

# Registered pharmacy inspection report

**Pharmacy Name:** Health Pharmacy, 122 Windermere Avenue,  
WEMBLEY, Middlesex, HA9 8RB

**Pharmacy reference:** 1035217

**Type of pharmacy:** Community

**Date of inspection:** 23/10/2019

## Pharmacy context

The pharmacy is located in a parade of businesses in a residential area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery and substance misuse.

## 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. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk and keeps people's information safe. The pharmacy has written procedures which are being updated to help make sure the team works safely. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacist worked alone so did not record near misses but a mental break was taken during the dispensing and checking process. To minimise the risk of picking Hypromellose eye drops incorrectly, the pharmacist had enclosed packs of one strength and packaging in a rubber band to separate them from other different eye drops but which had similar packaging.

Workflow: the pharmacist explained that a clinical and stock check was undertaken on receipt of the prescription. Baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated, and medicines were picked from reading the prescription. The pharmacist checked interactions between medicines for the same patient as they appeared during the labelling process. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines.

There was a procedure for dealing with outstanding medication. Prescriptions were generally received, dispensed and medicines ordered in advance of the patient collecting their medicines. Stock was received, and the outstanding medication was labelled and bagged before the patient visited the pharmacy. An owing slip was issued if needed. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for a number of patients and generally supplied weekly. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. There was a patient record sheet and notes were recorded on the patient medication record (PMR). Labelling included a description to identify individual medicines and patient information leaflets (PILs) were supplied with each set of compliance aids. Dispensing labels included the wording 'please read PIL'. Each patient had their own box containing medicines, discharge summaries and backing sheets.

High-risk medicines such as alendronate were mostly supplied separately from the compliance aid. The dates of CD prescriptions were managed to ensure supply within the 28-day validity of the prescription. Levothyroxine tablets were supplied in compartments positioned to ensure being taken before other medication or food and special instructions were highlighted. The practice leaflet was due to be reprinted. The annual patient questionnaire was conducted. The standard operating procedures (SOPs) were not available at the time of the visit and the responsible pharmacist said she had taken them home to review. The staff member who served at the medicines counter said she would not give out a

prescription or sell a P medicine if the pharmacist were not on the premises. A diabetic person requesting a treatment for corns or verrucae would be referred to the pharmacist.

To protect patients receiving services, there was professional indemnity insurance in place provided by the NPA expiring 30 April 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency and 'specials' supplies were generally complete but some prescriber details were missing and the nature of an emergency supply had not always been recorded.

The CD registers were complete and the balance of CDs was audited regularly. A random check of the actual stock of three strengths of MST reconciled with the recorded balances in the CD registers. Footnotes correcting entries were signed and dated. Invoice number and name and address of supplier were recorded for receipt of CDs. The methadone register was generally complete and methadone was audited weekly. Footnotes were signed and not always dated and invoice number and name of supplier were recorded for receipt of methadone, FP10MDA prescriptions were endorsed at the time of supply. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed a confidentiality agreement and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. Staff had undertaken dementia friends training and the pharmacists were accredited at level 2 in safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team member is comfortable about providing feedback to the pharmacist and is involved in improving the pharmacy's services.

### Inspector's evidence

Staff comprised: one full-time pharmacist and one medicines counter assistant (MCA) who had completed accredited training including stock management and healthy living. Children's oral health, safeguarding and risk management training had been undertaken in line with quality payments criteria.

Staff performance was monitored on an ongoing basis. The MCA said she felt able to provide feedback to the pharmacist to improve services and had suggested stocking new medicines such as Otrivine Extra Dual Relief. Targets and incentives were not set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean and suitable for the provision of its services. The pharmacy prevents people accessing the premises when it is closed.

### Inspector's evidence

The pharmacy premises were large and spacious. The public area was very clean, tidy and well presented. The dispensary was elevated slightly above the level of the medicines counter and public area. The lavatory facilities were clean and handwash equipment was provided. People were signposted to the consultation room which was located to one side of the medicines counter. The consultation room was locked when not in use. There was some clutter in the consultation room. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

### Inspector's evidence

There was wheelchair access and a hearing loop to assist hearing impaired people. Staff could converse in Hindi and Gujarati to assist patients whose first language was not English. Large font labels could be printed for visually impaired people. Patients were signposted to other local services such as the optician or eye hospitals, services at a local hospital and flu vaccination at other local pharmacies.

Although there were currently no patients in the at-risk group, the pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) which would be explained. There was a folder of information on supply of sodium valproate and PPP. Mini posters regarding risks associated with sodium valproate were displayed in the dispensary and consultation room. When generating dispensing labels, the pharmacy computer printed out an alert label. The intervention was recorded on the patient medication record (PMR). The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. Interventions were recorded on the PMR.

The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates and checked the patient understood their dose of warfarin. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter medicines and diet containing green vegetables which could affect INR. If the patient was prescribed another medication such as an antibiotic they were advised to attend the INR clinic for another blood test to check INR. People taking methotrexate were reminded about the weekly dose and when to take folic acid. People were advised to seek medical advice if they developed an unexplained fever. All prescriptions for CDs remained on the dispensary bench by the pharmacist and the date was checked to ensure supply within the 28-day period of validity.

Audits had been conducted to identify people for referral for prescription of a proton pump inhibitor for gastric protection during the non-steroidal anti-inflammatory drug (NSAID) audit. The audit regarding prescription of salbutamol with no steroid inhaler for six months had been conducted and there was an audit of foot checks and retinopathy screening for diabetic patients. Health campaigns to increase public awareness included stroke and children's oral health.

Compliance aids were delivered two days per week by pharmacy staff and each patient had their own delivery record. Where possible a patient signature was recorded indicating a successful delivery.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix, Sigma and Colorama. Floor

areas were mostly clear, and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded and medicines were date checked as they were dispensed. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening and medicines were generally stored in original manufacturer's packaging. There was a discussion about ensuring medicines were stored in appropriately labelled containers, so the pharmacy could identify stock affected by drug alerts or date checks. Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval monthly. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was demonstrated during the visit. Drug alerts and recalls were emailed and actioned, but the pharmacist said moving forward they would be printed, signed and filed after checking stock for affected batches.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy's equipment keeps people's private information safe.

### Inspector's evidence

Current reference sources included BNF and Drug Tariff. There were clean standard glass measures to measure liquids including separate measures for methadone and the dispensary sink was clean. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius. The CD cabinet was fixed with bolts. There were CD destruction kits. Two oxygen cylinders required removal by the supplier as they may have posed a fire risk. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly.

### 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.