

Registered pharmacy inspection report

Pharmacy Name: Honeypot Pharmacy, 189 Streatfield Road, Kenton, HARROW, Middlesex, HA3 9DA

Pharmacy reference: 1035011

Type of pharmacy: Community

Date of inspection: 03/07/2019

Pharmacy context

A pharmacy located on a busy parade of shops in Kenton, Harrow. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines at home and provides a local delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.2	Standard not met	The pharmacy does not record incidents and errors which can help them to identify areas of improvement and learning.
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 not all met

Summary findings

Overall, the pharmacy's working practices are safe and effective. But the pharmacy does not record near misses or errors, so they may be missing opportunities to prevent similar mistakes happening in future. The pharmacy keeps records it needs to by law but does not always check its stock balances regularly. This means that mistakes may not be easily detected and corrected. The pharmacy protects people's personal information, but team members could do more to protect vulnerable people.

Inspector's evidence

The pharmacy did not formally record near misses in the pharmacy, but the team explained that incidents would be discussed when found and then rectified. The dispenser explained that errors which leave the pharmacy are corrected when they are identified by the patient and brought back, but they would not be formally recorded or reported.

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 assembled on a dedicated bench at the back of the pharmacy to reduce distractions.

Standard operating procedures (SOPs) were in place for the dispensing tasks but it was unclear who had developed the SOPs. A sheet at the front of the SOP folder explained that the SOPs had been reviewed in July 2018. The staff had signed a signature sheet to say they had read the SOPs, but each individual SOP was not signed. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of January 2020.

There was a complaints procedure in place within the SOPs and the team explained that they would refer to the manager or pharmacist if they received a complaint. The team carried out an annual Community Pharmacy Patient Questionnaire (CPPQ) survey and the results of the survey from 2017 to 2018 were displayed on the nhs.uk website and were seen to be positive. However, the pharmacy had a few negative reviews on Google.

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. However, the controlled drug running balance was not checked on a regular basis.

The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy. 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 both electronically and on a paper log. However, some of the paper records did not include both the date of dispensing and the date of prescribing. Some records also used dispensing bag labels to record the patient's name and address instead of indelible ink. 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 baskets and later shredded.

The team explained that they had not received any formal safeguarding training but would refer to the pharmacist if they suspected a safeguarding incident. The team had contact details for the local safeguarding authorities available in the dispensary. The manager explained the team had all completed the Dementia Friends learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. But team members don't have formal training plans which could affect how well they care for people and the advice they give. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there was one locum pharmacist who worked there regularly, one NVQ level 2 dispenser and two counter assistants, as well as a non-pharmacist manager. The manager had not undertaken any formal training but explained that he did not undertake any patient facing or pharmacy tasks other than sometimes ordering stock. Certificates of completed training were available. The staff were seen to be supporting one another.

The pharmacy did not have a formal ongoing training programme for the staff, but the team explained that they would often attend local training events and the dispenser had recently attended one about 'Bio Oil'. The manager also explained that they often have reps coming in to train the team about new products and they would receive the C&D magazine which would be available for the team to read.

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's premises are clean, tidy, well maintained and suitable for the services it provides. It has a private consultation room which is used regularly. The pharmacy is secure when it is 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, large stock room and staff bathrooms. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. The pharmacy was professional in appearance and clean. The team explained they would clean the pharmacy between themselves daily.

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 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 included seating and storage.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system in the dispensary. The stock room, which was used to store medicines, did not have air conditioning, but the team explained that when it became warm, they would draw a lockable grille over the back door and open the door to allow air to flow. Lighting throughout the pharmacy was appropriate for the delivery of services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Generally, the pharmacy team provides its services safely and provides people with information to help them use their medicines. The pharmacy gets its medicines from reputable sources. But the pharmacy could do more to ensure stock medicines are stored in appropriately labelled containers and sharps are not exposed to the public. 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 via sliding 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 served a diverse population and were observed using their own language skills 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. However, patient information leaflets (PILs) were not always provided every month.

The team were 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 checked the PMR to see if they had any patients affected by this.

The pharmacist explained that if a patient was prescribed warfarin, he would ask them for their anti-coagulant monitoring book and would check their INR levels were safe and they were having regular blood tests. The pharmacist explained that he would record this information on the PMR.

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 aware of the EU Falsified Medicines Directive (FMD) and the team have a scanner in place but were finalising software issues before they start using it.

The pharmacy obtained medicinal stock from Alliance, AAH, Sigma, BSM, Colorama and Trident generics. Invoices were seen to demonstrate this. Date checking was carried out every quarter and the team recorded when date checking had been completed. Medicines were mostly stored appropriately but some loose medicines were stored in amber bottles without their expiry dates or batch numbers.

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 team had a sharps bin in the consultation room, but this was not stored securely.

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 bolted to the wall of the dispensary. Expired and patient returned CDs were highlighted to ensure they would not be dispensed. The team also had a wholesale CD cabinet in the stock room, but explained this was no longer used as they had ceased all their wholesaling activities.

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 around an FMD supply chain.

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 crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicines bottles were seen to be capped when stored and there were 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 fridge was 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.