

# Registered pharmacy inspection report

**Pharmacy Name:** Hayward Chemist Ltd., 10 Queen Anne Place, Bush Hill Park, ENFIELD, Middlesex, EN1 2PT

**Pharmacy reference:** 1034882

**Type of pharmacy:** Community

**Date of inspection:** 08/10/2019

## Pharmacy context

The pharmacy is situated close to a suburban railway station in a residential area. There are parking restrictions between 1pm and 2pm otherwise there is free parking on the surrounding roads. The pharmacy dispenses prescriptions for NHS and private prescriptions as well as providing seasonal flu vaccinations. They also provide medicines in multi-compartment compliance packs for a large number of people in their own homes and to some care homes. The pharmacy also provides a dispensing service and needle exchange for people using the drug and alcohol service. The new owners had taken over about one year before the inspection.

## 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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A |

## Principle 1 - Governance ✓ Standards met

### Summary findings

Generally, the members of the pharmacy team work to professional standards and identify and manage risks. They are clear about their roles and responsibilities but there are not always written procedures to tell staff how they should operate. They usually discuss mistakes they make during the pharmacy processes but do not always log them. They learn from these mistakes to avoid problems being repeated. The pharmacy usually keeps its records up to date and these show that it is providing safe services, but some private prescriptions are not recorded. It adequately manages and protects private information. The team members also understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacist could not locate the file of standard operating procedures which he thought were in the consultation room. Staff said that they had read and signed them, but as they were not accessible they could not be referred to by the team. Near misses were occasionally recorded but more usually discussed within the team at the time they occurred. So, the pharmacy may be missing opportunities to find any patterns or trends and learn from these to improve their processes.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were trained for their roles and they were observed asking the pharmacist for advice when the matter was beyond their knowledge.

Feedback from customers had been sought under the previous ownership. But the most recent results were not yet posted on the NHS website. Staff reported that the change in ownership had led to a more organised dispensing system which had, in turn, led to better customer service for patients waiting in the pharmacy. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber and the date of the prescription were not always recorded accurately. There were some private prescriptions which had not been recorded as such and so were not on the legally compliant record. The controlled drugs registers were up to date and legally compliant. The team did infrequent checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range. But the records showed temperatures to one decimal place where the thermometer did not have any decimal places. Following this discovery, the person recording the temperatures said that they needed some training, and this was supplied immediately. The pharmacist said that he would monitor the roles undertaken by staff more closely in the future. A spot check was done of the temperatures and they were within the specified ranges.

All staff had their own NHS cards to access the NHS online prescription service and the pharmacist could access the summary care records. Confidential waste was shredded by staff at the weekends. Prior to that it was separated from normal waste. The staff had undertaken some training about the General Data Protection Regulation (GDPR) but the pharmacist said this had been prior to the change of ownership and they needed to put some more training in place. All staff had signed confidentiality agreements. Some confidential material was accessible in the consultation room.

The pharmacist and pharmacy technicians had undertaken the required level of safeguarding training and the rest of the staff had some awareness of the matter and said that they would speak to the pharmacist if they had any concerns. There were local telephone contact details available for the safeguarding boards and the pharmacist had access to the NHS Safeguarding app as well.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe services. It has effective staff communication. The pharmacy team have some ongoing training but this is limited. A more robust approach would ensure that staff are able to keep their skills and knowledge up to date.

### Inspector's evidence

There was a pharmacist, two pharmacy technicians, a dispenser and three counter staff present during the inspection. One of the technicians was an accredited checking technician (ACT). There were regular pharmacists working so that there was good continuity for the staff and customers.

All staff had the appropriate required training for the roles they undertook but there was no organised ongoing training. This meant that staff were relying on pharmacy magazines and updates from situations which occurred in the pharmacy, rather than having a structured training programme.

The staff said that the ways of working had changed since the change-over of the owners, and that they had had input into the changes. All the staff had appraisals but very informally. The pharmacist said that they were starting a more formal approach this year.

The staff said that they could raise concerns with the regular pharmacists and that they felt that there was good collaboration within the team. There were no targets set for the team by the owners.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean and provide an appropriate environment for people to receive healthcare. The space available in the dispensary is only just large enough for the volume of prescriptions being dispensed so may not be sufficient if there is an increase in activity. The clutter in the consultation room detracts from the professional image and would need to be addressed before offering services such as seasonal flu vaccinations.

### Inspector's evidence

The pharmacy shop area was clean, tidy and bright. It had fittings which were modern looking and professional. There was adequate space for people waiting for their prescriptions.

The consultation room was very cluttered and used for some dispensary tasks. This meant that there was some confidential material kept in there. The risk of this being seen by unauthorised people was small, as the door was at the end of the pharmacy counter. But it added to the clutter in the room. The chairs and table were only just accessible due to boxes in the room. There was also a sink in the corner which had to be reached over the boxes. It would not provide adequate access to people attending for seasonal flu vaccinations in its current state.

The dispensary was clean and orderly, but every part of the dispensing bench was in use. There was a separate area for dispensing the multi-compartment compliance packs. There were adequate hand washing facilities. The toilet facilities were accessed from the rear of the premises. There was a cellar which was used to store shop stock and old paperwork, and some over-the-counter medicines. It was damp. The pharmacist had assessed what should be stored in it to ensure that there was no added risk by using the space.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. Pharmacy team members dispense medicines in multi-compartment compliance packs in an organised manner. And there are contingency plans in place for supplying medicines in emergencies. The pharmacy could do more to make sure that people who take higher-risk medicines get all the advice they need.

### Inspector's evidence

Access to the pharmacy was level from the street and there was a large amount of space which would allow people using wheelchairs to move around the shop. Services were advertised in the window of the shop.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another.

Many people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a card index on the wall which indicated which packs and care homes were to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. Patients were telephoned before dispensing each new pack to find out whether they required any 'extras' such as external creams and lotions or liquid medicines. The team used this call to ascertain the current status of any high-risk medicines to be supplied. This information was recorded on the patient's record. The ACT was able to check most of the multi-compartment compliance packs as she did not label or dispense them. There was no written audit trail to show which items she could check.

People taking warfarin, lithium or methotrexate, who brought their own prescriptions into the pharmacy were usually asked about any recent blood tests or their current dose. But once the dispensed prescriptions were put onto the shelves to await collection there was no way of knowing that these medicines were inside. So, the pharmacy could not show that it was always monitoring the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention, and the pharmacy could not find the folder they thought that they had received with cards and warning stickers in. The pharmacist said they would get some more from the manufacturer as soon as possible.

At the time of the inspection the pharmacy did not have any flu vaccinations. And it had nowhere suitable to administer them.

The pharmacy got its medicines from licensed wholesalers, stored them in dispensary drawers and on shelves in a tidy way. There were coloured stickers on the shelves and boxes to indicate items which were short dated. The pharmacy was preparing to comply with the Falsified Medicines Directive (FMD) but was not able to do so at the time of the inspection. Regular date checking was done. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.





## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

### Inspector's evidence

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. There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

### 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.  |