

Registered pharmacy inspection report

Pharmacy Name: Angies, 3 High Street, PINNER, Middlesex, HA5 5PJ

Pharmacy reference: 1035078

Type of pharmacy: Community

Date of inspection: 24/07/2019

Pharmacy context

An independent pharmacy located on a busy high street in Pinner, London, serving the local community. It has been owned by the regular pharmacist for 33 years. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides multi-compartment compliance packs (MDS) for patients in their own homes.

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 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 not all met	4.3	Standard not met	The pharmacy does not monitor or record the maximum and minimum temperatures of the fridge used for the storage of temperature sensitive medicines. The pharmacy stores some stock medicines in bottles without the appropriate labelling.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy manages risks adequately. Although the pharmacy records its near misses and errors, it does not review them regularly and so may be missing opportunities to prevent similar mistakes happening in future. The pharmacy keeps most records it needs to by law, but it does not regularly check the stock levels of some of its medicines. This means that mistakes could occur and may not be identified and corrected easily. The pharmacy protects people's personal information and team members understand how to protect vulnerable people but could do more to ensure they have safeguarding information easily to hand.

Inspector's evidence

The dispenser demonstrated how the team recorded near misses in a log held in the dispensary. However, the log was not very professional in appearance and was not easy to read. The dispenser explained that when a near miss was found, the pharmacist would ask her to look at it again and correct the mistake before recording it in the near miss log and discussing the reasons for the incident with the pharmacist. The dispenser also explained that any errors which go out to patients would also be recorded in the near miss log but described how the team very rarely made errors as they would also check prescriptions when they were handed out to patients. The dispenser explained that following an error between cetirizine and citalopram, they had separated the two medicines on the shelves from where they were stored to reduce the risk of a picking error.

Standard Operating Procedures (SOPs) from The Informacist were in place for the dispensing tasks but they had not been reviewed since 2014. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs and the team explained they were aware of their roles and responsibilities and would refer to the pharmacist if they were unsure of something or needed further guidance.

There was a complaints procedure in place within the SOPs and the staff explained that they 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 very positive and displayed on the nhs.uk website. The dispenser explained that the team also participates in a mystery shopper scheme and the results would be shared so that any areas for improvement could be highlighted and acted upon. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the 31st August 2019.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. The responsible pharmacist record was held manually, and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. However, the responsible pharmacist entries did not always include the time responsibility began or ceased and there were a couple of missing entries in the days prior to the inspection. The dispenser explained that the maximum and minimum fridge temperatures were not recorded. When examined the maximum temperature was seen to be 25 degrees Celsius and the minimum was seen to be 14 degrees Celsius. 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. Confidentiality agreements for the staff were in place which all the staff members had signed, and confidential information was stored away from the public. Conversations inside the consultation room could not be overheard and there were cordless telephones available for use. Confidential waste paper was collected in confidential waste bins and later shredded.

The pharmacist explained that he had completed the Community Pharmacy Post-Graduate Education (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 did not have a specific process for raising safeguarding concerns but explained they would refer to the pharmacist where necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to formal training initially, but not to ongoing training which could affect how well they care for people and the advice they give. Pharmacy team members feel able to make decisions and regularly use their professional judgement to help people. They can raise concerns to help keep people safe.

Inspector's evidence

During the inspection, there was one locum pharmacist, one NVQ Level 2 dispenser and one retail assistant who was not involved in pharmacy related tasks. The team had been working at the pharmacy for many years and were seen to have a good rapport with people who came into the pharmacy. Team members were seen to be working well together and supporting one another.

The dispenser explained that the team did not have a formal ongoing training programme, but they would be encouraged to attend local training events and the team had access to pharmacy publications, such as the C&D, which they would read to keep their knowledge updated. Certificates of completed training were displayed in the dispensary. The pharmacist supervised all counter sales and was able to intervene when necessary.

The dispenser explained that the team had an annual appraisal system where their performance would be monitored, and objectives would be set. The pharmacy team explained that they were always happy 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 generally suitable for the provision of its services and are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy. But the pharmacy is very cramped and cluttered, which makes it difficult to find things and increases the risk of mistakes occurring.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, stock room and staff bathroom. The pharmacy was laid out with the dispensary defined away from the main retail area of the store. The walkways in the dispensary and retail area were very narrow and the areas were cramped. The fixtures and fittings in the pharmacy were older and worn in places and the retail area was mostly used for the sales of luxury skincare cosmetics and fragrances. Space in the dispensary was very limited and there was only about 2 metres of bench space which was cluttered and untidy. There was small stock area adjacent to the dispensary which was used mainly for retail stock. 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.

The dispenser explained that the team would clean the pharmacy between themselves, but it was hard to keep clean due to the lack of space and clutter. 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 could be locked and included seating, the pharmacy fridge and a mobile sink. However, the consultation room was also used to store stationary and display materials.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy services are accessible to people with different needs. And the pharmacy team provides people with information to help them use their medicines safely. But the pharmacy could do more to ensure that those medicines which need to be kept in the fridge are stored safely and that all medicines are stored in appropriately labelled containers. 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 health promotion on the medicines counter and the dispenser explained that they would also provide these inside the prescription bags. There was step-free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients when requested.

The pharmacy team prepared multi-compartment compliance packs for domiciliary patients. The packs were seen to include accurate descriptions of the medicines inside and the dispenser explained that she would provide the Patient Information Leaflets (PILs) with every monthly supply of packs. The team explained that they were all aware of the requirements for women 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 dispenser explained that the team would double check with patients on warfarin to see if they knew their dose of warfarin and INR, and that they were having regular blood tests. However, the pharmacy did not routinely retain blood test information for each affected patient.

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 not yet compliant with the European Falsified Medicines Directive (FMD). They had registered with SecurMed and had a scanner in place but were awaiting further training before they started to decommission medicines. The pharmacy obtained medicinal stock from AAH, Alliance, Sigma and Phoenix. Invoices were seen to verify this. Date checking was carried out regularly and the team highlighted items due to expire with coloured stickers. However, some medicines which had been removed from their foil strips and put into amber bottles were found to be labelled without the expiry date or batch number.

There were destruction kits available for the destruction of controlled drugs and drop bins were available and seen being used for the disposal of medicines returned by patients. However, the team did not have a bin for the disposal of hazardous waste. A fridge was in place for the storage of thermolabile medicines, but the temperature was not monitored and on examination, the maximum and minimum temperatures were seen to be out of range. The CD cabinet was appropriate for use and secured well. 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 the dispenser explained that another full-time dispenser would usually action all the recalls and alerts.

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 properly.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml measures. One was marked to be used with water only. 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, 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.