

Registered pharmacy inspection report

Pharmacy Name: Stratwicks Limited, 240 Northolt Road, HARROW,
Middlesex, HA2 8DU

Pharmacy reference: 1034991

Type of pharmacy: Community

Date of inspection: 13/05/2019

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 14 years. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), New Medicine Service (NMS), multi-compartment compliance aids for patients in their own home, supervised consumption, needle exchange and travel vaccination.

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	2.2	Good practice	The team were regularly trained to ensure they kept their knowledge up to date.
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 to help reduce the risk of them happening again. The pharmacy keeps all the records that it needs to by law, and keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

The pharmacist demonstrated how the team records near misses on a log held in the dispensary. The pharmacist explained that the team would review all the near misses and incidents quarterly and then at the end of each year so that any trends could be highlighted to the team.

The pharmacist explained that if the pharmacy made a dispensing error, it would be highlighted to everyone in the pharmacy team and it would be reported on the NRLS website with a copy of the report retained in the pharmacy.

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. Multi-compartment compliance aids devices were prepared on a dedicated bench at the back of the pharmacy to reduce distractions.

Standard operating procedures (SOPs) were in place for the dispensing tasks. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs and they were reviewed regularly. The team explained that they were in the process of moving to electronic SOPs and when this had been completed, the team would read them again.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual CPPQ survey and the results of the latest one were seen to be very 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 31 August 2019.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked regularly.

The responsible pharmacist record was seen as being held both electronically and manually 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 two to eight degrees Celsius range.

The private prescription records were seen to be completed appropriately.

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 confidential waste bins and later shredded.

The pharmacist and technicians had 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 has enough staff to provide its services safely. Team members have access to training material to ensure that they have the skills they need and the pharmacy gives them time to do this training. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there was one pharmacist, two registered technicians, two healthcare assistants and a delivery driver. The staff were seen to be working well together and supporting one another.

The team also had a pre-registration pharmacist who was completing the ProPharmace training programme and would attend regular study days tailored around clinical areas in preparation for the pre-registration exam. The pharmacist explained that he would get the pre-registration pharmacist to choose a topic every three months and then train the rest of the staff members on this topic. Most recently, the pre-registration pharmacist had trained the rest of the staff about Viagra Connect. The pharmacist also explained that he would ask the pre-registration pharmacist daily to explain three things she had learned to encourage her in her learning.

The team had access to the Alphega training programme which they would complete on a tablet. The training modules would be available every month and the team explained they had dedicated time to complete this.

During the inspection, a pharmacy rep came into the pharmacy to talk to the team about CBD oil. The team members went to be trained by the rep in twos and the remaining team members would cover them on the medicines counter and in the dispensary.

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 safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for some 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, stock room 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 was professional in appearance and clean. The team explained they would clean the pharmacy between themselves every day in the morning and on Saturday afternoons and they also had a contracted cleaner who would come in every week to clean the pharmacy.

Medicines were stored on the shelves in a suitable manner and the technician 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. The consultation room could be locked and included seating, a computer with the patient medication record (PMR) system, a sink for the provision of services and locked 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 services are accessible to people with different needs. The pharmacy team provides safe services and provides people with information to help them use their medicines. The pharmacy gets medicines from reputable sources, and stores them properly. The pharmacy team knows what to do if medicines are not fit for purpose.

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 near the waiting area.

There was step free access into the pharmacy and the team explained that they would provide a delivery service for house bound 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 devices for people receiving care at home. The devices were seen to include accurate descriptions of the medicines inside. The team explained that they would provide patient information leaflets (PILs) on the first supply of devices and with every subsequent supply.

The team explained that they were all aware of the requirements for people who may become pregnant 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. The pharmacist explained that the local surgeries would not prescribe warfarin unless they knew the patient's blood test results. This meant that the team sometimes would have to photocopy a patient's anticoagulant book and send it to the surgery so the GP could issue a prescription for warfarin. However, the pharmacy did not routinely retain INR information for each relevant patient as the PMR facility did not allow for this. The pharmacist explained that he was in the process of updating the PMR facility and that this would allow them to record INR level and blood test dates.

The patient group directions (PGDs) for the travel vaccinations were seen to be complete and included information such as the service specification, training materials and completed patient forms.

Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The team were 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, Sigma and Colorama. Invoices were seen to demonstrate this.

Date checking was carried out regularly and the team highlighted items due to expire with coloured stickers.

There were destruction kits available for the destruction of controlled drugs and designated bins for the storage of waste medicines 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 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 well. 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 chloramphenicol eye drops. 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 equipment it needs for the delivery of its services. It looks after this equipment to ensure that it works.

Inspector's evidence

There were several crown-stamped measures available for use, including 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 fridges were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines.

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.