General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: K L Pharmacy, 229 Kenton Lane, Kenton, HARROW, Middlesex, HA3 8RP

Pharmacy reference: 1034985

Type of pharmacy: Community

Date of inspection: 04/03/2024

Pharmacy context

This is a community pharmacy in a residential area within a small parade of shops in Harrow, Middlesex. The pharmacy dispenses NHS and private prescriptions. It offers the New Medicine Service (NMS), seasonal flu vaccinations, blood pressure testing, the Pharmacy First Scheme, and local deliveries. The pharmacy also supplies people's medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines at home and for people in residential care 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

The pharmacy generally has appropriate systems in place to identify and manage the risks associated with its services. The pharmacy largely keeps the records it needs to and has suitable insurance in place to protect people if things go wrong. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. And they deal with their mistakes responsibly. But they are not always documenting or formally reviewing all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

The pharmacy team had access to a range of documented standard operating procedures (SOPs) although the odd few were missing (see below and Principle 4). They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members understood their roles and responsibilities. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had some systems in place to identify and manage risks associated with its services. The pharmacy's stock was stored in a very organised way. Incidents were managed by the pharmacist and the RP's process was suitable. Team members processed and assembled prescriptions in different areas, the responsible pharmacist (RP) worked and accuracy-checked prescriptions from a separate section in the dispensary. Staff explained that they assembled prescriptions in batches and had set tasks. For the care homes, three different members of staff checked assembled prescriptions. This was because mistakes had been made in the past; this practice now helped identify as well as minimise any future errors. Staff had been recording their near miss mistakes, details were regularly discussed with the team and look-alike as well as sound-alike (LASA) medicines were identified. This included separating levothyroxine and losartan as well as highlighting different strengths of atenolol. However, there was no collective, monthly or regular review of mistakes occurring.

The team segregated and disposed of confidential material appropriately. No sensitive details could be seen from the retail space and computer systems were password protected. Documented details to provide guidance on protecting people's sensitive information was available. Staff used their own NHS smart cards to access electronic NHS prescriptions. The pharmacy's team members had been trained to safeguard vulnerable people, to level one. This was through the Centre for Pharmacy Postgraduate Education (CPPE). The team could recognise signs of concern and knew who to refer to in the event of a concern. The RP had undertaken level three safeguarding training. However, an SOP about this topic was missing and there were no details about local safeguarding agencies available. This could lead to delays in referring if concerns were seen.

The pharmacy's records were largely compliant with legal and best practice requirements. This included records of controlled drugs (CDs) and the RP register. 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 verifying that the temperature of the fridge had remained within the required range, had also been suitably maintained. However, on occasion some entries within the CD register had been crossed out. Within the electronic

register for supplies made against private prescriptions, some details of the prescribers were missing. This could make it harder for the pharmacy to find these details in the event of a future query. Limited details were 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 has enough staff to manage its workload safely. Members of the pharmacy team are trained through accredited routes. They understand their roles and responsibilities. And the pharmacy provides them with resources so that they can complete regular and ongoing training. But they have some gaps in their knowledge.

Inspector's evidence

Staff at the inspection included the main and regular pharmacist, two dispensing assistants and a medicines counter assistant (MCA). Team members confirmed that they had been trained through accredited training. Staff were up to date with the workload and the pharmacy had enough staff to manage its volume of dispensing. People were observed to be served promptly and efficiently. Team members explained that they had read SOPs and were provided with resources for ongoing training. This included access to training material from pharmacy support organisations, documented guidance on new services and products as well as direction from the RP. They were a small team and discussed things regularly. Necessary correspondence between part-time staff when shifts changed were also maintained. The MCA asked relevant questions before selling medicines over the counter (OTC) and referred to the RP appropriately. She was aware of some medicines which could be abused and in general, had the required knowledge about OTC medicines. However, the inspector was informed that the pharmacy would open and sell products in the shop if the RP failed to arrive and that two packs of medicines containing codeine would be sold. This was discussed at the time and the RP advised to address gaps in the team’s knowledge.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean and secure. They provide an adequate environment to deliver services from. And people can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises were clean and tidy. The lighting and ambient temperature within the pharmacy was appropriate for storing medicines and the premises were secure from unauthorised access. However, there was some structural damage to the walls in the dispensary. This did not present a significant risk to the pharmacy operating safely. And some of the fixtures and fittings were dated in appearance. This included the carpet in the retail area. The dispensary was small with limited storage and space for staff to carry out dispensing tasks safely. There was a clean sink at the back of the dispensary for preparing medicines. The pharmacy also had a separate consultation room to one side of the shop area which was used to hold private conversations and provide services. The room was of an adequate size and signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy largely provides its services safely. It obtains its medicines from reputable sources, and it stores as well as generally manages them appropriately. But some of the pharmacy's records are missing. And the pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy from the street. People using wheelchairs could enter the pharmacy but only through the middle aisle. Staff explained that they also assisted people physically wherever they could and served them at the door if required. They physically assisted people, used written communication or spoke louder if no one else was present. Staff were also multilingual and were observed assisting the local community when their first language was not English. Some free car parking spaces were available outside. Details about the pharmacy's services as well as its opening times were clearly advertised, and the pharmacy had some leaflets as well as posters on display to provide information about various health matters.

The pharmacy currently offered a few services. This included a free blood pressure (BP) testing service and the recently commissioned Advanced NHS service - Pharmacy First Scheme. The former was led by the RP who explained that people with undetected high blood pressure had been seen. They were referred to the GP surgery which had resulted in prescribed medication being required. The RP had begun providing the latter very recently. Suitable equipment was present which helped ensure that the service was provided safely and effectively (see Principle 5). The service specification, and PGDs to authorise this were readily accessible and had been signed by the RP. The RP had also created a specific file for support staff which contained briefing details, guidance, and checklists about this service. However, SOPs to provide guidance about this specific service were missing. The RP said that this had been brought to the attention of the superintendent pharmacist and he was in the process of dealing with this.

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 these as an audit trail.

The pharmacy's stock was stored in a very organised way. 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. Out-of-date and other waste medicines were separated before being collected by licensed waste collectors. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This did not include sharps or needles which were redirected elsewhere appropriately. The team checked medicines for expiry regularly but there were no current records to verify when this had taken place. Short-dated medicines were identified. Staff explained that expiry dates were checked on receipt of medicines from the wholesalers, they regularly rotated stock and routinely informed each other about areas that had been

date-checked. On randomly selecting some of the pharmacy's stock, there were no medicines seen which were past their expiry date. Drug alerts were received electronically. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

The pharmacy provided a delivery service and the team kept records about this service. 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 provided some people's medicines inside multi-compartment compliance packs after their needs had been assessed. 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, queried details if required and maintained relevant records to reflect this. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied. All medicines were removed from their packaging before being placed inside the compliance packs. The pharmacy placed sodium valproate inside the compliance packs for some people. There were risks associated with this practice due to issues with its stability. The pharmacy could, however, justify this situation as risk assessments had been completed to verify why this was required.

Medicines were also supplied to the care homes inside compliance packs. The care homes ordered prescriptions for their residents and the pharmacy was copied into these requests. An audit trail about missing items was maintained and monitored. Medication administration records (MAR) were provided and details about allergies and sensitivities were included. PILs were routinely supplied, and descriptions of medicines provided. Staff had been approached to provide advice regarding covert administration of medicines to care home residents. The RP explained that she had sourced relevant and current reference sources, they were provided to the care homes and prescriptions were seen by the GP with additional details included about this. However, few details were being documented about this situation.

Staff were aware of the risks associated with valproates and they ensured that warning labels were not covered when they placed dispensing labels on them. People were counselled accordingly, and educational material was available to provide upon supply. However, people prescribed other higher-risk medicines or medicines that required ongoing monitoring were not routinely identified. The team did not ask relevant questions or details about their treatment nor was this information regularly recorded.

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 suitably clean. And team members use them appropriately to keep people's confidential information safe.

Inspector's evidence

The pharmacy's equipment included current and online access for reference sources, standardised conical measures for liquid medicines, an appropriately operating pharmacy fridge, a legally compliant CD cabinet and triangle tablet counters. The blood pressure machine was said to be acquired within the year. Relevant equipment for the Pharmacy First scheme was new and included an otoscope and thermometer. The pharmacy's equipment was clean. The only computer terminal was password protected and its screen faced away from people using the pharmacy. This helped prevent unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions. The pharmacy also had cordless telephones which meant that conversations could take place in private if required.

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.