

# 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:** 13/01/2020

## 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 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's working practices are safe and effective. It keeps all the records required by law and it keeps people's information safe. Team members also help to protect vulnerable people. The pharmacy records its mistakes to learn from them and prevent them from happening again. However, the pharmacy does not review the incidents often enough. So it might miss opportunities to spot patterns and trends and so reduce the chances of repeating the same mistakes.

### Inspector's evidence

Near misses were recorded in a log held in the dispensary. However, the records did not all include a lot of detail explaining why the incident had occurred. Any near misses were highlighted to the team member who made the error, and they were asked to look at it again and change it. Errors that left the premises were recorded in an error book held in the pharmacy and included actions taken to prevent a recurrence.

There was a logical 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 in the back room of the pharmacy to prevent distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks. A sheet at the front of the SOP folder stated that the SOPs had been reviewed in July 2018. The staff had signed a signature sheet to say they had read the SOPs. 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 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) and the results of the latest survey were positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacy checked the running balance every month. The pharmacy held an electronic 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 recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed accurately, and 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. There were cordless telephones available for use and confidential waste paper was collected in baskets and later shredded. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members explained that they were aware of things to look out for which may suggest a safeguarding issue. They were also all Dementia Friends and had completed this learning online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

### Inspector's evidence

During the inspection, there was one locum pharmacist, one NVQ Level 2 dispenser, one medicines counter assistant and one non-pharmacist store manager who did not undertake patient-facing or pharmacy tasks. The staff were seen to be working well together and supportive of one another.

The dispenser was observed following the SOP for labelling and assembling a prescription before she had it checked by the pharmacist. The dispenser was then observed counselling the patient appropriately. The team did not have a formal on-going training programme, but they received regular training information from various sources such as Pharmacy magazine and Training Matters. The dispenser explained that they would also regularly attend local training event as a team to learn about new services, products or changes in the profession.

The 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 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 and suitable for the provision of its services. The premises are well maintained, 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, 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 pharmacy. The pharmacy was professional in appearance and clean. The team explained that they would clean the pharmacy between themselves daily. Medicines were stored on the shelves in a suitable manner and the dispenser 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 delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. They identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

### 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 team members 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 dispenser explained that PILs would always be provided for every new patient, with any new medicines and if a patient requested them. 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 demonstrated how 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 they had a scanner in place but had not started using it. The pharmacy obtained medicinal stock from Alliance, AAH, Sigma, BSM, Colorama and Trident generics. Invoices were seen to verify this. Date checking was carried out every quarter and the team recorded when date checking had been completed. 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. There was also a separate 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 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 this was not in use. 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 for ranitidine.

## 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 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 and a BNF for Children 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.