

Registered pharmacy inspection report

Pharmacy Name: Shah Pharmacy, 732-736 Hertford Road,
Freezywater, ENFIELD, Middlesex, EN3 6PR

Pharmacy reference: 1034875

Type of pharmacy: Community

Date of inspection: 10/08/2020

Pharmacy context

The pharmacy is in a parade of shops, on a busy road close to residential housing and a doctors' surgery. It provides NHS and private prescription dispensing mainly to local residents. It supplies medicines in multi-compartment compliance packs to a lot of people. It has a home delivery service. The pharmacy has a dispensing robot. A near-by pharmacy closed recently increasing the number of items dispensed. The inspection took place during the COVID-19 pandemic.

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 not all met	1.6	Standard not met	The recording of private prescriptions and emergency supplies does not comply with the law.
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 not all met

Summary findings

The pharmacy keeps some of its records appropriately. But it doesn't make all the records it must do about private prescriptions and emergency supplies. So, important information may not be readily available when needed. In relation to other activities, members of the pharmacy team usually work to professional standards and try to identify and manage risks effectively. They record or discuss mistakes they make during the dispensing process with the regular pharmacist. And they try to learn from these to avoid problems being repeated. The team members understand how they can help to protect the welfare of vulnerable people. They also know how to keep people's private information safe.

Inspector's evidence

The pharmacist was reviewing the written procedures that tell the team how they should undertake the work in the pharmacy, some of the team members were involved in this review. The previous procedures were dated 2008 and had been signed by the staff. There was a COVID-19 standard operating procedure present which was being used to adjust the standard operating procedure pro-forma. When the dispensers made dispensing mistakes that were discovered by the pharmacist checking the prescription, the mistakes were discussed in the team. Not all of these events were recorded and this meant that analysing and learning from trends was harder. The superintendent pharmacist visited on a monthly basis and staff said he reviewed the processes in the pharmacy. The pharmacy had not yet completed COVID-19 risk assessments. The pharmacist was shown where to access these on the PSNC website, and she said that she would look into the matter.

The pharmacy conspicuously displayed the responsible pharmacist notice and the record required by law was up to date and filled in correctly. Most of the pharmacy team members were aware of their roles. The owner, a non-registrant, started work before the pharmacist arrived. There was no written guidance about what tasks could be undertaken at that time. The owner said that he went in early to order prescriptions and to do other tasks that did not require a pharmacist to be present.

No results from previous customer surveys were posted on the NHS choices website. The staff did not know what actions had been taken on the last survey, although they said they had handed out questionnaires to people in the shop for them to fill in. The pharmacy had professional services insurances in place.

The controlled drugs registers were up to date and legally compliant. The pharmacy team recorded private prescriptions and emergency supplies in a book. The last entry was made in January 2019. But there were a lot of prescriptions dispensed in the months between then and the inspection waiting to be recorded. This was outside the timescale defined in law and had been highlighted as an area for improvement during a previous inspection. There was a facility to record these prescriptions on the electronic patient medication record system, but the staff were not using it. The owner was shown how to use the system accurately. Following the inspection, the inspector and the pharmacist spoke. It was agreed that the pharmacist would continue using the private prescription recording facility on the computer and that she would re-issue the standard operating procedure for this. She would show the staff how to use the system and get all the staff to sign the standard operating procedure. This would document that they had had the new system explained to them.

The staff present during the inspection said they had had confidentiality training during previous

employment and had signed confidentiality agreements in this pharmacy but still had not had other any training from this employer. Staff were seen to share their NHS smart cards to access electronic prescriptions rather than only using their own cards. Confidential material was kept in the dispensary, where it was not accessible to unauthorised people. Confidential waste was shredded on site.

Principle 2 - Staffing ✓ Standards met

Summary findings

The staff are aware of their roles and responsibilities. The lack of a formalised approach to training may make it harder for staff to keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, there was a regular pharmacist, a full-time dispenser, a pharmacy technician, and the owner. The owner had previously been a pharmacist but was no longer on the register. He undertook dispensing activities but had not done an accredited dispensing[CC2] course. This did not comply with the GPhC support staff training policy. Following the inspection, the pharmacist confirmed that the owner had enrolled on an accredited dispensing course. A pharmacy student who also worked at the pharmacy was absent on the day of the inspection and was to return to university in October. The pharmacy was trying to recruit more staff, but it was reported there was a lack of suitable candidates. The staff said that they saw the superintendent pharmacist about once a month, when he visited to see what was happening in the pharmacy. The staff said that they could speak to the superintendent pharmacist about issues they had.

Staff training consisted of reading pharmacy magazines, but there was no time allocated for this activity and there were no records of what was studied. There were no targets set for the staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally clean and provide a safe and professional environment for people to receive healthcare. The consultation rooms cannot be used for consultations in their current condition.

Inspector's evidence

The pharmacy had installed a plastic screen along the front of the counter to help prevent the spread of COVID-19. It was over 2m in height and had areas through which people could be served. There were notices on the automatic doors into the pharmacy indicating that only one person at a time should use the doors. There was no limit on the amount of people in the pharmacy, but the staff told people to space out.

There were two consultation rooms which were both untidy but were now both kept locked. One was very untidy and contained a large quantity of paperwork. The other was used to store stock but it was also untidy. Neither room was being used for consultations due to their current state. An area near the toilet was used for storage. There was a sign stating that the public should not enter this area. There were only over-the-counter medicines stored here.

Behind the counter was the dispensary which had plenty of dispensing bench space, but a lot of it was covered in part-dispensed prescriptions in baskets. There was a dispensing robot, which had an automatic loading facility in the far stock room.

The premises was spread over two shop units. A remote supply cabinet was in an unregistered area, but the unit was not used at all. There was air-conditioning in the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people. But the pharmacy doesn't always make relevant checks when supplying higher-risk medicines. So, some people may not receive all the advice they need about the medicines they receive.

Inspector's evidence

Access to the pharmacy was level from the pavement and was via automatic doors. Access into the consultation rooms would be large enough for a wheelchair, if they were tidy. Services were advertised on the window of the pharmacy.

The pharmacy sometimes used a dispensing audit trail to identify who had dispensed and checked each item, but it was not done consistently. The team sometimes used baskets to help ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Again, their use was not consistent.

A large number of people were being supplied with medicines in multi-compartment compliance packs. These were labelled with the information the person needed to take the medicines in the correct way. But they did not have tablet descriptions to identify the individual medicines. Only one member of the team regularly dispensed the packs and knew which ones were due to be dispensed. There was some paperwork to show when they were due, but it was not clear. This meant that if this member of staff was absent without notice the rest of the staff might not know which packs were due to be dispensed. The packs were dispensed in the far stock room. The pharmacy technician who dispensed them said that she found it difficult to do them undisturbed, as she was often called to serve on the counter. There was no audit trail to show who had dispensed and checked each pack.

People taking warfarin, lithium or methotrexate, who brought their own prescriptions into the pharmacy or had their prescription on repeat, were usually asked about any recent blood tests or their current dose. The prescriptions were marked with stickers to highlight the need for counselling. But this was not done consistently. People who were receiving prescriptions for valproate were usually counselled regarding pregnancy prevention where needed. The pharmacy had cards and warning stickers available to use on repackaged medicines.

The pharmacy got its medicines from licensed wholesalers and stored them in a robot and on shelves. Medicines which required cold storage were kept in two fridges. Fridge temperatures were recorded as being within the required range of 2 to 8 degrees Celsius and the current temperatures on the thermometers indicated that they were within range. But the maximum and minimum temperatures displayed on the thermometers were showing between minus 12 to plus 12 degrees Celsius. The pharmacist said that she would review the thermometers and how the temperatures were being recorded so that she was sure that medicines were being stored appropriately.

The robot was used as a storage facility rather than an aid to accurate dispensing. It was reported that the robot took too long to pick the items. This meant that staff labelled more than one prescription before putting the labels on the medicines. As a result, the robot chutes were full of packets of medicines waiting to be labelled, increasing the risk of mixing up medicines intended for different

people.

The staff knew how to date check the items in the robot, and this was done regularly. Other checks for out-of-date medicines on the shelving were reported to be done occasionally. The pharmacy's computer system was set up to implement the Falsified Medicines Directive. They had a scanner and said that they sometimes used it. Controlled drugs returned by people were recorded in a book which was annotated once the medicines had been destroyed, in accordance with best practise.

The pharmacy received emails from the MHRA about medicines recalls, and printed them off having annotated them to show what actions they had taken in each case.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services but it does not make best use of some of its equipment.

Inspector's evidence

There were various sizes of glass, stamped measures with separate ones labelled for methadone use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross-contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The remote collection point was not used, and the way the dispensing robot was used could introduce risks in the dispensing process. Staff were supplied with, and wore, face masks to reduce the risk of spreading COVID-19.

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.