

Registered pharmacy inspection report

Pharmacy Name: Avicenna Pharmacy, 4 - 5 Station Parade, Belmont Circle, HARROW, Middlesex, HA3 8SB

Pharmacy reference: 1035010

Type of pharmacy: Community

Date of inspection: 01/07/2019

Pharmacy context

A pharmacy located on a busy parade of shops in Harrow, London, serving a diverse community. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), the New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes, a travel vaccination service and various other private services.

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	1.2	Good practice	The pharmacy team would regularly record and analyse incidents and make changes in the pharmacy to reduce the likelihood of mistakes occurring.
2. Staff	Standards met	2.2	Good practice	The team have a formal training programme in place to help maintain their knowledge and keep them updated with any changes.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Services are managed well and delivered effectively and the team ensure high-risk medicines are supplied safely.
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 it keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

The pharmacy kept a record of their near misses in the dispensary. The pharmacist explained that each incident would be discussed with the team every week and they would identify ways they could reduce the likelihood of the incident from recurring. The team also record the near misses onto PharmOutcomes and any prescribing errors would also be recorded and highlighted to local GPs where necessary. The incidents on PharmOutcomes would be analysed and shared with the team every month. The pharmacist explained that following incidents in the pharmacy, the team had highlighted all the 'look alike, sound alike' (LASA) drugs on the shelves and all the anticoagulants were separated on a single shelf and labelled to prevent picking errors.

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 internally to the superintendent as well as on PharmOutcomes with a copy of the report retained in the pharmacy. The accredited checking technician (ACT) explained that common dispensing errors and near misses across the company would be circulated to each pharmacy, so the team could take action to prevent them from occurring in their branch. 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 were prepared on a dedicated bench at the back of the pharmacy to reduce distractions.

Standard operating procedures (SOPs) were in place for all the dispensing tasks. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described within the SOPs and the SOPs would be updated every two years and were due to be reviewed soon.

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 positive and displayed on the NHS.UK website. Areas of improvement highlighted by the survey included providing more advice around healthy living. The ACT explained the team had a health promotion area in place and they would offer healthy living advice when it was appropriate.

A certificate of public liability and indemnity insurance from the NPA was on display in the dispensary and was valid until the end of April 2020. Records of controlled drugs and patient returned controlled drugs were 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 every week by the pharmacist.

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 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. There were cordless telephones available for use and confidential waste paper was collected in confidential waste bags which would be removed by the company for destruction.

The pharmacist and technician 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 had all completed safeguarding training and an SOP was available on dealing with vulnerable people. The team held a list of the local safeguarding contacts in the dispensary and explained they felt confident to escalate any concerns if required. The pharmacy team were also 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 materials to ensure that they have the skills they need. 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, one registered accredited checking technician, three NVQ level 2 dispensers (one of whom was a European registered pharmacist working to improve his English), one healthcare assistant and a delivery driver. There was also a second year summer placement student from UCL who was gaining work experience in the pharmacy. The staff were seen to be working well together and supporting one another.

The pharmacist explained there would usually be two pharmacists working in the branch, but the other pharmacist was on annual leave. The team also had a pre-registration pharmacist who was completing the Day Lewis training programme and would attend monthly study days in Croydon tailored around clinical areas in preparation for the pre-registration exam.

The pharmacist explained that each member of staff would have two training modules to complete every month which would be followed by quizzes to check their understanding of the learning. The team explained that the modules would include health and safety as well as information about new services, products or health topics.

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. The pharmacist explained that the company have an ideas portal on the intranet and the team could submit their ideas for improvement which the company would take onboard. There was a whistleblowing policy in place and a poster about this was on display in the staff areas of the building.

There were no targets in place and the team explained that they would never compromise their professional judgement for business gain. The pharmacist explained that he was happy to reject possible MURs if he felt there wasn't a clinical need for it or it did not strictly fit the criteria for a quality service.

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 sensitive 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, 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. The products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy was professional in appearance and clean. A rota was displayed in the dispensary with different daily cleaning tasks which the team would complete and sign to show they had completed them. 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 screened to allow for the 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 locked when not in use and included seating, a computer with the PMR system, a sink 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. Staff members provide the pharmacy services safely. The pharmacy sources and stores medicines appropriately.

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 via double automated doors and the team explained that they would provide a delivery service for housebound 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 served a diverse population and explained that they would be willing to use their own language skills, which included Gujarati, Hindi, Spanish and Arabic, to assist patients who had difficulty communicating in English.

The pharmacy team prepared multi-compartment compliance aids for patients in their own homes. The compliance aids were seen to include accurate descriptions of the medicines inside. The team explained that they would provide patient information leaflets (PILs) with every monthly supply of compliance aids and the ACT demonstrated how the PILs were presented in white boxes so they looked neat.

The team explained that they were all aware of the requirements for patients in the at risk group to be on a pregnancy prevention programme if they were on valproates and they had completed an audit to identify any patients who may be affected by this.

The pharmacist explained that he would double check with patients what their INR levels were before supplying warfarin. He explained that most patient knew to bring in their anti-coagulant monitoring books which would be checked and then the INR levels, warfarin dosage and last blood test date would be recorded on the patient's record.

The PGDs examined in the pharmacy were all seen to be in date and included information such as the service specification, training materials and completed patient forms. PGD service forms were all stored appropriately and securely.

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 all aware of the EU Falsified Medicines Directive (FMD) and had scanners in place, but were not using the system yet.

The pharmacy obtained medicinal stock from Day Lewis, Alliance and AAH. Specials were ordered from BSM specials. Invoices were seen to demonstrate this.

Date checking was carried out regularly and the team highlighted items due to expire with stickers on which they would write the expiry date. There were destruction kits available for the destruction of

controlled drugs and designated bins for storing 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. 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 about FMD and a recall of paracetamol 500mg tablets. The 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 and facilities it needs to provide its services safely.

Inspector's evidence

There were several clean 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, Martindale 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.