

# Registered pharmacy inspection report

**Pharmacy Name:** North Harrow Pharmacy, 509 Pinner Road, North Harrow, HARROW, Middlesex, HA2 6EH

**Pharmacy reference:** 1034996

**Type of pharmacy:** Community

**Date of inspection:** 24/07/2019

## Pharmacy context

This is an independent pharmacy, recently acquired by its current owners, located in North Harrow, London. 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 (MDS) packs 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 team members understand how to protect vulnerable people and people's personal information. The pharmacy records the mistakes that it makes. But it doesn't review them regularly as a team. So, it might miss opportunities to spot patterns and trends and so reduce its risks.

### Inspector's evidence

The team had a near miss log in place in the pharmacy and they explained that if a near miss was found, the dispenser would be informed that an error had been made and would be asked to spot it, correct it and then record it as a near miss. The pharmacist explained that they would discuss the reasons why the error occurred, and the resulting action taken once the mistake had been corrected.

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. The pharmacist explained that the team had to clear out the pharmacy when they bought it as it was disorganised and cluttered, and they created dedicated spaces for different tasks.

Standard Operating Procedures (SOPs) were in place for the dispensing tasks from the NPA. The team had signed the SOPs to say they had read and understood them, but the current pharmacist explained she was going to be updating a few of the SOPs and ask the team to re-read them. Staff roles and responsibilities were described in the SOPs.

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 explained that they would be carrying out an annual Community Pharmacy Patient Questionnaire (CPPQ) survey after the pharmacy had been refitted. The team explained that they had received a complaint recently following a misunderstanding with the ordering system for prescriptions and the complaint had been recorded and was held in the dispensary. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the 3rd March 2020.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked regularly. The responsible pharmacist record was 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 appropriately 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 shredded.

The pharmacists had completed the Community Pharmacy Post-Graduate Education (CPPE) level 2

training programme on safeguarding vulnerable adults and children. The team explained that they were aware of things to look out for which may suggest there is a safeguarding issue and were happy to refer to the pharmacist if they suspected a safeguarding incident. The pharmacist explained that she would be ensuring the whole team had completed the Dementia Friends training and they had access to all the local safeguarding contacts in the coming weeks.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members feel able to make their own decisions and frequently use their professional judgement to help people.

### Inspector's evidence

During the inspection, there were two pharmacists, one of whom was the superintendent, and one trainee dispenser who had been enrolled onto the NPA Interact course. The staff were seen to be working well together and supporting one another. The pharmacist explained that while there wasn't a formal on-going training programme in place now, they were planning on implementing one to ensure everyone's knowledge was up to date. The pharmacists explained they usually attend local training modules when they became available to ensure they were kept up to date on changes in the profession and new services which would be implemented locally.

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

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are generally suitable for the provision of its services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### 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 area and staff bathrooms. The pharmacy was laid out with the dispensary 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 dated in appearance, but clean. The team explained they would clean the pharmacy between themselves.

The team explained they would refit the pharmacy over the coming weeks and this would be completed by the end of October 2019. They explained that the refit would modernise the pharmacy and make it more clinical and professional in appearance. The team explained that the proposed design would allow the pharmacist to have more face-to-face interaction with patients and to create a better consultation room to enable them to deliver more services.

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 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 included seating and locked storage. The ambient temperature was suitable for the storage of medicines, but the team used a fan to keep cool and explained that they would be having air conditioning units installed with the refit. 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. Its team members source, store and generally manage medicines appropriately and they usually provide their services safely. However, the team do not always record relevant safety checks 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.

### 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 housebound patients and patients who had difficulty accessing the pharmacy if they were asked to do so. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared MDS trays for domiciliary patients. The trays were seen to include accurate descriptions of the medicines inside and the team provided Patient Information Leaflets with every monthly supply of trays. The team explained that they were all 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 to see if they had any patients affected by this. The pharmacist explained that she would double check with patients on warfarin to see if they had regular blood tests, if they knew their dose of warfarin and their INR level, but these details were not routinely recorded on the patient records. The pharmacist explained she would also identify warfarin patients for MURs to ensure they were taking their medicines appropriately. 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 not yet compliant with the European Falsified Medicines Directive (FMD); they had a scanner in place and were registered with SecurMed. The pharmacist explained that they would ensure that FMD was fully implemented and everyone was trained by the time the refit was complete. The pharmacy obtained medicinal stock from AAH, Alliance, Sigma and Colorama. Invoices were seen to verify 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 doop 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 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 an alert regarding FMD.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

There were several crown-stamped measures available for use, including 100ml 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 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.