

Registered pharmacy inspection report

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

Pharmacy reference: 1035078

Type of pharmacy: Community

Date of inspection: 28/10/2020

Pharmacy context

This is a community pharmacy on a busy high street in Pinner, London. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It also offers flu vaccinations, Medicines Use Reviews (MURs), the New Medicine Service, a delivery service and provides medicines inside multi-compartment compliance packs for some people who find it difficult to manage their medicines. The inspection was undertaken during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 has satisfactory processes in place to identify and manage risks. This includes the risks associated with COVID-19. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. The pharmacist is trained to protect the welfare of vulnerable people. And the pharmacy suitably protects people's private information. However, parts of the pharmacy are untidy. This could increase the chance of mistakes happening. And the pharmacy doesn't always record all the information in some of its records. This could mean that its team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy had some systems in place to identify and manage risks. This included adapting the premises to manage the spread of infection from COVID-19 (see Principle 3). Team members were wearing personal protective equipment (PPE) during the inspection and had access to hand sanitisers. The pharmacy was cleaned, and surfaces were observed being wiped during the inspection. Due to the limited space inside the premises, only two people at a time could be present in the retail space. This allowed people who used the pharmacy's services to socially distance inside the premises. There were no queues or issues seen with this. One member of staff was also observed directing people where to stand and managing this situation. The responsible pharmacist (RP) was aware of the requirement to report any COVID-related illness contracted in the workplace. The inspector discussed ways to manage queues over the winter period and the pharmacy's business continuity plan due to staff shortages or if the NHS test and trace system was enabled.

A range of documented standard operating procedures (SOPs) were in place to support the services provided. They had been read by staff. The RP stated that they had been updated recently. Recording this information clearly in the SOPs was discussed at the time. The pharmacist in charge had the correct RP notice on display, showing his details. And staff knew their responsibilities.

The team's near miss mistakes had been recorded. They were reviewed informally by the RP, he discussed the details with the team to help them to learn from their mistakes and described separating medicines involved. This helped prevent mistakes and mix-ups happening again. The RP handled incidents in line with the pharmacy's complaints procedure. There had been no incidents since the last inspection. However, the pharmacy was quite cluttered. Every workspace was taken up with paperwork or prescriptions. This increased the likelihood of mistakes happening. The RP and staff described regularly clearing the pharmacy but because they had been short-staffed the day before, this had not happened.

The RP was trained to level two to safeguard the welfare of vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). One member of staff present had not received any training on this but team members from the last inspection had been able to sufficiently show that they recognised concerns and referred to the RP. People's private information was protected. Confidential waste was shredded and sensitive details on dispensed prescriptions awaiting collection could not be seen by people using the pharmacy's services.

The team had largely been keeping the pharmacy's records in accordance with statutory and best

practice requirements. This included the RP record. Registers for controlled drugs (CDs) were largely complete although some headers were missing. On randomly selecting CDs held in the cabinet, their quantities matched the balances recorded in the corresponding register. Electronic records for private prescriptions were printed every month and retained, staff were advised to cross-reference information within these and the prescriptions to ensure the correct details had been initially entered. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and this was due to be renewed after 31 August 2021. Records of fridge temperatures were being kept and this had improved since the last inspection although there were some missing entries. The RP was advised to ensure staff routinely kept records to help verify that fridge temperatures had remained within the required range.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload adequately. The pharmacy's team members are trained appropriately for their roles. They understand their roles and responsibilities. But members of the pharmacy team are not provided with many resources to complete their ongoing training. This could affect how well their skills and knowledge are kept up to date.

Inspector's evidence

The pharmacy's staffing profile included two dispensing assistants, a medicines counter assistant (MCA) and a retail shop assistant. The superintendent (SI) was the regular pharmacist and present, along with one of the dispensers during the inspection. The SI or his wife delivered medicines when required. The RP and dispenser were observed working appropriately together to manage the walk-in trade. The team's certificates of qualifications obtained were seen. The pharmacy had enough staff to manage its workload and this was adequate for its volume of dispensing. The RP explained that the pharmacy had been much busier than usual during the early stages of the pandemic, but they had managed. This had since settled. Staff described reading magazines and trade publications to help keep their knowledge and skills up to date. They were sometimes provided with information from the RP. There were no targets in place to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an adequate environment to deliver its services. The pharmacy is small. But it has been adapted to help reduce the spread of infection during COVID-19.

Inspector's evidence

The pharmacy premises consisted of a small retail area, dispensary and a small stock room at the rear. Space therefore inside the premises was restricted. There was an adequate amount of space to dispense and store prescriptions as well as stock. The pharmacy's fixtures and fittings were dated but still functional. Most of the pharmacy was cluttered as described under Principle 1. A sign-posted consultation room was available for services and private conversations. This was also of an adequate size for its purpose. Moving the clutter from this section was advised before flu vaccinations or routine consultations took place.

Due to the size of the premises, it was difficult to socially distance. However, the premises had been adapted because of the pandemic to try and maximise the distance between people. The floor had sections marked to indicate a one-way system, how far forward people could approach and where they could stand. Some totes had been placed in front of the medicines counter to act as a barrier and hand sanitisers were present for people to use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a suitable way. It generally keeps appropriate records for its services. People can access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. And it stores as well as manages its medicines appropriately.

Inspector's evidence

People could enter the pharmacy from the street which helped people with wheelchairs or restricted mobility to use the pharmacy's services. The pharmacy's opening hours were on display and its services were being advertised. Team members spoke Gujarati and Punjabi if needed to help communicate with the local population. Medicines Use Reviews (MURs) had not routinely been taking place due to the coronavirus but the RP explained that he had conducted a few to help counsel people with their medicines. The pharmacy was due to start providing flu vaccinations the following week. Another pharmacist had been contracted to help carry out this service, people were being booked in for 15-minute appointments and to limit the time spent inside the premises, the paperwork, risk assessments and counselling would be taking place by telephone initially.

The pharmacy supplied some people with their medicines inside compliance packs. They were initially set-up after the person's GP requested this service for them or if the team identified a need. Staff maintained individual records for people. Routinely documenting details of any changes and providing patient information leaflets was discussed at the time. Descriptions of the medicines within the compliance packs were routinely provided. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. The pharmacy provided a delivery service on request for vulnerable people and it maintained audit trails to verify this. Contactless deliveries were taking place due to COVID-19. Failed deliveries were brought back to the pharmacy and medicines were not left unattended.

The team used baskets to keep prescriptions and medicines separate. To help identify members of staff who had been involved during the dispensing process, an audit trail from a facility on dispensing labels was used. The pharmacy obtained its medicines and medical devices from licensed wholesalers such as AAH, Alliance Healthcare, Sigma, and Phoenix. The pharmacy was set up to comply with the decommissioning process for the European Falsified Medicines Directive (FMD). Medicines were stored in the dispensary in an ordered manner. The team date-checked medicines for expiry every six months, staff kept records of this, and short-dated medicines were highlighted. CDs were stored under safe custody. Drug alerts were received by email, staff checked for affected stock and acted as necessary. Medicines returned by people for disposal were stored within designated containers before being collected. People who brought sharps back for disposal were referred to the local council.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is relatively clean.

Inspector's evidence

The pharmacy had the appropriate range of equipment and facilities. This included clean, standardised, conical measures for liquid medicines, counting triangles and a relatively clean dispensary sink for reconstitute medicines. The latter two could have been kept cleaner. Hot water was available in the staff WC. Hand wash was present. The CD cabinet was secured in line with legal requirements. Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. Cordless phones were available to help conversations to take place in private. Staff held their own NHS smart cards to access electronic prescriptions.

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.