

Registered pharmacy inspection report

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

Pharmacy reference: 1035078

Type of pharmacy: Community

Date of inspection: 12/02/2020

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 34 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 aids 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 not all met	1.6	Standard not met	Some controlled drug records are not complete.
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 fridge temperature is not monitored.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy is failing to adequately manage all of its risks. It keeps most of its records complete, but some of the legally required records are missing. This means that the pharmacy could be unaware of some mistakes and may not be able to easily correct them. The pharmacy uses written procedures for its practice. But it is not keeping them sufficiently up to date. So its team members may not be working in the most effective way. Team members understand their role in protecting vulnerable people.

Inspector's evidence

The team recorded near misses in a log held in the dispensary. When a near miss was found, the pharmacist explained that he would ask the dispensers to check the mistake, correct it and then record it in the log. The pharmacist explained that the team would regularly review their near misses and identify changes they could make in the pharmacy to reduce the likelihood of mistakes recurring. 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 team members 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 positive and displayed on the nhs.uk website. The pharmacy also participated in a mystery shopper scheme and the results were 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 2020.

Records of controlled drugs and patient returned controlled drugs were generally seen to be complete and accurate. The responsible pharmacist record was held manually, and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures had not been recorded in the pharmacy since the end of August 2019. The electronic private prescription and emergency supply records were completed appropriately. The specials records were 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 baskets and later shredded.

The pharmacist had completed the Community Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the team was aware of things to look out for which may suggest there is a safeguarding issue. The pharmacist had the contact list for the local safeguarding authorities in the pharmacy and explained that he would refer to them whenever necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are satisfactorily trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

During the inspection, there was one pharmacist who was the superintendent, two 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 team did not have a formal ongoing training programme, but they were encouraged to attend local training events and they 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 team members had an annual appraisal system where their performance would be monitored, and objectives would be set. The team explained that they were 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 pharmacist 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 two metres of bench space. 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 team cleaned 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 were 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 does not do enough to ensure that medicines which need to be kept in the fridge are stored safely. Its services are accessible to people with different needs. And its team provides people with information to help them use their medicines safely. 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 team provided the monthly Informacist health promotion leaflet in prescription bags. There was step-free access into the pharmacy and the team provided a delivery service for housebound patients when requested.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids included accurate descriptions of the medicines inside and the pharmacy provided 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 taking valproates and they had checked the PMR to see if they had any people affected by this. The pharmacist explained that he would double check with people taking 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 pharmacy had the equipment and software for scanning products in accordance with the European Falsified Medicines Directive (FMD) but were not yet scanning packs with a unique barcode. 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.

There were denaturing kits available for the destruction of controlled drugs. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. A fridge was in place for the storage of thermolabile medicines, but the temperature had not been monitored since the end of August 2019. The CD cabinet was appropriate for use and 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 they had recently actioned an audit trail for Atrolak XL tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities it needs to provide its services safely. Its equipment is clean and well maintained.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicine bottles were 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 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.