

Registered pharmacy inspection report

Pharmacy Name: Nowell Pharmacy, 10 Weald Lane, Harrow Weald, HARROW, Middlesex, HA3 5ES

Pharmacy reference: 1035015

Type of pharmacy: Community

Date of inspection: 21/10/2019

Pharmacy context

A pharmacy, part of the Jade group of 20 independent pharmacies, located on a busy high street in Harrow Weald, London. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), multicompartiment compliance aids for patients in their own homes and patients in care homes, a supervised consumption service, a 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	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

The pharmacy's working practices are safe and effective. It protects people's private information satisfactorily and keeps the records it needs to by law. Team members follow written instructions to make sure they work safely, and they understand how to safeguard and support vulnerable people. The pharmacy has adequate insurance arrangements in place to protect people if anything goes wrong.

Inspector's evidence

Near misses were recorded in a log held in the dispensary. The pharmacist explained that when she identified a near miss, she highlighted it to the team member who made the error, asked them to look at it again and change it. Errors that left the premises were recorded in an error log held in the pharmacy and included actions taken to prevent a recurrence.

There was a set workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartiment compliance aids were prepared in the rear area of the dispensary to prevent distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years with the last review having occurred earlier in the year. Team members had all signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A valid certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary. 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 and by the consultation room.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Zomorph 10mg capsules was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacist checked the running balance each month. The pharmacy held an electronic responsible pharmacist record, and the correct 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 shredded regularly. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection Toolkit (DSP). The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children as part of her emergency hormonal contraception training and team members explained that they were aware of things to look out for which may suggest a safeguarding issue. The team had a list of the contact details for the local safeguarding authorities in the pharmacy which they could refer to when necessary. 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 the 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 pharmacist, one pre-registration pharmacist, two dispensers, one of whom was still a trainee, and one medicines counter assistant. Certificates of completed training for the various members of staff were displayed around the pharmacy. The staff were seen to be working well together.

The pre-registration pharmacist was completing the Propharmace pre-registration training course. He attended study days tailored around different clinical areas in preparation for the pre-registration exam and he would be sitting a mock exam to test him. The trainee dispenser was completing the Buttercups course and explained that he felt supported in his learning by the whole team. The rest of the team did not have a formal on-going training programme, but they were updated regularly by the pharmacist and they received regular training updates from various pharmacy journals and magazines which they would read and share. The team also explained that they also attended any appropriate local training events.

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, main dispensary, rear dispensary with an island for compliance aid preparation, consultation room, a small staff area and a bathroom. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy.

The pharmacy was professional in appearance and clean. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the shelves were 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. The consultation room was small and had two entrances, one from the retail area and one from the dispensary. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to most people, and it manages them safely and effectively so that people receive appropriate care. It obtains its medicines from licensed suppliers, and it carries out regular checks to make sure that they can be supplied to people safely.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and in the practice leaflet. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the consultation room. There was step-free access into the pharmacy via an electric sliding door. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multicompartiment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were sometimes supplied with patient information leaflets (PILs). The pharmacist explained that the team provided leaflets when a patient first started on the compliance aids, if they asked for the leaflets or if they were prescribed something new. The pharmacy team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that she would ask patients taking warfarin if they were aware of their dose and they were having regular blood tests, but the team did not routinely document any results on the PMR. The pharmacist also explained that the local doctors surgeries would not prescribe warfarin if they did not have the latest blood tests from the patients. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD) and the pharmacist explained she believed the company was planning to implement it soon. The pharmacy obtained medicinal stock from AAH, Alliance, Colorama, B&S, Sigma, Beta pharmaceuticals. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with a yellow sticker on which they would write the expiry date.

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. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and well secured in accordance with regulations. 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 a recall for ranitidine tablets. 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

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Facilities are used in a way that protects people's privacy.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as clean 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 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.