This could make it harder for people to identify the medicines in the packs. Packs were not always sealed before being checked but the RP explained they were not left unsealed for long periods of time. Patient leaflets were provided monthly. The dispensing assistant explained she would highlight any changes to medication on the patient record and would contact the surgery with any queries.

The pharmacy obtained its medicines from licensed wholesalers. However, medicines were not always kept in an organised way on the shelves, which could increase the chance of picking the incorrect medicine while dispensing. Date checking of the dispensary was carried out every three months. But the pharmacy did not keep records of this. The RP said she would keep records going forward. Short-dated stock was marked with red stickers. A random check of stock on the shelf showed no date-expired medicines. Liquid medicines were marked with the date they were opened. This meant a check could be carried out when dispensing to make sure they were suitable for use. CDs were stored as required. Medicines requiring cold storage were stored across two fridges. But the pharmacy only kept temperature records of one of them and the records of this fridge were seen to be in range. However, on the day of the inspection the probe had broken. This was replaced during the inspection and a record of the temperature from the new probe was sent to the inspector following the inspection and was seen to be in range. The temperature of the second fridge was in range during the inspection. And the RP said they would ensure records of this fridge were kept going forward.

Prescriptions for higher-risk medicines, such as methotrexate, were brought to the attention of the pharmacist. This gave the pharmacist the opportunity to provide further safety information to people taking these medicines. And team members were aware of the guidance about dispensing medicines containing sodium valproate in their original packs. They ensured dispensing labels on these medicines did not cover any of the safety information on the pack. The pharmacy received drug recalls and alerts via the pharmacy's shared NHS mailbox. These were signed and filed to show that they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the facilities it needs to provide its services safely. Team members use equipment in a way to ensure people's privacy is protected. And they maintain the equipment, so it is safe to use.

Inspector's evidence

Team members were able to access online resources they needed, such as the British National Formulary (BNF). All computers were password protected to prevent unauthorised access. And monitors were not visible to people visiting the pharmacy. The pharmacy had a cordless phone so phone calls could be taken privately if needed.

There were two fridges for medicines requiring cold storage; one was in the dispensary and the second was located in the kitchen area. The fridge in the kitchen area was being used to store food, as well as medicines. The inspector pointed this out to the team and the food was promptly removed. The RP said she would ensure food was not kept in fridges containing medicines going forward. The CD cupboards were secured as required.

There were glass, calibrated measures available in various sizes for measuring liquid medicines. Measures used for methadone were clearly marked to avoid cross-contamination. And there were tablet counters available. All equipment was kept clean. The pharmacy had a calibrated blood pressure machine in the consultation room. And there was an otoscope and other disposable equipment available for the Pharmacy First service.

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. |