

Registered pharmacy inspection report

Pharmacy Name: Shaftesbury Pharmacy, 5-6 Shaftesbury Parade,
Shaftesbury Avenue, HARROW, Middlesex, HA2 0AJ

Pharmacy reference: 1035007

Type of pharmacy: Community

Date of inspection: 15/04/2019

Pharmacy context

An independent pharmacy located in a residential area of Harrow, London. The pharmacy provides services to a diverse local population. The pharmacy has been owned by the Superintendent for about 30 years and she regularly works there. The pharmacy dispenses prescriptions, prepares monitored dosage system trays for patients in their homes and for a care home, supervises consumption of methadone and buprenorphine, provides a needle exchange service, a seasonal 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	1.1	Good practice	Pharmacy team members work to highlight area of improvement with one another and they inform local GPs of any supply problems so that action can be taken immediately.
		1.2	Good practice	Records of errors and near misses are regularly reviewed and records are kept showing what has been learned from each error.
2. Staff	Good practice	2.2	Good practice	Most members of the pharmacy team are registered and they are encouraged to attend local training events and keep their knowledge up to date.
		2.4	Good practice	The pharmacy team work well together and there is evidence they can use their own judgement when making decisions and are happy to discuss their own mistakes.
3. Premises	Standards met	3.2	Good practice	The consultation room is used proactively and conversations going on inside are private and cannot be overheard.
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team prepare MDS trays in a dedicated room and they ensure they keep blood test information for patients on warfarin to ensure that supplies are safe.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy manages risks well. Team members log errors and near misses, they learn from these and act to avoid problems being repeated. The pharmacy keeps up-to-date records as required by law. The team members have all received formal training on protecting patient information and team members understand how to protect vulnerable people.

Inspector's evidence

The Superintendent demonstrated how the team record near misses on a log held in the dispensary. Incidents would be highlighted to the dispenser by the checker who would then rectify the mistake and make an entry into the near miss log. The team would also take a photocopy of any incidents where possible. For example, in the near miss log, an incident was recorded where phenoxymethylpenicillin 250mg/5ml liquid was prescribed, but the dispenser had picked amoxicillin 250mg/5ml liquid. A photocopy of the prescription and the incorrectly picked and labelled box was photocopied and stored with the near miss log. The Superintendent explained that having these visuals help the team to recall incidents.

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 Superintendent explained that they had a procedure in the pharmacy whereby they would ensure three people had looked at a prescription to reduce the risk of errors. One person would label a prescription, one person would dispense it and another person would check the prescription.

All dispensing errors would be reported on the PMR system in the dispensary and on the NRLS website. The Superintendent demonstrated how the team kept a copy of the PMR report and the NRLS report along with any photocopies of the prescriptions or dispensed product. The team would also all be briefed after each error to ensure they all knew about it and could work to avoid a similar incident recurring.

The pharmacist explained that all the near miss and error reports would be kept in a 'Compliance' folder which all the team were encouraged to add to, promoting an open culture.

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 the SOPs were reviewed every year.

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 Community Pharmacy Patient Questionnaire (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 29th February 2020. Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Zomorph 10mg capsules was checked for

record accuracy and was seen to be correct. The balance was checked every month by the team.

The responsible pharmacist record was seen as being 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 two to eight degrees Celsius range.

The private prescription records were seen to be completed electronically and emergency supplies included a reason for the supply. 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 prescriptions would be stored in locked cabinets overnight. Conversations inside the consultation room could not be overheard and there were cordless telephones available for use. Confidential waste paper was collected in baskets on the workbenches and later shredded. The team had all completed GDPR training and certificates to demonstrate this were seen to be held in a file.

The pharmacists and technicians had all 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 ✓ Good practice

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training to ensure that they have the skills they need and the pharmacy encourages 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 were three pharmacists, three accredited checking technicians, four registered technicians and three healthcare assistants. The pharmacy sometimes also had pharmacy undergraduates from Hertfordshire University who completed work experience there. Many of the staff had worked at the pharmacy for several years and they were seen to be working well together and supporting one another.

The team completed regular CPD and would often be encouraged to attend evening training sessions held locally as well as webinars held by the PSNC or the NPA. Staff would be paid to attend training events if held out of hours. The team had recently attended training about inhaler techniques and were due to attend training about Monitored Dosage System trays. They explained that if staff members were unable to go, the team members who attended training would come back and coach the rest of the team. Certificates of completed training were displayed around the pharmacy and in staff training files.

The team were familiar with the sales of medicines protocols and questioning techniques and understood when to refer to the pharmacist. There was reference information on high risk OTC sales displayed in the dispensary which the team could refer to.

Staff huddles were used to share information and there was a dispensary communication diary. 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. A whistleblowing policy was in place and the team had signed to confirm they had read and understood this. 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, 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 large retail area, medicine counter, consultation room, dispensary, MDS room, office 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 clean, tidy and well organised. The team explained that they would clean the pharmacy between themselves daily and a cleaning rota was in place. A professional cleaner would also come in twice a week to clean.

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 pharmacy had a large retrieval system for prescriptions which were ready for collection and they were all stored away from the public behind closed cabinet doors. The superintendent explained they had planned this deliberately to ensure the protection of patient information.

The dispensary was screened to allow for preparation of prescriptions in private and part of the medicines counter included a screened area for private conversations, methadone consumption and needle exchange. The consultation room was advertised as being available for private conversations and conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, a computer with the PMR system and a sink for the provision of services and storage.

The ambient temperature was suitable for the storage of medicines and 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 requirements. The pharmacy team provides safe services and provides people with information to help them use their medicines. The pharmacy team identifies people on high risk medicines and makes sure they are provided with appropriate information. The pharmacy gets medicines from reliable 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. The pharmacy had Healthy Living Status and had a health promotion area at the front of the pharmacy. The current information in this area included topical information regarding cervical screening.

There was step free access into the pharmacy via automatic 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 served a diverse population and the team members explained they would use their own language skills to assist patients.

The pharmacy team prepared MDS trays for domiciliary patients in a dedicated room. The team would follow a four-week rota for the preparation of the trays and the trays were seen to include accurate descriptions of the medicines inside. The team explained that they would provide Patient Information Leaflets with every supply of trays to ensure patients had the most up to date information about their medicines.

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 team held a basket on the dispensing bench where they kept prescriptions which they were querying and they would check this basket daily. The pharmacist gave an example of one prescription where a patient had been prescribed metoprolol but as this was out of stock, they contacted the GP to see if they could change the item to something else. However, the GP explained that the patient must have metoprolol and the team had called other local pharmacies to find stock so they could redirect the patient. The pharmacist explained that they regularly email all their local GP surgeries to inform them of drug shortages so the GPs can choose to prescribe patients other medicines if necessary which would save the patient time when they came into the pharmacy.

The pharmacist explained that the team would double check with patients on warfarin to see if they knew their dose of warfarin and they would provide them with an anticoagulant information card if necessary. The team explained that they would retain INR information about the patient on the PMRs to allow them to make sure all supplies of warfarin were safe.

The team explained that following an national asthma campaign, they had referred hundreds of patients back to their GP if they were young and did not have a spacer or if they were on a short acting vasodilator and not a steroid inhaler.

Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. The pharmacy obtained medicinal stock from AAH, Alliance, Phoenix, Sigma, Colorama and Enterprise. Invoices were seen to demonstrate this.

Date checking was carried out quarterly and records of this were seen to be completed appropriately. Items which were due to expire would be highlighted by the team using a coloured sticker.

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 fridges were in good working order and the stock inside was stored in an orderly manner.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the team was observed decommissioning items before handing out prescriptions to patients. 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 Martindale chloramphenicol 0.5% 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 it works and is accurate.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 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 be within the correct range. Doop bins were available for use and there was sufficient storage for medicines. The team also had a disposal bin for the disposal of hazardous waste and a list of medicines which should be disposed of in these bins. 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.