General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Parade Chemist, 25 Grand Parade, Harringay, LONDON, N4 1LG

Pharmacy reference: 1040335

Type of pharmacy: Community

Date of inspection: 04/07/2022

Pharmacy context

This pharmacy is situated in a parade of shops on a main road. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to help people take their medicines safely. It also provides flu vaccinations and a range of private services.

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's working practices are safe and effective. The pharmacy generally keeps the records it needs to by law so that medicines are supplied safely and legally. People who use the pharmacy can give feedback on its services. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members respond appropriately when mistakes happen during the dispensing process.

Inspector's evidence

Standard operating procedures (SOPs) were available electronically. Team members were provided with time to read through the SOPs allocated to their role. The system allowed for the directors of the company to track who had read the SOPs. There was an option to complete a multiple-choice questionnaire once team members had read the SOPs. This was not being done at the time of the inspection. However, one of the director's said he would discuss implementing this with the superintendent pharmacist (SI). The team had been routinely ensuring infection control measures were in place.

The pharmacy recorded dispensing mistakes where the medicine was handed to a person (dispensing errors). Dispensing mistakes which were identified before the medicine was handed out (near misses) were recorded on a sheet and uploaded onto an electronic system. It was found during the inspection that the subscription to the electronic system had expired on 20 June 2022, this was renewed during the inspection. The RP used the system to create a report which analysed the errors. This was then discussed with the team. Recent reviews had found that errors mainly occurred when team members were distracted or multi-tasking as a result of this everyone had been asked to focus on one task at a time. Following a review metoclopramide and metoprolol had also been separated on the shelves. Dispensing errors were investigated, reviewed and steps were taken to avoid reoccurrence. The RP described a recent incident were someone had been dispensed a lesser strength of the prescribed medication. The person had taken two of the tablets to make up the strength they were required to take. This incident had not been recorded. The RP gave an assurance that she would ensure all future incidents were recorded.

A correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. People also left reviews online and most people generally spoke to the pharmacist. Prior to the pandemic the pharmacy had also completed annual patient satisfaction surveys. The pharmacy was due to restart these in September 2022. One of the main changes the pharmacy had made due to feedback was having a ramp installed to make it easier for people to access the pharmacy.

Records for emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained. Private prescription records were also generally well maintained but the prescriber details recorded on some of the entries were incorrect. Controlled drugs (CDs) that people had returned were recorded in a register as they were received. A random check of a CD medicine quantity complied with the balance recorded in the register. CD registers were kept electronically and CD balance checks were carried out regularly.

Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy. An information governance policy was available and team members had read and signed this. Confidential paperwork and dispensing labels were segregated and collected by a third-party shredding company. Team members had read and signed a confidentiality agreement.

Team members who accessed NHS systems had smartcards; the owner was due to apply for smartcards for part-time team members. Summary Care Records (SCRs) could be accessed by the RP and dispenser. Consent was gained verbally from people.

The RP had completed level two safeguarding training and most team members had completed level one training. Details for the local safeguarding contacts were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely, and they work effectively together and are supportive of one another. Team members are given some ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, a trained dispenser and one of the directors who was also a trained dispenser and was helping out. Team members were all trained or undergoing training. Team members were able to manage their workload during the inspection. The RP felt that there was an adequate number of staff, she described how the rota was arranged to ensure there was sufficient cover on the busier days. Team members who worked part-time were also able to work additional hours if needed.

Individual performance and development was monitored by the directors who held annual appraisals with each of the team members. The directors spoke to the regular RP before the meetings were held. Team members were also provided with ongoing feedback by the RP.

The dispenser counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

There was no formal process in place for completing ongoing training for team members. Information was passed on to the team by the RP or directors during meetings. Team members completing their formal training courses were well supported by their colleagues and the RP. Most training was completed at home and trainees were given some time at work when it was quiet. The trainee spoke to pharmacist if she was unsure on any sections and the RP guided her. The trainee was also able to contact the RP for help outside of working hours.

Team members discussed issues as they arose. The RP described making notes to ensure issues could be discussed on days that most team members were in. The RP felt able to share suggestions, concerns and feedback with the directors. This was done either via email or personally. Feedback and suggestions were taken on board. Targets had recently been introduced for services such as the New Medicine Service although there was no pressure to meet these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver its services from. And its premises are suitably clean and secure.

Inspector's evidence

The pharmacy was clean and organised. There was ample workspace which was clear of clutter and organised. Workspace had also been allocated for certain tasks. Separate designated areas were used for preparing multi-compartment compliance packs and a separate bench was used by the pharmacist for checking prescriptions. The position of the checking area allowed the RP to have a clear view of the shop floor and medicines counter. A clean sink was available for the preparation of medicines. Cleaning was carried out by team members at regular intervals in accordance with a rota.

The pharmacy had a consultation room which was easily accessible. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. The room was disorganised and untidy. One of the chairs was also dirty. The owner provided an assurance that the room would be cleaned. The door leading into the room had a glass window, the RP described how the blinds used for taking passport photographs could be used if needed but she planned to speak to the directors to possible have a small blind fitted inside. The room temperature and lighting were adequate for the provision of pharmacy services and the safe storage of medicines. The premises were secure from unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

The pharmacy was easily accessible, there was a flat entrance from the street and an internal ramp with railing. Aisles were wide and allowed easy access to the medicines counter. Services were appropriately advertised to patients and team members knew of other services which were available locally and described signposting people to these where needed. In some cases referrals were also made to people's GPs and the RP emailed the pharmacist at the practice with the relevant information. A delivery service was offered to those people who were unable to access the pharmacy and the pharmacy were also able to produce large print labels. Some team members spoke Turkish or Greek, which were the two most common languages spoken locally. The team ensured there was always someone present working who spoke one of the two languages.

Prescriptions were received electronically, then printed out and labels were processed and placed into a basket. These were dispensed by a dispenser and left for the RP to check. The RP very rarely had to self-check. Dispensed and checked-by boxes were available on labels and these were routinely used. Baskets were used to separate prescriptions, preventing transfer of items between people.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. In most cases sodium valproate was dispensed in its original pack. The need to use warning labels when sodium valproate was not dispensed in its original pack was discussed. The RP and director were also made aware of space for placing dispensing labels on the pack. The director gave an assurance that this information would be cascaded to all other branches. Additional checks were carried out when people collected medicines which required ongoing monitoring. Information regarding blood tests were forwarded to people's GP when prescriptions were ordered.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. To help organise and manage the service the pharmacy used a spreadsheet to track when people's prescriptions had to be ordered and were due. Prescriptions were compared against the person's master sheet which had an up-to-date record of all their medicines as well as their SCR. Team members contacted the surgery with any queries. A clinical check was carried out by the pharmacist before packs were prepared by the dispensers and checked again by the pharmacists. A colour coded system was used when people were admitted into hospital. Discharge summaries were checked before any new packs were prepared. Assembled packs seen were not labelled with product descriptions and mandatory warnings, and patient information leaflets (PILs) were not routinely supplied. The RP and director gave an assurance that they would ensure mandatory warnings were recorded on all packs and PILs were routinely supplied. The SI and RP were due to review the service and discuss the best way to label the packs so that product descriptions could be included. A prepared pack for a patient was seen to have an Alendronic acid tablet placed in one of the morning compartments, this had not been deblistered and instead the foil blister had been cut round.

The RP agreed that there were risks involved with supplying the medicine this way and provided an assurance that this practice would be stopped.

The pharmacy also supplied medicines to two or three people who resided in care homes. Their medicines were supplied in original packs. Medicines administration charts (MARR) were provided with all medicines dispensed.

The pharmacy provided a delivery service. Signatures were no longer obtained when medicines were delivered and this was to help infection control. The driver made a record of the date and time of

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

Equipment was clean and ready for use. The pharmacy had plastic measures, and tablet counting equipment. During the course of the inspection the director ordered new glass calibrated measures and forwarded confirmation to the inspector. A fridge of adequate size was available in the dispensary and a small medical fridge was kept in the consultation room for storing vaccines. Blood pressure, blood glucose and cholesterol monitors were used for services provided. Monitors were calibrated annually by an external company along with the weighing scales. The pharmacy had purchased a tablet deblistering machine two to three months prior to the inspection and were due to check calibration requirements with the manufacturers. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

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.