

Registered pharmacy inspection report

Pharmacy Name: Overton & Pickup, 6 Kenton Park Parade, Kenton, HARROW, Middlesex, HA3 8DQ

Pharmacy reference: 1034984

Type of pharmacy: Community

Date of inspection: 04/09/2019

Pharmacy context

An independent pharmacy located on a busy street in Kenton, Harrow. The pharmacy serves a diverse 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) and multi-compartment compliance aids for patients in their own homes.

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 manages most risks well. It keeps the records it needs to by law. And the pharmacy's team members understand how to protect vulnerable people and people's personal information. The pharmacy does not appear to record its mistakes consistently enough. This may make it harder for it to prevent the same things happening again, and to resolve queries arising in the future.

Inspector's evidence

A near miss log was present in the pharmacy, but there had not been any near misses recorded since February 2019, the date on the near miss log. The pharmacist explained that because they had a stable team and their item numbers were low, they rarely had any near misses or error. Any errors which were made were reported via the NPA reporting system.

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. Standard operating procedures (SOPs) were in place for the dispensing tasks and were due to be reviewed at the end of the year. 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 April 2020. 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 positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Zomorph 10mg capsules was checked for record accuracy and was correct. Controlled drug running balances were checked at the time of dispensing. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the dispensary but was not clearly visible to the public. The maximum and minimum fridge temperatures were recorded electronically daily and were in the 2 to 8 degrees Celsius range. The private prescription records were seen to be completed appropriately and the specials records were all seen to be 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 shredded as the pharmacy team worked. The pharmacist had completed the Centre for 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 a safeguarding issue and 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 team are appropriately trained for their roles. But, team members don't have formal training plans to keep their knowledge and skills up to date. This could affect how well they care for people and the advice they give. Team members work in a supportive environment where they feel able to raise concerns if needed.

Inspector's evidence

During the inspection, there was one pharmacist, one dispenser and one medicines counter assistant. The staff were seen to be working well together and supporting one another.

The team did not have a formal on-going training programme, but the dispenser explained that the team had access to regular training books such as Counter Intelligence, and CPD to complete in the Pharmacy Magazine which the whole team would read to stay up to date. The pharmacist also explained that he would often update the team on any professional changes such as CD changes or POM to P switches and he would encourage them to attend any local training events held by the Local Pharmaceutical Committee (LPC).

The pharmacy team explained that they were 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 the team would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for sensitive conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary and staff bathroom. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the premises and the exposed areas of the medicines counter were protected with a barrier. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The pharmacy was professional in appearance and very clean. The team explained that they clean the pharmacy between themselves. 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 dispenser 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 signed as being available for private conversations. Conversations in the consultation room could not be overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Its team members source, store and generally manage medicines appropriately. They usually provide their services safely. But they do not always record the safety checks they make when people receive higher-risk medicines. This makes it difficult for them to show that they provide the appropriate advice when they supply these medicines. The pharmacy also does not always provide enough information with all supplies to ensure that people have all the information they may require about their medicines.

Inspector's evidence

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 by the consultation room. 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 multi-compartment compliance aids for people still living in their own homes. The compliance aids had been labelled but did not include descriptions of all the medicines inside, or patient information leaflets. The labels were also not signed to show who had dispensed and who had checked the compliance aids. The pharmacist explained that the team was 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 relevant information leaflets and cards conveniently stored near the valproate medicines on their shelves. The pharmacist explained that he would routinely ask patients on warfarin for their blood test results and he counselled them to ensure they were taking their warfarin safely, that they were aware of the risks and having regular blood tests. However, records of the blood test results were not always kept.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD) as they were waiting to see if the UK was to leave the European Union before installing a system. The pharmacy obtained medicinal stock from AAH, Alliance, Colorama, Phoenix and Sigma. Invoices were seen to verify this. Date checking was carried out every three 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 for storing unwanted medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a separate bin 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 alerts they felt were relevant, and they 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. The pharmacy also works to keep people's private information safe.

Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 50ml and 10ml measures. Amber medicines 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.