

# Registered pharmacy inspection report

**Pharmacy Name:** Akshar Pharmacies, 8a Rushbrook Crescent,  
LONDON, E17 5BZ

**Pharmacy reference:** 1040226

**Type of pharmacy:** Community

**Date of inspection:** 08/05/2024

## Pharmacy context

The pharmacy is in a residential area in Walthamstow, London. It provides an NHS and private prescription dispensing services and sells a range of over-the-counter medicines.

## 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 makes sure that its team members understand their roles and responsibilities, and how to carry out activities. And it has written procedures to help it deliver safe and effective services. Team members know how to help and protect vulnerable people and there are ways in which the public can provide feedback. The pharmacy protects people's information and largely keeps the records it needs to by law. When a dispensing mistake happens, team members generally respond well. But they do not always record any mistakes, which could make it harder to review them and identify any patterns or trends.

### Inspector's evidence

The responsible pharmacist (RP) sign was correct and visible to the public at the time of inspection and the RP record was completed. The indemnity insurance certificate was in date. The pharmacy had standard operating procedures (SOPs) which were signed by all team members. The SOPs were reviewed and updated when changes occurred. The dispenser was able to describe what action they would take if they did not have an RP present and could explain what activities they could and could not do.

A document was available to record dispensing mistakes that were identified before reaching a person (near misses), however this had not been used for over a year. The RP said that they often dispensed and self-checked, and explained that mistakes were rectified during the dispensing process but not often recorded. They were aware of how to report an incident to the Learn from patient safety events (LFPSE) service if necessary.

Feedback or complaints from people using the pharmacy's services could be made verbally in person or by telephone. If a complaint was received team members had an SOP to refer to and would escalate to the RP. The RP had completed level three safeguarding training, and all other staff members had been trained to level one through the Centre for Pharmacy Postgraduate Education (CPPE). Team members were able to describe some of the signs of harm to be aware of, and the dispenser was able to give examples of when they had contacted the GP with concerns around a person's welfare. They knew to raise any concerns with the RP for escalation.

Private prescription records contained the correct information, and the pharmacy did not usually issue emergency supplies. The RP explained that in the past, they had been able to issue an emergency supply after weighing the risks and benefits to the patient and could do this if required, using the PMR for documentation. Records about unlicensed medicines supplied contained the required details. The controlled drugs (CD) register was completed correctly. Confidential waste was collected in a basket and shredded once a month to ensure peoples private information was protected. Pharmacy computer screens were not visible to the public.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff for the services it provides and manages its workload safely. Some learning resources are available to the team for ongoing training, and team members can access these during work hours. Team members work well together and can raise concerns if needed, in an open and honest environment.

### Inspector's evidence

The pharmacy team consisted of the RP, one full time dispenser, who mainly covered the counter and one part-time counter assistant. Team members had all completed accredited training courses. And staffing levels were sufficient for the services the pharmacy provided.

The dispenser was able to demonstrate an awareness of medicines with the potential for abuse and could identify people making repeat purchases. They knew the appropriate questions to ask when responding to requests or selling medicines.

There was no formal structured process for ongoing development of the team. The dispenser said that they usually kept up to date with new information by reading material received through the wholesalers, such as magazines and leaflets. And if a new product was received, they would have an informal team discussion and look through the packaging information or leaflet. This was completed within working hours.

The dispenser said that she had a good working relationship with the RP and felt comfortable about raising any concerns. The team described an open working environment where feedback or suggestions could be given informally. Similarly, on the spot feedback was provided to the team with regards to performance, and issues discussed as they arose.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, with adequate space for providing its services safely. The premises are safe and appropriately maintained and is secure from unauthorised access. The premises help protect people's confidential information.

### Inspector's evidence

The pharmacy had single door access with a well-stocked retail area and some seating for people awaiting service by the entryway. Pharmacy-only medicines were kept behind the counter.

The dispensary was to the rear of the counter on a raised platform. This enabled team members to clearly see the public, but confidentiality was maintained as people could not see in to the dispensary. There was a storage room behind the dispensary for waste medicines awaiting collection and a shredder for confidential information. The pharmacy did not have a consultation room. But the RP said that if someone wanted to have a conversation in private they would take them somewhere quieter in the pharmacy.

The premises were clean and generally tidy with bright lighting and they were kept secure from unauthorised access. The room temperature was suitable for the storage of medicines and there were handwashing facilities available in the dispensary. The pharmacy had a toilet for staff with separate handwashing facilities. Team members cleaned during quieter times.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy suitably manages its services and people with varying needs can access them. It sources its medicines from reputable suppliers and stores them appropriately. The correct disposal methods for medications are used where necessary. Team members know the right actions to take in response to safety alerts and recalls, but they do not keep a record of these. This could make it harder for the pharmacy to show what it has done to ensure medicines and medical devices are fit for purpose.

### Inspector's evidence

The pharmacy had step free access for people with wheelchairs or pushchairs, and large-print labels were available to people on request.

Medicines were sourced from licenced suppliers. A random spot check of stock revealed no expired medicines, and during the inspection a check for out-of-date medicines was being completed by the RP. Some opened bottles of liquid medicines did not have an date of opening recorded, the RP gave assurances that this would be done in future to ensure manufacturers guidance is followed for the shelf life of these products. Medicinal waste was stored separately from current stock and the RP reported this was collected regularly. Records for the fridge were largely completed daily and showed no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius.

The pharmacy received safety alerts and drug recalls for medicines or medical devices, through the pharmacy's general email. There was not an audit trail for what had been done in response, and the RP gave assurances that a process would be developed for ensuring the action taken was recorded.

Prescriptions were self-checked by the RP and on some occasions the dispenser was asked to double check work. The team used baskets to ensure that people's prescriptions were separated to reduce the risk of errors. Prescriptions were processed when people presented to the pharmacy to collect, and if the pharmacy did not have the stock available it could be ordered, or they were signposted to other pharmacies. For items which had to be ordered in, an owing label would be generated from the patient medication record (PMR) and people would be contacted to collect when stock arrived.

The RP was aware of the risks involved when supplying valproate products to people who could become pregnant. They explained that they would check whether people were on a Pregnancy Prevention Programme (PPP) and they would record interventions on the PMR system. They also knew about requirements to supply these products in complete original manufacturer's packs, and to ensure they didn't cover any of the warnings with dispensing labels. For other high-risk medicines, the RP spoke with people as they were waiting for items to be dispensed, if a more private conversation was required, they said that they could take the person to one side and keep conversation volume low. Warnings for these medicines automatically flagged up on the PMR system and the RP checked that people were having regular blood tests as needed.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to deliver its services safely, while protecting people's private information. It maintains its equipment so that it is safe to use and has adequate resources to provide information to people.

### Inspector's evidence

The pharmacy had suitable glass conical measures and tablet counting triangles available. A separate triangle was available for cytotoxic medication to avoid contamination. The team had access to and used current and relevant reference sources for clinical checks and providing advice to people. The RP had their own NHS smartcard, this enabled access to electronic prescriptions and all computers were password protected to safeguard information. There was a domestic fridge in the dispensary, with operating temperatures within the required range at the time of inspection. A CD cabinet was also present and adequately secured according to requirements.

### 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.