

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: 13/04/2021

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 prescriptions, 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 inspection took place during the COVID-19 pandemic.

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

The pharmacy makes and keeps most of the records it needs to by law appropriately. 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, although they are not discussed across the team. The team members understand how they can help to protect the welfare of vulnerable people. The pharmacy keeps people's private information safe. But it could do more to make sure all staff have received up-to-date training about protecting patient confidentiality.

Inspector's evidence

The pharmacist had reviewed most of the written procedures that tell the team how they should undertake the work in the pharmacy. 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 with the individual, but not more widely across the team. Not all of these events were recorded, which meant that analysing and learning from trends was more difficult. The superintendent pharmacist visited on a monthly basis and staff said that he reviewed the processes in the pharmacy. The pharmacy had completed COVID-19 risk assessments.

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 on the computer. These entries were cross referenced into a book and onto the prescription, so that it was easy to identify the prescription from the entry. However, the information required by law, about the prescriber, was not entered onto the computer which was the legal record.

The staff who had been employed for some time said they had had confidentiality training during previous employment. And had signed confidentiality agreements in this pharmacy but still had not had any other training from this employer. The new employees had not had any training, although they had been told about the need for confidentiality in their roles. Staff were seen to share NHS smart cards to access electronic prescriptions rather than only using their own cards, as the new staff had not got their own. Confidential material was kept in the dispensary, where it was not accessible to unauthorised people. Confidential waste was shredded on site. The regular pharmacist had undertaken safeguarding training, as had the established staff.

Principle 2 - Staffing ✓ Standards met

Summary findings

The staff are generally aware of their roles and responsibilities. A more formalised approach to training may make it easier to make sure staff keep their skills and knowledge up to date. And to identify and address any additional learning needs.

Inspector's evidence

At the time of the inspection, there was a regular pharmacist, a pharmacy technician, two dispensers and the owner working in the dispensary and two staff on the counter. The pharmacy had recruited more staff, and one had started two days before the inspection. However, there was another dispenser who had started six months before the inspection and had yet to be put onto an accredited course. The owner said that he was still on probation.. One of the counter staff was seen putting dispensing stock onto the dispensary shelves. She had not had training to do this. In both cases, the staff were put onto the appropriate training courses following the inspection. The owner was half-way through his dispensing course, which had been started six months previously.

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. Ongoing 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. Neither of the two consultation rooms are currently in use or suitable for this purpose in their current condition.

Inspector's evidence

The premises was spread over two shop units. The pharmacy had installed a plastic screen along the front of the counter to help prevent the spread of COVID-19. It was over two metres 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 was air-conditioning in the pharmacy.

There were two consultation rooms but neither room was being used for consultations due to their current state. Both were untidy and were currently used for storing stock and paperwork. An area near the toilet was also 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 by part-dispensed prescriptions in baskets. There was a dispensing robot, which had an automatic loading facility in the far stock room, but this was not used as it needed maintenance. A remote supply cabinet was in an unregistered area, but the unit was not used at all.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable sources. And 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. And the pharmacy team members don't always follow other best practices consistently. The pharmacy could improve how it monitors fridge temperatures to give better assurance that medicines are always stored correctly.

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 usually used a dispensing audit trail to identify who had dispensed and checked each item, but it was not always done. The team usually 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. And they had tablet descriptions to identify the individual medicines. The manufacturer's information sheet was supplied with the packs once each month. 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, and she was training other staff to prepare the packs. The packs were dispensed in the far stock room.

People taking warfarin, lithium or methotrexate, who brought their own prescriptions into the pharmacy or had their prescription on repeat, were asked about any recent blood tests or their current dose if the prescription was handed out by the pharmacist. But this was not done consistently, especially if handed out by other members of the team. The prescriptions were sometimes marked with stickers to highlight the need for counselling. People who were receiving prescriptions for valproate were usually counselled by the pharmacist regarding pregnancy prevention where needed. The pharmacy had cards and warning stickers available to use on repackaged medicines. Again, their use was not consistent and the new staff were not aware of the need to do so.

The pharmacy got its medicines from licensed wholesalers and stored them 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 11 to plus 16 degrees Celsius. There were no signs of boxes which had been frozen, or water damaged. The matter was discussed with the owner who said that he would source a new fridge.

Checking for out-of-date medicines was reported to be done regularly and no out of date medicines were found on the shelves. Controlled drugs returned by people were recorded in a book which was

annotated once the medicines had been destroyed, in accordance with best practice.

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.

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 nor was the dispensing robot. Staff were supplied with, and wore, face masks and aprons 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.