

# Registered pharmacy inspection report

**Pharmacy Name:** Wellcare Pharmacy, 385 High Road, Harrow Weald,  
HARROW, Middlesex, HA3 6EL

**Pharmacy reference:** 1034977

**Type of pharmacy:** Community

**Date of inspection:** 10/10/2024

## Pharmacy context

This is a community pharmacy located alongside other local shops in a suburban part of Harrow, Greater London. The pharmacy dispenses NHS and private prescriptions. It offers local deliveries and Pharmacy First. And it provides people's medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines.

## 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

The pharmacy largely manages its risks appropriately. Members of the pharmacy team have access to written instructions to help them to work safely. They understand how to protect the welfare of vulnerable people and can safeguard people's confidential information appropriately. Team members deal with their mistakes responsibly. But they are not always documenting details when they occur or when they review them. This could make it difficult for them to show that they regularly spot patterns and prevent similar mistakes happening in future. And they could make their internal processes safer by routinely maintaining relevant audit trails.

### Inspector's evidence

Members of the pharmacy team understood their roles well and they knew what they could or could not do in the absence of the responsible pharmacist (RP). Team members generally had set tasks but rotated them when needed to efficiently manage the workload. People using the pharmacy's services could easily identify the pharmacist responsible for the pharmacy's activities as a notice to highlight this was on display. Staff worked in accordance with the company's set procedures. This included current standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. The pharmacy also had an appropriate complaints and incident management procedure where any issues raised were dealt with by the RP.

The pharmacy's team members were observed to work in set areas. There was also a separate section for the pharmacist to undertake the final accuracy-check of assembled prescriptions which helped minimise distractions and enabled him to supervise retail transactions easily. The pharmacy's workspaces were kept clear of clutter. 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, but team members were not routinely using this as an audit trail.

Staff were made aware of errors that occurred during the dispensing process (near miss mistakes), they described look-alike and sound-alike medicines being identified which helped reduce the chance of selection errors occurring. However, no details were seen to have been recorded since December 2023 nor formally reviewed since January 2024. This was the same period when the superintendent pharmacist (SI) routinely worked at this pharmacy but appeared to have stopped as her working hours here reduced.

Staff had been trained to safeguard the welfare of vulnerable people. The superintendent pharmacist had been trained to level three and team members could recognise signs of concerns; they knew who to refer to in the event of a concern and contact details for the local safeguarding agencies were easily accessible. Details about the pharmacy's chaperone policy were also on display in the consultation room.

The pharmacy's team members knew how to protect people's confidential information. They ensured no sensitive details were left in the retail area or could be seen from the retail space. Bagged prescriptions awaiting collection were stored in a location where personal information was not easily

visible. 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 displayed details about how it protected people's sensitive information and it was also registered with the Information Commissioners Office until March 2025.

The pharmacy had suitable professional indemnity insurance arrangements in place. A sample of registers seen for controlled drugs (CDs) and the pharmacy's CD destruction register which held details about CDs returned by people for destruction were largely completed appropriately although some details within the headers were missing for the former. Details about the supply or receipt of some generic or branded CDs were also not always clear. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The RP record in the main and records about unlicensed medicines had been appropriately completed. However, incomplete or no details about prescribers had been documented within the electronic private prescription register. 'Rx to follow' was also often used to record the nature of the emergency when a supply of a prescription-only medicine was made, in an emergency without a prescription. This could make it harder for the pharmacy to justify the supplies made. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy provides its services using a team with various levels of experience. It supports its team members in their roles. And gives them access to training resources to complete their ongoing training. This helps keep their skills and knowledge up to date.

### Inspector's evidence

On the day of the inspection, the team included the RP who was a locum pharmacist and worked part-time, two trained dispensing assistants and two apprentices. The SI also arrived shortly after the inspection started. Team members had specific roles but could alternate when needed. The pharmacy's current workload was seen to be stretching for the number of staff available on the day of the inspection, but the team confirmed that the workload was manageable, and staff were up to date with routine tasks. Trained staff were very competent, and their certificates of qualifications obtained were seen. One of the apprentices was working on the counter at the inspection, they asked people relevant questions when they sold OTC medicines or made recommendations. They were clear on when to seek help and when to refer to the RP. The apprentice also described being supported through their training. Staff communicated verbally with regular discussions. They also had access to training material from an online e-learning resource. Performance reviews took place annually.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure. And they provide an adequate environment to deliver services from.

### Inspector's evidence

The pharmacy premises included a spacious sized retail area and a smaller dispensary to one side. At the rear, there was an office for the owner, storage, and an area where stock was stored, as well as a small staff kitchen area. Most of the back section was cluttered with stock. The pharmacy was clean. It could have been tidier but most of this was observed to be work in progress. The dispensary held limited bench space in comparison to the pharmacy's current volume of workload, but current arrangements meant that staff could still carry out dispensing tasks safely. The dispensary was also suitably screened to allow privacy when preparing prescriptions. The premises were bright and suitably ventilated. The ambient temperature was suitable for the storage of medicines and the pharmacy was secured against unauthorised access. Fittings and fixtures were functioning but showed signs of wear and tear. A small, cubicle consultation room was also present in the retail area. This lacked space but had just about enough space for two people and had a sliding door which was left open. The SI explained that the door sometimes jammed and had left people locked inside previously when closed. This was due to be fixed but the team managed confidential conversations and services as best they could.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services appropriately and efficiently. It's team members help ensure that people with different needs can easily access the pharmacy's services. And the pharmacy sources its medicines from reputable suppliers. But it does not always manage its medicines in the most effective way. The pharmacy has some checks in place to ensure that medicines are not supplied beyond their expiry date. But records to help verify this are missing. And the pharmacy's team members are not always identifying people who receive higher-risk medicines, making the relevant checks or recording this information. This makes it difficult for them to show that people are routinely given the right advice when they supply these medicines.

### Inspector's evidence

People could enter the pharmacy from the street which was step free. The retail area consisted of clear, open space and wide aisles. This helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. There were a few chairs inside the pharmacy if people wanted to wait for their prescriptions and a supermarket car park available across the road. The pharmacy's opening hours were displayed alongside a few posters indicating services provided. Staff could make suitable adjustments for people with diverse needs, they offered a separate area or the consultation room when required, spoke slowly and clearly to help people to lip read, used written communication if needed and representatives where possible. Many of them were also multi-lingual and supported the local community whose first language was not English. Google translate could also be used to assist with this if required.

The pharmacy also offered a delivery service for people who found it difficult to attend the pharmacy and the team kept suitable records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended.

The pharmacy supplied medicines inside compliance packs for people who lived in their own homes once the person's GP had identified a need for this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. The compliance packs were not left unsealed overnight. Patient information leaflets (PILs) were routinely supplied unless people had specifically consented not to receive them. However, descriptions of the medicines inside the compliance packs were provided but were not always accurate. This risked people not being able to easily identify their medicine(s) and was discussed at the time. Compliance packs were also supplied to residents in care homes and the same process took place except that the care homes ordered prescriptions and provided the pharmacy with this information. Staff had not been approached to provide advice regarding covert administration of medicines to care home residents.

Staff were aware of the additional guidance when dispensing sodium valproate and topiramate and the associated Pregnancy Prevention Programme (PPP). They ensured these medicines were dispensed in the original manufacturer's packs, that relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had identified people in the at-risk group who had been supplied sodium valproate. Team members identified people who had been

newly prescribed medicines which required ongoing monitoring. They asked details about relevant parameters and counselled them accordingly, but they did not do this routinely for everyone prescribed these kinds of medicines, nor were any records kept verifying that this occurred.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. CDs were stored securely and medicines requiring refrigeration were stored in a suitable way. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within appropriate containers. However, at the point of inspection, the pharmacy's capacity for this was full so people were being redirected accordingly. Drug alerts were received electronically. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

Staff said that medicines were date-checked for expiry regularly, but appropriate records had not been kept verifying when this had taken place. This made it difficult for the team to show that this process had been routinely occurring. However, short-dated medicines were seen to be identified and there were no date-expired medicines seen. The pharmacy's stock could have been stored in a more organised way and there were several loose blisters seen which had not been stored using appropriate packaging. This was discussed at the time.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And the pharmacy's equipment is used appropriately keep people's confidential information safe.

### Inspector's evidence

The pharmacy's equipment included legally compliant CD cabinets and an appropriately operating medical fridge. The pharmacy team had access to current reference sources, they could use standardised conical measures to measure liquid medicines and they had the necessary equipment for counting tablets and capsules. The pharmacy had hot and cold running water available in the staff WC. The pharmacy's computer terminals were password protected. They were also positioned in places where unauthorised access was not possible. The pharmacy had a shredder to dispose of confidential waste and portable telephones so that private conversations could take place away from being overheard.

### 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.  |