

Registered pharmacy inspection report

Pharmacy Name: Keencare Ltd., 18 College Road, HARROW,
Middlesex, HA1 1BE

Pharmacy reference: 1034966

Type of pharmacy: Community

Date of inspection: 20/03/2024

Pharmacy context

This is a community pharmacy in the centre of Harrow, Greater London. The pharmacy dispenses NHS and private prescriptions, sells over-the-counter medicines, and provides health advice. It also offers a range of services such as the New Medicine Service (NMS), the Pharmacy First Service, local deliveries, blood pressure checks, phlebotomy services, seasonal flu as well as COVID-19 vaccinations and travel vaccinations. In addition, its team members provide multi-compartment compliance packs for people who find it difficult to manage their medicines at home.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.1	Good practice	The pharmacy team actively identifies and manages the risks associated with the pharmacy's services. The pharmacy has efficient processes in place with a robust system of audit trails. This has made the pharmacy's internal processes safer.
		1.2	Good practice	The pharmacy regularly reviews and monitors the safety and quality of its services. The team routinely records, reviews and feeds back near misses and incidents.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake. Team members in training are appropriately supported and undertaking accredited courses.
		2.4	Good practice	The pharmacy has implemented an environment where learning and development for team members is supported and encouraged.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are provided appropriately using verifiable processes. Safe practice for people prescribed higher-risk medicines is embedded into the pharmacy's working routine.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy efficiently identifies and manages the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand how to protect the welfare of vulnerable people. The pharmacy safeguards people's confidential information well. And it generally maintains its records as it should.

Inspector's evidence

The pharmacy had efficient processes and systems in place. This helped promote safe practice and identify as well as suitably manage risks associated with its services. This included current documented and electronic standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. The staff had read and signed them. Members of the pharmacy team understood their roles well and worked in accordance with the company's set procedures. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. This provided details of the pharmacist in charge of the pharmacy's operational activities.

Staff were observed to concentrate on one task at a time. They took care when dispensing, used prescriptions to select medicines against and ensured a three-way check against the prescription, dispensing label and medicine took place during the assembly process. Different members of staff participated in printing and generating dispensing labels as well as preparing prescriptions. This helped identify any errors and enabled more than one accuracy check to take place. The pharmacy had specific areas for certain tasks. One member of staff processed prescriptions on the front dispensing workspace. Other staff assembled prescriptions in separate areas before it reached the responsible pharmacist (RP). This enabled a circular workflow. Colour-coded baskets were used to separate prescriptions for deliveries, repeat prescriptions and highlighted priority.

Most people's prescriptions were received electronically, once printed, they were stamped with specific details which served as an audit trail to identify certain parameters. This involved a stamp which highlighted who had dispensed the prescription, accuracy-checked it, the checking pharmacist, the date, delivery, whether stock had been checked, if stock had been ordered and the supplier used to obtain the medicines from. Another section of the stamp recorded details about owed medicines; this included who had dispensed, checked, and handed out the owed medicine(s). There was also a section to record details of the pharmacist who handed out the prescription as every assembled prescription was handed out by pharmacists (see Principle 4).

When prescriptions were being processed, people using the pharmacy's services for the first time and new medicines were highlighted with an Asterisk. Staff also highlighted interactions, dose changes, changes in the strength of the medicine and whether blood pressure checks were required at this stage. They used specific letters to identify this or arrows to indicate changes. This ensured pharmacists were alerted and could effectively counsel people when they handed out prescriptions. These processes subsequently helped to easily identify every relevant detail. Staff explained that as all the details were recorded in one place, they only needed to check the prescription in the event of queries.

Another separate area on the front workspace highlighted and was used to store prescriptions which needed labelling, a phone call to the GP, if medicines were out of stock, people needed to be

signposted or if prescriptions required alterations. Members of the pharmacy team were also very organised and ensured their workspaces as well as the pharmacy was very tidy.

The RP explained that assembled prescriptions were handed back to the team to identify mistakes. Staff routinely recorded their near miss mistakes. The details were collated, reviewed, and fed back to help reduce the likelihood of mistakes recurring. This included updating details on an electronic messaging application which regular locums also had access to and details of the review were recorded. Team members explained that certain medicines were separated and highlighted. This included medicines that looked-alike and sounded-alike. The RP oversaw incidents, his process was suitable and in line with requirements, this involved appropriate management of the situation, formal reporting, and investigation to identify the root cause. The necessary changes were then implemented into the pharmacy's internal systems.

During the inspection, people who used the pharmacy's services highlighted to the inspector that they had been recommended this pharmacy, they outlined the positive experience they routinely received and the competency of the staff. The inspector also observed that people were served promptly and efficiently. The pharmacy's complaints process was on display and staff explained that mystery customers were used to provide feedback to the team.

Staff had been trained to safeguard the welfare of vulnerable people and the RP was trained to level three. Team members could recognise signs of concerns and they knew who to refer to in the event of a concern. Contact details for the local safeguarding agencies were easily accessible and the pharmacy's chaperone policy was on display. The pharmacy's team members had also been trained to protect people's confidential information. Details were on display in the retail area explaining the pharmacy's privacy policy. No sensitive details were left or could be seen from the retail space. This included bagged prescriptions awaiting collection. Staff described using the consultation room to discuss sensitive details. They had signed confidentiality clauses and received regular updates on data protection. Confidential information was stored and disposed of appropriately. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were largely compliant with statutory and best practice requirements. This included the RP record and a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. Records of emergency supplies and to verify that fridge temperatures had remained within the required range had been appropriately completed. However, incomplete details about prescribers had been documented within the electronic private prescription register. The RP was aware of this situation and had already taken steps to help amend this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely manage its workload. Members of the pharmacy team are suitably qualified for their roles or undertaking appropriate training courses. And the pharmacy provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy team at the inspection included the regular pharmacist, a pharmacy technician and a trainee dispensing assistant. There were a few other part-time trainee dispensing assistants. The pharmacy had enough staff to support the volume of workload. Staff knew which activities could take place in the absence of the RP, they referred appropriately, and relevant questions were asked before selling medicines.

As they were a small team, meetings and discussions took place regularly. The RP held five-minute discussions with team members every morning to debrief them alongside providing relevant details on an electronic messaging system. Daily, weekly, and monthly tasks were highlighted through the company's internal system. Formal as well as informal performance reviews took place regularly. Staff described the RP highlighting what they were good at as well as the areas needed for improvement. This helped the team to identify and undertake opportunities for further development. Examples of this were provided. The company also provided in-house leadership training through a six-month course. This was via a designated in-house coach which further helped develop the team. Members of the pharmacy team were provided with resources for ongoing training. This was through various pharmacy support organisations. They regularly took instruction, received updates from the RP, and attended meetings at the company's main pharmacy in Euston where relevant topics were covered. This included refresher training on SOPs. This helped ensure they continually learnt and kept their knowledge up to date. Staff in training completed this at home normally but protected study time was provided when needed.

The inspector was told that some targets to achieve services were in place. However, there was no pressure to complete services, the targets were achievable, and staff described linked incentives, rewards, and bonuses for them which was appreciated.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide a suitable environment for people to receive healthcare services. The pharmacy is kept clean, and well presented. And it has separate spaces where confidential conversations or services can take place.

Inspector's evidence

The pharmacy premises consisted of a long and spacious retail area with a medium sized dispensary behind. There was also additional space at the very rear which contained stock and staff facilities. The pharmacy was clean. It was bright, appropriately ventilated and well presented. The ambient temperature was suitable for the storage of medicines. The dispensary had an adequate amount of space for staff to carry out dispensing tasks safely and dispensing benches were kept clear of clutter. There was a clean sink in the dispensary for preparing medicines which had hot and cold running water. A signposted consultation room was available for services and private conversations. The room was of a suitable size for its intended purpose. One half of the retail space had also been converted into three separate pods or units to use during the COVID-19 vaccination service. The individual units were screened from people using the pharmacy's services which allowed privacy. A one-way system highlighted with markers on the floor and signs were also in place. This managed the flow of people through this area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. People can easily access the pharmacy's services and the pharmacy provides useful services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. Team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy's services and its opening times were clearly advertised. Information, leaflets, and posters were also on display to promote health. People could enter the pharmacy from the street through front doors which were step-free. On entering, an automated 'welcome' greeted people and alerted the team. The retail area consisted of clear, open space. Staff said that they served people with restricted mobility or using wheelchairs at the door, they spoke slowly and clearly to help people to lip read. There were a few chairs inside the pharmacy if people wanted to wait for their prescriptions and a few parking spaces available outside. Written communication was used for people who struggled to hear easily. Staff were also multilingual and used Google translate if needed. This was seen in practice as the RP was observed actively assisting someone by conversing in Arabic. Team members were aware of the local health facilities to signpost people accordingly if this was required. They also had access to documented information to assist with this.

The workflow involved prescriptions being prepared by staff in one area before the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. The baskets were also colour coded which helped identify priority and different workstreams. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members also signed the stamp, described in Principle 1 which was printed on the prescriptions forms to identify who was responsible for dispensing, accuracy checking, clinical checking and handing the prescription out. Staff routinely used these as an audit trail.

Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate section. When people arrived to collect them, they were handed out by the pharmacist. The RP explained that it was the company's policy that pharmacists speak to every person who use their services. This had helped them to effectively counsel people, conduct interventions, identify people requiring certain services, or any issues and manage them appropriately. It had also increased job satisfaction for him as well as changing how people perceived pharmacists and their role. Consequently, the RP had built better links and rapport with people using the pharmacy's services because of this.

The pharmacy supplied medicines inside compliance packs to people who lived in their own homes, after this was considered necessary and an assessment had taken place by the person's GP. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. The compliance packs were sealed as soon as they had been prepared. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. Schedules were on display to organise the workload and a noticeboard

highlighted which of the week's compliance packs were due. Staff also described using the Discharge Medicines Service (DMS) to identify changes when people had been discharged from hospital.

People's medicines were delivered to them, and the team kept records about this service through a specific application. This helped verify and trace who had received their medicines in this way. CDs and fridge lines were highlighted, and all medicines were supplied within opaque bags. This ensured the contents could not be seen or easily identified. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

The pharmacy offered a range of useful services. The RP explained that the NMS was beneficial to people as this service had helped identify side effects associated with certain medicines, dose changes and had helped him to advise on inhaler technique for people with asthma. The pharmacy had begun providing the recently commissioned Advanced NHS service, Pharmacy First Service. The service specification, SOPs, and Patient Group Directions (PGDs) to authorise this were readily accessible and had been signed by the RP. Suitable equipment was present which helped ensure that the service was provided safely and effectively (see Principle 5). The RP had also been trained on how to use them. People using this service were said to be grateful at the convenience of seeing a pharmacist instead of waiting for an appointment with a doctor.

The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations and the RP was accredited to vaccinate people requiring this and other travel vaccinations. The PGDs to authorise this were also readily accessible and signed by the RP. All the pharmacists were said to provide phlebotomy services. This was provided on an appointment basis. They had been appropriately trained and undertaken suitable refresher training. Relevant equipment for this service was in place.

Team members were aware of risks associated with valproates. Staff ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people at risk, who had been supplied this medicine. People were counselled accordingly. The team routinely identified people who had been prescribed higher-risk medicines. Staff asked details about relevant parameters, such as blood test results for people prescribed these medicines and recorded this information.

The pharmacy's stock was stored in an organised way. Licensed wholesalers were used to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and short-dated medicines were routinely identified. There were no date-expired medicines seen. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. Fridge temperatures were checked daily, and a separate fridge was used to store vaccines for the travel clinic. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This did not include sharps which were re-directed accordingly. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And the team ensures they are used appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy had a suitable range of equipment and facilities in place. This included access to reference sources, clean, standardised conical measures for liquid medicines, tablet counting triangles, a legally compliant CD cabinet and appropriately operating pharmacy fridge. There was also a separate tablet counting triangle for cytotoxic use only. This helped avoid any cross-contamination. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. The blood pressure machine was calibrated in November 23 and relevant equipment for the Pharmacy First Service was new. This included an otoscope. Tongue depressors were on order. Computer terminals were positioned in a location that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and confidential waste was suitably disposed of.

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.