

# Registered pharmacy inspection report

**Pharmacy Name:** Cedars Pharmacy, 197 Headstone Lane, Harrow Weald, HARROW, Middlesex, HA2 6ND

**Pharmacy reference:** 1034973

**Type of pharmacy:** Community

**Date of inspection:** 03/01/2023

## Pharmacy context

This is a community pharmacy on a parade of shops in Harrow, Greater London. The pharmacy dispenses NHS and private prescriptions. It sells a few over-the-counter medicines. The pharmacy offers the New Medicine Service (NMS) and local deliveries. And it supplies some people's medicines inside multi-compartment compliance packs, if they find it difficult to take them.

## 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	4.2	Good practice	Pharmacy services are managed and delivered safely and effectively. The pharmacy actively ensures people with higher-risk or new medicines are identified, counselled appropriately and details documented. Interventions are also carried out routinely. This helps ensure people can take their medicines correctly.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy operates in a safe and effective manner. It has suitable systems in place to identify and manage 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 their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy generally maintains its records as it should.

### Inspector's evidence

The pharmacy had a range of documented standard operating procedures (SOPs) which were reviewed very recently. They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members knew their roles and responsibilities and the correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. Posters were on display asking people using the pharmacy's services to wear face masks and staff were wearing personal protective equipment during the inspection. Team members routinely recorded their near miss mistakes. They were reviewed every month; details were documented, and discussions were held with the team. To minimise the risk of errors occurring, medicines which were routinely interchanged or looked and sounded similar were separated. This included gabapentin and pregabalin, amitriptyline and amlodipine as well as different types of calcium tablets. The pharmacy had a complaints policy, the RP's process to handle incidents was suitable and documented records were maintained.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. Contact details for the various safeguarding agencies were available. Pharmacists and the pharmacy technician were trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space and confidential information was protected. Details were also on display to inform people about how the pharmacy maintained their privacy. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included 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 kept. The pharmacy had suitable professional indemnity insurance arrangements in place. This was through the National Pharmacy Association (NPA) and due for renewal after 30 June 2023. Records about supplies of unlicensed medicines, supplies made against private prescriptions and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However, the nature of the emergency had not been routinely documented for records of emergency supplies. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

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

### Inspector's evidence

Staff during the inspection consisted of the superintendent pharmacist who was also the regular responsible pharmacist (RP) and a pharmacy technician. The pharmacy team also included a regular locum pharmacist, a dispensing assistant, a delivery driver and a medicines counter assistant who worked on Saturdays. The latter was relatively new and due to be enrolled onto the accredited training course. All staff were part-time and were seen to be wearing name badges. There were enough staff to effectively manage the workload.

The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines and repeat requests were monitored. As they were a small team, details could be discussed verbally, through phone calls and via the pharmacy group's WhatsApp account. The team's individual performance was monitored informally. The staff were provided with various resources for ongoing training, this included through CPPE, via Alphega who provided training modules and through e-learning platforms. In addition, regular training updates were brought to the attention of the team through the RP. This helped ensure they continually learnt and kept their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide an adequate environment to deliver healthcare services from. The pharmacy is tidy and secure. It also has a separate space where confidential conversations or services can take place.

### Inspector's evidence

The pharmacy premises were small but adequate in line with the current volume of work. The premises consisted of a very small retail area, a dispensary with more space, a WC and limited storage areas. The dispensary had an adequate amount of space to carry out dispensing tasks safely. A consultation room was available, this was sufficient for its intended purpose. The premises were suitably lit and appropriately ventilated. The ambient temperature was suitable for the storage of medicines. The pharmacy was also secure against unauthorised access. Fixtures and fittings, however, were somewhat dated. The pharmacy was kept tidy and cleaned regularly, but the carpet was stained in some places and loose cabling outside on the front fascia detracted from the overall professional look. The toilet floor and sinks also appeared to be black in some places. The RP described cleaning these areas regularly and used bottled water to reconstitute liquid medicines due to potential issues with the taps. This was in the process of being fixed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. The pharmacy team actively make interventions and provide advice to the local community. 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 most appropriate advice. This helps ensure they take their medicines correctly.

### Inspector's evidence

People could enter the pharmacy through a wide, front door from the street. The retail area consisted of clear, open space and there was enough space to accommodate people using wheelchairs. Car parking spaces were available outside. Speaking clearly helped people to lip read, one-to-one service was provided for people with different needs and the consultation room was also used. Some members of the team spoke Gujarati to assist people whose first language was not English. People could be signposted easily, and documented details were maintained about this.

The pharmacy currently only offered the New Medicines Service (NMS). The RP explained that the NMS had provided opportunities to effectively counsel people, identify side effects, reinforce details about the medicines being prescribed or provide reassurance. The team routinely identified people prescribed higher-risk medicines, staff asked details about relevant parameters, such as blood test results and records were kept about this. In addition, pharmacists routinely carried out interventions, counselled people and documented details were seen to verify. Staff were aware of the risks associated with valproates and they identified people at risk who required this medicine. People were counselled accordingly, and educational material was available to provide upon supply.

The pharmacy provided multi-compartment compliance packs after this was considered necessary and an assessment had taken place. 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. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and compliance packs were not left unsealed overnight.

The pharmacy also offered a local delivery service and the team kept records about this service. Failed deliveries were largely brought back to the pharmacy, notes were left, and phone calls made to inform people about this. In certain situations, medicines were left unattended in specific pre-arranged areas or posted through the letterbox. This could be justified, and the situation had been risk-assessed. The pharmacist had documented details for most people in this situation.

The workflow involved prescriptions being prepared in one area, 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. 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 routinely used this as an audit trail.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, and Sigma to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were referred appropriately. Drug alerts were received electronically or through wholesalers 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 used appropriately to protect people's private information.

### Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included reference sources, clean, standardised conical measures for liquid medicines, an appropriately operating pharmacy fridge and a legally compliant CD cabinet and a CD safe. The dispensary sink for reconstituting medicines could have been cleaner as described under Principle 1. The pharmacy had hot and cold running water available. Computer terminals were positioned in a manner that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

### 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.