

# Registered pharmacy inspection report

**Pharmacy Name:** Lamis Pharmacy, 20 Bush Hill Parade, Village Road, ENFIELD, Middlesex, EN1 2HB

**Pharmacy reference:** 1034887

**Type of pharmacy:** Community

**Date of inspection:** 19/10/2020

## Pharmacy context

The pharmacy is in a parade of shops in a residential area. It provides NHS and private prescriptions dispensing mainly to local residents. The team also dispenses medicines in multi-compartment compliance packs for some people. The pharmacy was visited 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
<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

Members of the pharmacy team work to professional standards and try to identify and manage risks, such as those associated with the COVID-19 pandemic, effectively. They are clear about their roles and responsibilities. They log mistakes they make during the pharmacy's processes. And they take steps to avoid problems being repeated. The pharmacy keeps its records up to date. It manages and protects information and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs). The SOPs covered the services that were offered by the pharmacy. And these had been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the dispensing process in order to learn from them. They were regularly logged, and similar sounding or looking medicines had been moved on the shelves to try to prevent picking errors. For example, sertraline and sumatriptan had been moved to different shelves. The responsible pharmacist was the superintendent pharmacist. He acknowledged that he put processes in place for patient safety, but did not always ensure that they were completed on every occasion. For example, the way Schedule 4 CDs were handed out.

There was a SOP for working during the COVID-19 pandemic, and the staff had each had a risk assessment to gauge their own personal risk. All the staff present were wearing face masks, and were seen to wash their hands, or to use alcohol hand gel frequently. 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 aware of their roles and they were observed asking the pharmacist for advice when needed. The annual NHS customer questionnaire from 2019 to 2020 was displayed on the NHS website and had highlighted a lack of advice given to people using the pharmacy about healthy living. The superintendent pharmacist thought that this might have been highlighted due to the lack of regular staff on the counter, which had occurred through absence. Staff were heard to give advice about COVID-19.

The pharmacy had professional indemnity and public liability insurances in place. The pharmacy team recorded private prescriptions and emergency supplies on the computer, and these were accurately recorded. The controlled drugs registers were up to date and legally compliant. The team did regular 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 generally within the recommended range for storing medicines.

Confidential waste was separated and shredded. NHS cards, used to access electronic NHS prescriptions and other information, were observed not to be shared. The staff had received training about the General Data Protection Regulation (GDPR) and general information governance. There was a privacy notice on the consultation room door.

The pharmacist had undertaken formal training on safeguarding and the staff had done in-house training on the matter. They were aware of who they should contact if they thought there might be an issue and had the local contacts for the safeguarding boards in the area.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They generally have the appropriate skills, qualifications and training to deliver services safely and effectively. And they receive support to keep their skills and knowledge up to date.

### Inspector's evidence

There was a regular pharmacist, a dispenser and a cleaner present during the inspection. They were coping with a temporary staff shortage appropriately. The cleaner was serving on the counter as the technician and counter assistant were both off with illness. She was clear about her responsibilities and the dispenser went to serve any customers who wanted medicines or any advice. There was a delivery driver who had completed the relevant NPA training course and worked two to three days a week, as required.

The dispenser reported that he had had appraisals annually with the superintendent pharmacist. The new pharmacy support team training guidance was discussed. Training about health and safety, confidentiality, safeguarding and other mandatory training was given every two years, with a file showing when the training had been given. Other general training was organised by the dispenser and superintendent pharmacist from information supplied by sales representatives and using pharmacy magazines. The superintendent pharmacist was looking into the training provided by the buying group he was in.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

### Inspector's evidence

The pharmacy was clean, tidy and bright. The dispensary area was large and adequate for the volume of prescriptions dispensed. And there was enough bench space for dispensing prescriptions safely. Each member of staff had their own workbench allowing them to socially distance from each other most of the time.

There was a screen in place at the front counter to protect both the staff and customers. There were markings on the floor to show two metre distancing. The front door could be locked and unlocked from the dispensary, so that numbers inside the shop could be limited, if needed. Plans had been approved by the local council for an extension to the premises, to increase the size of the dispensary.

There was a consultation room which was also clean, tidy and bright and had adequate space for services. But it was not being used at the time of the inspection, as there were no services currently being provided which required it. This was due to the COVID-19 pandemic reducing the services provided.

Downstairs was a storeroom which was very cold and showed some signs of damp, with rusty RSJs in the ceiling. However, it was not used for medicines storage or confidential information. The pharmacy staff used a kitchen in the cellar area. There was a lockable door between the cellar and the pharmacy, which was locked and barred overnight. There was an alarm system which prevented any third parties entering after the shop was closed for the night.

Staff had access to the toilet facilities which had suitable handwashing facilities. And the dispensary had its own sink, with hot and cold running water.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. And it gets its medicines from reputable sources. Some systems for monitoring higher-risk medicines are not robust. So, some people may not get all the advice they need to take their medicines safely.

### Inspector's evidence

Access to the pharmacy was up a ramp from the pavement. Services were advertised on the wall of the pharmacy. The pharmacy was only letting four people into the shop at any time, due to social distancing issues. The pharmacy had an 'NHS translation from English' card to help overcome communication difficulties between the pharmacy team and some people using the pharmacy.

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. Computer-generated labels attached to dispensed medicines included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced.

Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given out more than 28 days after the date on the prescription. Prescriptions for warfarin, lithium or methotrexate were meant to be flagged by the dispensing staff so team members could ask about any recent blood tests or the person's current dose when the prescription was collected. But this was not consistent and if the dispensing staff did not flag the prescription, the counter staff would not always notice the medicine and ask the same questions. So, the pharmacy could not show that it was always monitoring these patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention. Appropriate warnings stickers were available for use if the manufacturer's packaging could not be used.

A few people were being supplied their medicines in multi-compartment compliance packs. There was a list of packs 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. However, the packs were not labelled with all of the information the person needed to take their medicines in the correct way. The packs did not have advisory warnings and cautionary labels on them. The pharmacist said that he would find out how to put them on. Also, the packs did not have tablet descriptions to identify the individual medicines. The pharmacist said he would address this as well.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done now, although it had been a bit irregular in the past few months due to the COVID-19 pandemic. No out of date medicines were found during the inspection. 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 has the right equipment for its services. It makes sure its equipment is safe to use.

### Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross-contaminate other tablets. 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.