

Registered pharmacy inspection report

Pharmacy Name: P M Williams Pharmacy, 5 Station Parade, Northolt Road, HARROW, Middlesex, HA2 8HB

Pharmacy reference: 1034993

Type of pharmacy: Community

Date of inspection: 02/10/2019

Pharmacy context

A family-run independent pharmacy located on a busy parade of shops in Harrow, London, serving a diverse community. 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 flu vaccination service and a delivery 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 adequately manages most of the risks associated with its services. The pharmacy keeps the records that it needs to, and the pharmacy's team members understand how to protect vulnerable people and people's personal information. But, the pharmacy does not record all of its mistakes. So it might miss opportunities to spot patterns and trends and so reduce the chances of the same things happening again.

Inspector's evidence

Near misses were recorded in a log held in the dispensary. However, not all near misses were recorded and in 2019, only one near miss had been recorded to date. The pharmacist explained that any near misses were highlighted to the team member who made it and the pharmacist then asked them to look at it again and correct it. Errors that left the premises were recorded on incident report forms held in the pharmacy, reported on the National Reporting and Learning Service (NRLS) and shared with the team. The pharmacist also presented letters he had written to patients following errors apologising for the incident and explaining the actions they were taking to prevent a recurrence. The team explained that they have regular meetings to discuss all the incidents as well as any other issues. The team kept a record of all the meetings up until April 2019 in a Quality Payments folder.

There was a 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 at the back of the pharmacy to reduce distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every three years. 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. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint and held a record of complaints in the dispensary. The pharmacy carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the last survey were positive and displayed on the nhs.uk website.

Records of controlled drugs (CDs) and patient returned controlled drugs were complete and accurate. A sample of MST 15mg tablets was checked for record accuracy and was correct. The controlled drug register was maintained, and the pharmacist checked the running balance every 6 months. The pharmacy held a paper responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were in the 2 to 8 degrees Celsius range. However, the fridge temperatures had not been recorded since the 4th September 2019. The private prescription records were completed electronically. The specials records were complete with the required information documented.

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 baskets and later shredded. The team had an information governance policy in place which the staff had signed and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection (DSP) Toolkit. The pharmacists had

completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team had safeguarding SOPs in place which the team were aware of and could refer to when required. Team members explained that they were aware of things to look out for which may suggest a safeguarding issue and 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 members have the right qualifications for the jobs they do. Team members work well together and they get ongoing training to keep their knowledge up to date. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there were three pharmacists, one NVQ Level 3 registered technician and one NVQ Level 2 dispenser. Certificates of completed accredited training were on display in the pharmacy. The staff were seen to be working well together.

Pharmacy team members received monthly training modules from The Informacist (a pharmacy support organisation) which they read and completed quizzes about the material to ensure their knowledge was kept up to date. Recently, the team had completed training on smoking cessation. They also explained that they were updated regularly by the pharmacist on any professional changes such as CD changes or changes to the Quality Payments scheme and he encouraged them to attend any local training events held by the Local Pharmaceutical Committee (LPC). The dispenser also explained that they regularly received pharmacy journals and magazines in the post which they would read. Team members all have annual appraisals where they discussed their development with the pharmacist and anything they would like help with to improve their performance.

Team members explained that they were able 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 they explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a professional environment for people to receive healthcare. The pharmacy has a private consultation room so that people can have confidential conversations.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, main dispensary, rear dispensing area, stock room, consultation room and staff area. The pharmacy was clean, but a bit cluttered and stock was stored on the shelves in a slightly disorganised manner.

The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained they had a cleaner who would clean the pharmacy at the end of the day and she was also medicines counter trained. 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 an A-Z manner and the pharmacist explained that the shelves would be cleaned regularly and when the date checking was carried out.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was signposted as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating and storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services satisfactorily and ensures that they are accessible to most people. It ensures that people taking high-risk medicines are identified, and offered extra advice to help them take their medicines safely. The pharmacy sources, stores and supplies medicines safely. And it carries out checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and on leaflets around the dispensary. There was a range of leaflets available to the public about general health promotion in the consultation room. The pharmacy also received a monthly health promotion leaflet from the Informacist which they would give out to patients. There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services. The team served a diverse community and explained that they used their own language skills to communicate with patients who could not communicate well in English.

The pharmacy team prepared multicompartiment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were supplied with patient information leaflets every month in white dispensing boxes. 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 taking valproates. The team had checked the PMR to see if they had any patients in the at-risk group and had the appropriate conversations with the patients or their carers where necessary. The pharmacist explained that he would ask patients on warfarin for their yellow books to check their blood test results and to ensure they were safe. However, this information was not always recorded on the PMR. If the patient did not have a yellow anticoagulant monitoring book, the team would provide one. The pharmacy also held steroid cards, insulin passports and methotrexate treatment books. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription.

Deliveries were completed every day and the technician would do the deliveries. She explained that each individual patient would sign a delivery record sheet to say their medicines had been delivered and if she was delivering a controlled drug, she would take the prescription with her and get the patient to sign the back of it.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and team members demonstrated how they were using this to decommission medicines. The pharmacy obtained medicinal stock from AAH, Alliance, Colorama, Elite Pharma and Enterprise. Invoices were seen to verify this. Date checking was carried out every month and the team highlighted items due to expire with coloured stickers with the expiry dates written on them.

There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines 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 CD cabinets were appropriate for use and secured to the wall of the dispensary in accordance with the regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock and marked. 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 bisacodyl 10mg suppositories. The recall notices were kept electronically but the pharmacist explained they would action them as soon as they were received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

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