

Registered pharmacy inspection report

Pharmacy Name: Reems Pharmacy, 107 Uxbridge Road, Harrow Weald, HARROW, Middlesex, HA3 6DN

Pharmacy reference: 1035013

Type of pharmacy: Community

Date of inspection: 20/05/2019

Pharmacy context

This is an independent pharmacy in a suburban parade of shops in Harrow Weald, London. It 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 (MDS trays or blister packs) for those who may have difficulty managing their medicines, and it provides supervised consumption of methadone, a needle exchange 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	N/A	N/A	N/A
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 met

Summary findings

Pharmacy team members deal with their mistakes responsibly. But, they are not recording all of them. So they may be missing opportunities to prevent similar incidents happening in future. The pharmacy generally keeps the records it needs to by law but it does not always check its stock balances as regularly as it could which means that mistakes may not be easily detected and corrected. The pharmacy protects people's personal information and team members understand how to protect vulnerable people.

Inspector's evidence

The team kept a record of the near misses in the dispensary, but they explained that not all near misses would be recorded. The pharmacist explained that he would review the near misses and errors at the end of each month and then discuss them with the team. The pharmacist described how he would report all errors and any serious near misses to the NPA. The team had highlighted the 'Look Alike, Sound Alike' drugs on the shelves and had a board in the pharmacy where they noted these drugs down to remind the staff to exercise caution with these medicines.

The team had SOPs in place from the NPA. They had been reviewed in January 2018 and were due for a review in January 2020. The SOPs included the roles and responsibilities of the team and the team had signed a front sheet to say they had read and understood the SOPs. The pharmacy team were clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. There was a complaints procedure in place within the SOPs and the staff were all 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 displayed on the NHS UK website and were positive.

A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until 1 August 2019. Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Palexia SR 50mg tablets 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 seen as being held electronically and the responsible pharmacist notice was displayed in pharmacy where patients could see it. However, on entry to the pharmacy, the incorrect responsible pharmacist notice was on display. The fridge temperature was recorded electronically daily and was 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 area could not be heard outside. There were cordless telephones available for use and confidential waste paper was shredded regularly. The pharmacist was the Information Governance (IG) lead and he reviewed practice against requirements annually. The staff had all signed a confidentiality agreement.

The pharmacy team were also aware of how to safeguard children and vulnerable adults and the pharmacist had completed the CPPE Level 2 Safeguarding training. The team had a safeguarding policy in place and the pharmacist had the NHS Safeguarding App on his phone which he could refer to if he suspected a safeguarding incident. The staff gave examples where they had stepped in to safeguard patients and customers.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team are appropriately trained for their roles or they are enrolled on appropriate training courses. But, team members don't have formal training plans to keep their knowledge and skills up to date. This could affect how well they care for people and the advice they give. Team members work in a supportive environment where they feel able to raise concerns if needed. They feel able to use their own professional judgement.

Inspector's evidence

During the inspection, there was one pharmacist, one pre-registration pharmacist and one dispenser. The pharmacist explained that one of the dispensers could not come in on the day and so another dispenser stepped up to assist the team and came in early. The staff were seen to be working well together and supporting one another.

The pre-registration pharmacist was completing the ProPharmace training programme and would attend regular study days tailored around clinical areas in preparation for the pre-registration exam. The pre-registration pharmacist explained that the regular pharmacist was his tutor and he felt supported in his learning and could openly ask any questions.

The pharmacist explained that he would regularly update the team on any changes in the profession and they would attend any local training events. Recently, the team had been to an event in North London about the GPhC inspections. Although there wasn't a formal training programme in place, the pharmacist kept a record of all the training the staff had received.

The pharmacy team explained they were always happy to raise with the pharmacist anything which was bothering them or anything which they believed would improve service provision. The pharmacist explained that the team members would go out for dinner every 3 months where they could discuss anything and any changes they would like to see in the pharmacy.

There weren't any 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 secure and suitable for the provision of most of its services.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicines counter, dispensary, a consultation room, stock room and staff rest rooms. The pharmacy was generally clean and tidy and a cleaning rota was on display with different cleaning tasks which the team members took ownership of. There was a hole in the ceiling tiles which the pharmacist explained had been caused by a leak from the flat above, but this was in the process of being fixed.

A consultation room was available and conversations going on inside could not be overheard clearly. There was a second consultation room at the rear of the pharmacy which was usually dedicated for use by a Chiropodist but could be used as an occasional consultation room if needed. Medicines were stored on the shelves in an A-Z manner and the team explained that the shelves would be cleaned when the date checking was carried out. However, the medicines were not all stored tidily on the shelves risking picking errors.

The dispensary was screened to allow for preparation of prescriptions in private and a barrier was used to protect the exposed area of the medicines counter from the public. There was a clean sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. There was also alcohol hand gel available. The ambient temperature was suitable for the storage of medicines. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally delivers its services in a safe and effective manner. Staff try to make sure pharmacy services are provided safely but they do not always provide patients with an information leaflet. This means patients may not have the most up to date information about their medicines. The pharmacy generally sources and stores medicines safely.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and there was a range of leaflets available to the public about services on offer in the pharmacy and general health in the retail area. There was step-free access into the pharmacy and enough space for the movement of a wheelchair or a pushchair. The team explained that they provided a delivery service for any house bound patients.

The pharmacy team prepared MDS trays for domiciliary patients. All the trays were prepared in the dispensary and the team ensured that descriptions for the tablets were accurate and they provided Patient Information Leaflets (PILs) when patients started on the trays and if there were any new medicines, but not necessarily with every supply. The pharmacist demonstrated how the preparation of each tray followed a cycle and they would record when a patient had their medicines as well as when medicines were stopped and by whom.

The pharmacy team were aware of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use when dispensing valproate to female patients. The pharmacist explained that they ask warfarin patients for their yellow anti-coagulant monitoring books and check their INR levels and last blood test results. The pharmacist explained they had recently started recording patient's blood test results on the PMR.

The pharmacist explained that they were almost compliant with the European Falsified Medicines Directive (FMD) and had scanners in places and were registered with SecureMed, but they just needed to go through the training once more which they were planning on doing as a team in the coming week. 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 licensed suppliers including AAH, Alliance, DE, Colorama, Sigma, Trident and NWOS. 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. Date checking was carried out quarterly and records of this were seen to be completed appropriately.

The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and recorded when they had received the recall as well as who had actioned it and what action had occurred following the recall. Recently, the team had received a recall for co-amoxiclav powder for oral suspension.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment and facilities to provide its services safely.

Inspector's evidence

There were appropriate measures available for use, including clean crown stamped 10ml, 50ml and 100ml measure. 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. Doop bins were available for use and there was suitable storage for medicines. The computers were all password protected and the team used a shredder to destroy patient identifiable information.

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.