

# Registered pharmacy inspection report

**Pharmacy Name:** Collins Pharmacy, 8-9 Queensbury Circle,  
STANMORE, Middlesex, HA7 1EY

**Pharmacy reference:** 1035106

**Type of pharmacy:** Community

**Date of inspection:** 14/10/2019

## Pharmacy context

An independent pharmacy located on a busy shopping parade in Stanmore, Harrow. 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), multi-compartment compliance aids for patients in their own homes, flu vaccinations 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 regularly records and reviews its mistakes, so it can spot patterns and trends and so reduce its risks. 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

Any near misses identified by the pharmacist were highlighted to the team member who made it and the pharmacist asked them to look at it again, change it and then record it. Near misses were recorded in a log held in the dispensary and were reviewed after 11 entries were made. The reviews were discussed with the pharmacy team and they highlighted any areas of improvement or trends seen in the near misses.

The pharmacist explained how the team had recently separated all the 'Look Alike Sound Alike' (LASA) drugs on the shelves and he demonstrated a LASA presentation he had given to the team. The presentation was a chance to inform the team of the risks surrounding LASA medicines and the effects they would have on patients if they received the incorrect medicine. Errors that left the premises were recorded on incident report forms held in the pharmacy and on the National Reporting and Learning System (NRLS) and then shared with the team. The pharmacist described an incident where they accidentally gave out the incorrect strength of ascorbic acid. As a result of this, the team implemented a new process to ensure that after the pharmacist clinically and accuracy checked a prescription, there was another accuracy check either by the pre-registration pharmacist or the technician. There was a logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartment compliance aids were prepared in a dedicated area of the dispensary to reduce distractions.

Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years. The team had recently created new SOPs for the Serious Shortage Protocol guidance which had been recently implemented nationally. The team had 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 available in the dispensary and was renewed annually. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint and held a record of complaints in the dispensary. The team carried out an annual community pharmacy patient questionnaire (CPPQ) survey and the results of the 2018 survey were positive and displayed on the nhs.uk website, but the 2019 results had not yet been uploaded.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Sevredol 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the team checked the running balance every three months, but more commonly dispensed controlled drugs were balance checked as the relevant entries were made in the register. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the 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 completed electronically, 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. The team explained that the screens time out after three minutes of inactivity to ensure they were secure. 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 collected in confidential waste baskets and later shredded. 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. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members explained that they were aware of things to look out for which may suggest a safeguarding issue and they had a poster on display showing the actions they should take if a safeguarding incident was suspected. The pharmacist also had the NHS Safeguarding app on his mobile phone to access when required. The team members were all Dementia Friends and had completed this learning online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage 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, one NVQ Level 3 dispenser who had submitted her registration details to become a registered technician, two NVQ Level 2 dispensers, one trainee dispenser and one medicines counter assistant. Certificates of completed accredited training were available in the pharmacy. The staff were seen to be working well together and the pharmacist was observed coaching the pre-registration pharmacist.

The pre-registration pharmacist explained that he was completing the Propharmace pre-registration programme and attended study days every month tailored around different clinical areas in preparation for the pre-registration exam. The pre-registration pharmacist explained that the regular pharmacist was his tutor, and he often double checked the accuracy of the pharmacist's accuracy checks to help prepare for practice. This also helped to ensure that the pharmacy did not miss errors made during dispensing.

The pharmacist was observed advising a patient on insulin to contact the local council to get their yellow sharps bin for insulin needles picked up. When asked about this, the pharmacist explained that he often advised patients about this as he had many experiences where patients did not seem to know how to dispose of their sharps safely. The pharmacist explained that for an elderly patient who did not speak English, he had contacted the council on her behalf while she was present in the pharmacy to arrange a time for them to pick up the needles from her house.

The team did not have a formal on-going training programme, but they were regularly updated by the pharmacist on any professional changes and they attended local training events held by various pharmaceutical companies or the Local Pharmaceutical Committee (LPC). The team explained that they regularly received pharmacy journals and magazines in the post which they read.

The pharmacy team explained that they were able to openly 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 dispenser 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, dispensary, consultation room and small staff area. On the day of the inspection, the pharmacy was having a dispensing robot fitted by BD Rowa and had created a space between the dispensary and the consultation room to place the robot. As a result of the robot fitting, the team had to temporarily move a lot of stock and so some parts of the pharmacy were not as clear as others. However, the team explained that once the robot was installed, the stock would be moved inside the robot and this would clear the pharmacy more. The team explained they were having the robot installed to improve efficiency, reduce errors and to allow the team to have more face-to-face contact with patients.

The pharmacy was professional in appearance, clean and tidy. 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 as they worked and they also had a cleaner who cleaned the pharmacy for them four days a week. 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 pharmacist explained that 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 signposted as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, storage and a computer with the PMR.

## 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. Team members identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy 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. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion around the pharmacy. There was step-free access into the pharmacy via an electric sliding door and the team explained that they provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services. The team served a diverse community and they were observed using their language skills to communicate with patients who did not speak English well.

The pharmacist explained that the pharmacy had applied to the British Heart Foundation to have a defibrillator in the pharmacy which could be used by the whole community and the local shops should it be required. The pharmacist explained they had done this as they served a large population who were mostly elderly and had various health conditions, including heart problems.

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 supplied with patient information leaflets every month. The team explained that they were 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. Those patients were highlighted on the PMR and the pharmacist had the appropriate conversations with them regarding the risks of valproates.

During the inspection, a patient presented his prescription for warfarin alongside his yellow anti-coagulant monitoring book. The pharmacist recorded the details of the patient's blood test on the patient's record while someone else dispensed the prescription. The pharmacist explained that most of their warfarin patients bring in their anti-coagulant monitoring books and they recorded their blood test results, so they could ensure that patients received their warfarin safely and the team could monitor this. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the pharmacist demonstrated how they were decommissioning medicines using the ProScript Connect program. The pharmacist explained that the robot which was being installed was FMD integrated and would help to decommission medicines alongside their software system. The pharmacy obtained medicinal stock from AAH, Alliance, Sigma, NWOS, Trident and Phoenix. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with coloured stickers and they recorded any medicines due to expire and removed them during the next date checking cycle.

The pharmacy team had been in touch with the major manufacturers of HRT products and have opened accounts with them to obtain HRT medicines while there have been national shortages. The pharmacist explained that he had been in touch with the British Menopause foundation to get an equivalence chart for the different types of HRT which he shared with the local health centre, so the GPs can prescribe an equivalent product which the pharmacy will have in stock. The pharmacist demonstrated how the team had dispensed over 100 HRT prescriptions in the last fortnight and they have GPs from further afield sending prescriptions to them as they have products in stock. The pharmacist was observed contacting a GP to explain that ferrous fumarate was out of stock and explaining which medicines had equivalent quantities of ferrous in them so they could prescribe something else for the patient.

The pharmacy team kept a record of all interventions and referrals on the patient's record. The pharmacist gave an example of one patient who had difficulty swallowing multiple tablets and when they were prescribed to take four prednisolone 5mg tablets, he had asked the patient's GP if it could be changed to a prescription for 20mg tablets and explained why.

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 team also had separate bins for the disposal of hazardous waste and a list of hazardous waste to be disposed in these bins. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and secured well to the wall of the dispensary. 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 Zantac preparations. 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

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment satisfactorily to ensure that it works properly.

### 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 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.