

Registered pharmacy inspection report

Pharmacy Name: Tannas, 320 Uxbridge Road, Hatch End, PINNER, Middlesex, HA5 4HR

Pharmacy reference: 1035085

Type of pharmacy: Community

Date of inspection: 20/05/2019

Pharmacy context

This is an independent pharmacy located on a high street in Hatch End, in the London borough of Harrow. The owner has had the pharmacy for 36 years and works there regularly. The pharmacy 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 for those who may have difficulty managing their medicines, and provides a local 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

Overall, the pharmacy manages incidents responsibly. But not all members of the team have signed the pharmacy's written procedures. This makes it harder for the pharmacy to show that its staff understand them and follow them safely. The pharmacy keeps the records it needs to by law, but it does not always check its stock balances regularly. This 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 pharmacy kept a record of near misses which occurred in the pharmacy. All errors in the pharmacy were recorded in a manual log which would be reviewed by the pharmacist. Following an incident with bisoprolol 2.5mg and 5mg, the team have placed a note on the shelf near bisoprolol to highlight to the dispensers to exercise caution when picking this item. Any dispensing errors which were made would be written up in the pharmacy on a paper record.

The team had SOPs in place from which had been created in 2018 and were reviewed every two years. Staff roles and responsibilities were highlighted in the SOPs. Most of the team had signed the SOPs to say they had read and understood them, but one of the dispensers had not signed 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 explained that they carried out an annual CPPQ survey but the results of the latest one were not displayed in the dispensary or online.

A certificate of public liability and indemnity insurance from the NPA was on display in the dispensary and was valid until 7 July 2019. Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of a random CD 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.

The maximum and minimum fridge temperatures were recorded electronically daily and were 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 collected in confidential waste bins and disposed of appropriately.

The pharmacy team were aware of how to safeguard children and vulnerable adults. The staff gave examples of 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 were two pharmacists, one pre-registration pharmacist, one NVQ level 3 technician and one NVQ level 2 dispenser. The staff were seen to be working well together and supporting one another.

The pre-registration pharmacist explained that he was enrolled onto the ProPharmace training programme and the regular pharmacist was his tutor. He explained she would attend monthly training sessions based on various clinical areas to support his preparation for the pre-registration exam. The pre-registration pharmacist explained that he felt very supported by the team.

The team members explained that they would be trained informally, and the superintendent pharmacist would often send emails with training updates or topics to discuss as a team.

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.

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. But the pharmacy is dated in areas.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicines counter, dispensary, a stock room, staff kitchen and staff bathroom. The pharmacy was presented professionally from the public view, but the dispensary and staff areas were dated in appearance. The pharmacist explained they were planning on extending the dispensary and refitted the pharmacy to bring it more up to date.

The pharmacy had a dedicated consultation room where conversations going on inside could not be overheard. The consultation room included seating and a clean sink for hand washing if required. Medicines were stored on the shelves in a suitable manner and the team explained that the shelves would be cleaned when the date checking was carried out.

The dispensary was screened to allow for preparation of prescriptions in private. Prescriptions awaiting collection were stored behind the medicines counter and were mostly secure. However, prescriptions at both ends of the counter could be exposed to unauthorised access.

There was a 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 usually delivers its services in a safe and effective manner. But, the pharmacy does not always include information leaflets with every supply. This means the patient may not have all of the information they need to take their medicines safely. The pharmacy generally sources and stores medicines safely. But, the pharmacy doesn't have a hazardous waste bin to dispose of hazardous waste medicines. This may increase the risk to staff and the environment.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and there was a range of health promotion leaflets on a shelf in the retail area of the pharmacy. There was step-free access into the pharmacy and enough space for the movement of a wheelchair or a pushchair.

The pharmacy team prepared multi-compartment compliance aids for patients receiving care in their own homes. All the compliance aids examined were prepared with accurate descriptions of the tablets inside but patient information leaflets (PILs) were not provided with each supply.

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 for patients who may become pregnant. The team explained that they had only one patient who was affected by this and that she had been appropriately counselled.

The team explained that they ask patients for their yellow books and check their INR levels and last blood test results. The pharmacist explained that they would record all the INR levels and blood test dates on the PMR.

The team explained that they were almost compliant with the European Falsified Medicines Directive (FMD) and just need to register with SecurMed. 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 Alliance, Sigma and AAH.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen being used for the disposal of medicines returned by patients. However, there wasn't a bin available for the disposal of hazardous waste.

Date checking was carried out monthly and records of this were seen to be completed appropriately. Medicines close to expiry were highlighted on the shelves with stickers and the team would write on the expiry date. 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 chloramphenicol 0.5% eye drops and had actioned it appropriately.

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 a clean crown stamped 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. Designated bins for storing waste medicines 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.