

Registered pharmacy inspection report

Pharmacy Name: S. & A. Pharmacy, 251 Northolt Road, South Harrow, HARROW, Middlesex, HA2 8HR

Pharmacy reference: 1034990

Type of pharmacy: Community

Date of inspection: 15/04/2019

Pharmacy context

An independent pharmacy located on a busy high street in South Harrow, London, serving a diverse and multi-ethnic community. It is a family run business and has been owned by the regular pharmacist for 30 years. The pharmacy dispenses prescriptions and provided Medicines Use Reviews (MURs), New Medicines Service (NMS), monitored dosage system (MDS) trays for patients in their own homes and for a five-bed care home.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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. The pharmacy records the mistakes it makes during the dispensing process. The pharmacy keeps the records it needs to by law, but the pharmacy does not always check some of its stock balances regularly. This means that mistakes may not be easily detected and corrected. The pharmacy protects people's personal information and team members understand how to protect vulnerable people.

Inspector's evidence

The technician demonstrated how the team record near misses on an electronic log held in the dispensary. The technician explained that the team would review each near miss as they occurred but as the pharmacy was not very busy, they did not make many errors. All the incidents would be recorded and reviewed monthly in a patient safety report which also included prescribing errors. Any dispensing errors which were made would be recorded on the NRLS website.

SOPs were in place for the dispensing tasks. The team had signed the SOPs to say they had read and understood them but the SOPs were overdue a review as they had last been reviewed in February 2017. The technician explained that the team were moving all their SOPs electronically and that the staff would re-read them once they had been reviewed.

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 Questionnaires (CPPQ) survey and the results of the latest one were seen to be generally positive and displayed on the NHS UK website. A certificate of public liability and indemnity insurance from the NPA was on display in the dispensary and was valid until the 1st April 2020.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Morphgesic SR 10mg tablets was checked for record accuracy and was seen to be correct. The responsible pharmacist record was seen to be 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 seen to be completed electronically. 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 clearly. There were cordless telephones available for use and confidential waste paper was collected in baskets on the workbenches and later shredded.

The pharmacist and technician had both completed the CPPE Level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. The team were happy to refer to the pharmacist if they suspected a safeguarding incident. The pharmacy team 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. They feel able to use their own professional judgement.

Inspector's evidence

In the pharmacy there was one pharmacist, one registered technician and one healthcare assistant. The staff were seen to be working well together and supporting one another.

The technician explained that training within the pharmacy was fairly informal, but each team member had their own training file where certificates of training were held. The team explained they would often attend evening training events held locally and if members of staff could not attend, the rest of the team would coach them on the training. The pharmacist explained that a local GP would attend training sessions to coach pharmacists about various health topics, for example skin care. The team also explained they would attend webinars held by the PSNC and the NPA.

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

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and well maintained. The pharmacy has a private consultation room which is used regularly. The pharmacy is secure when it is 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 office. The pharmacy had two further floors which were used for storage and staff rest rooms. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy had been refitted six years ago and was very professional in appearance from the public view. However, the dispensary was dated in appearance but clean and tidy. The team explained they would clean the pharmacy between themselves. 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 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. The consultation room was professional in appearance and included seating, a sink for the provision of services, health promotion leaflets and storage.

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.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. The team source, store and generally manage medicines appropriately. Staff try to make sure pharmacy services are provided safely, but they do not always identify, or record relevant safety checks when people receive higher risk medicines. This makes it difficult for them to show that the appropriate advice is always provided when these medicines are supplied.

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 of the pharmacy and in the consultation room.

There was step free access into the pharmacy via electronic sliding doors and the team explained that they would provide a delivery service to 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 MDS trays for domiciliary patients. Although there were no trays available for inspection, the team explained they would always include the descriptions of the medicines on the MAR charts of the trays and they would provide Patient Information Leaflets with every supply of trays.

The team explained that they were all aware of the requirements for women of child bearing age 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 affected by this.

The pharmacist explained that he would double check with patients on warfarin to see if they knew their dose of warfarin and that he would provide them with an anticoagulant information card. However, the team did not routinely retain INR information for each affected patient.

The pharmacist explained that if a patient was on methotrexate, he would highlight the weekly dosage on the dispensing label and would ensure he provided extra counselling to the patient about the medicine, how it should be taken and any side-effects they may experience or signs of toxicity.

The pharmacy was not compliant with the European Falsified Medicines Directive (FMD) but the team had a 2D barcode scanner and were awaiting an update on the software they would be using. The pharmacy obtained medicinal stock from AAH, Alliance, and Sigma. Invoices were seen to demonstrate this. Date checking was carried out monthly and records of this were seen to be completed appropriately.

There were destruction kits available for the destruction of controlled drugs and drop bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridge was in good working order and the stock inside was stored in an orderly manner.

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 losartan tablets. 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 appropriate equipment and facilities to provide services safely. These are clean and fit for purpose.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 250ml, 100ml, 50ml and 10ml measures. They were all seen to be clean. 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 fridge was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Doop bins were available for use and there was sufficient storage for medicines. However, the team did not have a bin for the disposal of hazardous waste. The computers were all password protected and conversations going on inside the consultation 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.