

Registered pharmacy inspection report

Pharmacy Name: Webber Pharmacy, 105 Headstone Rd, HARROW,
Middlesex, HA1 1PG

Pharmacy reference: 1034978

Type of pharmacy: Community

Date of inspection: 02/09/2019

Pharmacy context

An independent pharmacy located in the centre of Harrow, London. The pharmacy has recently been taken over by the current owners and serves the local population. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes, a supervised consumption service, travel vaccination service and flu vaccination service.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy's working practices are safe and effective. Team members record and review their mistakes. However, while the pharmacy records its mistakes it doesn't include a lot of detail. So it might miss opportunities to spot patterns and trends and so reduce the chance of the same things happening again. The pharmacy keeps all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

The pharmacist explained that near misses were recorded in a log in the dispensary. However, not a lot of detail was recorded in the entries about the drugs involved in the near miss. The near misses would be highlighted to the team member who made the error to identify the mistake and then correct it before recording it in the near miss log. At the end of each month, a patient safety form would be completed to highlight areas of improvement and the information would be shared in a team meeting with everyone in the pharmacy. The team explained that the meetings were an opportunity for everyone to raise any issues which could lead to the incidents occurring and any ideas they had to improve the risks. Errors that leave the premises were also reported electronically and on each patient's record. The pharmacist explained that when dispensing a CD recently, she accidentally provided extra medicines. This was reported on the PMR and to the NHS. Following this, the team have changed the CD standard operating procedures (SOPs) and now don't bag CDs when they are dispensed, but only on hand out to allow for another check.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartment compliance aids were prepared in a dedicated area at the back of the pharmacy to reduce distractions. SOPs were in place for the dispensing tasks and were updated regularly. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of November 2019. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual Community Pharmacy Patient Questionnaire and the results of the latest one were seen to be very positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Morphgesic 10mg tablets was checked for record accuracy and was correct. The running balance was checked every week by the pharmacist. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed appropriately, and the specials records were all complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was

collected in a confidential waste basket and later shredded. The team had a complete information governance and GDPR policy in place which all the staff had read and signed and they had also completed the Data Security and Protection toolkit.

The pharmacist had completed the Community Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members explained that they were aware of things to look out for which may suggest there is a safeguarding issue and a list of the local safeguarding authorities and their contact details was displayed in the dispensary. They were happy to refer to the pharmacist if they suspected a safeguarding incident. They were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members feel able to make their own decisions and frequently use their professional judgement to help people.

Inspector's evidence

During the inspection, there was one pharmacist and one trainee medicines counter assistant. There was also another dispenser who worked in the pharmacy but was away on the day of inspection and the pharmacist explained that she worked part-time in the pharmacy and another regular pharmacist would work the days she did not. The staff were seen to be working well together and supporting one another and certificates of completed training were displayed in the pharmacy.

The medicines counter assistant explained that they had regular ongoing training on the Virtual Outcomes website and this was often training about seasonal health topics such as skin care, hayfever, colds and flu. The pharmacist also explained that they would regularly receive pharmacy journals and magazines in the post and the team would read them during their breaks and complete the quizzes in them. The medicines counter assistant also explained that she and the dispenser were healthy living champions and would often update the healthy living area depending on the current health campaigns. The current healthy living area in the pharmacy included information about improving antibiotic use and informing the public about antibiotic resistance.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the pharmacist explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally suitable for the provision of its services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, stock room and staff kitchen and bathroom. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The pharmacy was professional in appearance and clean. The team explained that they would clean the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Medicines were stored on the shelves in a suitable manner and the pharmacist explained that the shelves would be cleaned when the date checking was carried out. The dispensary was suitably screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard clearly. The consultation room could be locked and included seating, a computer with the PMR system, a sink for the provision of services and locked storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. The pharmacy responds to drug alerts or product recalls so that people only get medicines or devices which are safe.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area. There was step-free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared multicompartiment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and were provided with patient information leaflets every time. The pharmacist explained that the team were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients in the at-risk group. The team also had information cards and leaflets available to provide to patients in the at-risk group who were prescribed valproates to remind them of the risks. The pharmacist explained that she would routinely ask regular patients on warfarin for their blood test results, and the local surgeries would also provide the blood test results when providing the prescriptions. The pharmacist demonstrated how the blood test information would be recorded on the patient's PMR. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription. The pharmacy used City Doc PGDs for all their travel vaccinations. The PGD were seen to be valid, in date and signed by the pharmacists who had been trained to provide the travel vaccinations.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the pharmacist demonstrated how they were using this to decommission medicines. The pharmacy obtained medicinal stock from AAH, Alliance, Colorama, Sigma, Doncaster and specials were ordered from First Choice Pharma. Invoices were seen to verify this. Date checking was carried out every six months and the team highlighted items due to expire with coloured stickers. There were denaturing kits available for the destruction of controlled drugs and designated bins were available and seen being used for the disposal of medicines returned by patients. The team also had a separate bin designated for the disposal of hazardous waste. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and secured correctly to the wall of the dispensary. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for aripiprazole solution. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml and 50ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation room could not be 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.