General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Park Pharmacy, 286 Seven Sisters Road, LONDON, N4 2AA

Pharmacy reference: 1040342

Type of pharmacy: Community

Date of inspection: 17/12/2019

Pharmacy context

This is a busy independent pharmacy situated on a main road in close proximity to Finsbury Park Station. In addition to dispensing medicines the pharmacy supplies some people with medicines in multi-compartment compliance packs and also provides flu vaccinations and emergency hormonal contraception (EHC). The pharmacy holds a wholesale dealers license and supplies medicines to people living abroad.

Overall inspection outcome

✔ **Standards met**

Required Action: Improvement Action Plan

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

People who use the pharmacy are asked for their views. The pharmacy largely keeps the records it needs to so that medicines are supplied safely and legally. It generally protects people's personal information appropriately. When things go wrong, the pharmacy team responds well. But the team members don't record all the mistakes picked up during the dispensing process. So, they may be missing opportunities to learn.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available, there was no evidence to show when they had last been reviewed or to show that team members had read and understood SOPs relevant to their roles. Newer members of staff had not read SOPs at the time of the inspection. Core dispensing SOPs did not incorporate the Falsified Medicines Directive. The Responsible Pharmacist (RP) who was also the superintendent pharmacist (SI) was in the process of reviewing and implementing new SOPs.

Near misses were said to be recorded on the system but there was no record of any near misses or dispensing incidents found to be recorded in the last year. The RP described that there had been a dispensing incident in this period where a team member had handed out the wrong person's medication to someone else. The team had been briefed to ensure that they checked people's names and addresses when handing out medicines. When a dispensing error was reported the RP rectified the error, tried to find out what had happened and too steps to avoid reoccurrence. In the past the brand of gliclazide 80mg tablets stocked had been changed.

The pharmacy had current professional indemnity insurance. However, this did not cover all the services provided by the pharmacy. This was rectified by the RP following the inspection with evidence forwarded to the inspector. The pharmacy had a complaints procedure and also completed an annual patient satisfaction survey. Complaints would be referred to the RP. Team members could not think of specific examples of any changes that had been made following a complaint or feedback provided.

The correct RP notice was displayed. The team members were not fully aware of the tasks that could and could not be carried out in the absence of the RP and said that they would hand out an assembled prescription if the pharmacist was not there. The inspector reminded them of what they could and could not do.

Records for private prescription, emergency supply and unlicensed medicines were generally well maintained. Controlled Drug (CD) registers were well maintained but were missing some headers. CD running balances had been checked, but the frequency of the checks varied. RP records were well maintained but pharmacists were not routinely signing out. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received.

The pharmacy had an information governance policy in place, the RP had attended a training session on data protection and confidentiality after which she had verbally informed the team on what she had learnt. Assembled prescriptions were stored in the dispensary. Team members who used NHS systems had smartcards. The RP had access to Summary Care Records (SCR) consent to access these was gained

verbally. Some people's private information was found on the counter, but this was immediately removed when it was highlighted. And this was discussed with the team during the inspection.

The pharmacist had completed level 2 safeguarding training. Previous team members had completed level 1 training. Team members would report concerns to the RP. Details for local safeguarding contacts were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services. And they are given some ongoing training. This helps them to keep their knowledge and skills up to date. But they sometimes struggle to cope with the workload and tasks such as cleaning and regular audits.

Inspector's evidence

The pharmacy had recently had a large turnover of team members. The RP said that the pharmacy was in the process of recruiting and had advertised for a full-time medicines counter assistant (MCA) and dispenser. The pharmacy previously had an Accredited Checking Technician (ACT) who was no longer working at the pharmacy. The RP was looking to recruit a new ACT. The RP had interviewed some people but had not recruited anyone at the time of the inspection. At the time of the inspection the pharmacy team comprised of the RP a pharmacy student and a counter assistant. The counter assistant had previously worked on the fragrance counter but had been covering the medicines counter for the last three months but had not completed or been registered on any formal accredited training. Following the inspection, the RP confirmed that team members had been enrolled on relevant training courses. The RP said that the team were struggling due to a shortage of staff. This was observed during the course of the inspection with the pharmacy team falling behind with routine tasks such as cleaning.

Due to the turnover of staff, performance was being managed informally. The RP provided team members with feedback constantly.

The pharmacy student asked appropriate questions before recommending over-the-counter treatment. She referred to the RP before selling any medicines or for any multiple sale requests. The counter assistant was due to be enrolled on the medicines counter assistant course after Christmas. She spoke to the RP before selling any medication.

Team meetings were held when things needed to be changed, these were not recorded. Otherwise the team discussed things as they came up. Notes were left by other pharmacists for the RP or they called her to pass on information. Previously the pharmacy had been registered with the CQC as a private doctor had practiced from there. However, this had stopped.

Previously the RP had sent team members on training events and sessions held by companies or to local pharmaceutical meetings. However, due to the issues with staffing levels this had not been done recently. The RP verbally briefed the team with any relevant information and there were reference sources which team members could refer to or they could speak to the RP.

No numerical targets were set for team members or for locum pharmacists.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are generally suitable for the services the pharmacy provides. And they are kept secure. But there is limited space to store dispensed medicines and stock and the pharmacy could do more to keep all the areas clean and tidy.

Inspector's evidence

The dispensary work benches were cluttered and stained in some areas and medicines were placed in a disorganised manner on some of the shelves. Storage space was limited. Baskets with dispensed medicines were stored on the floor and these could represent tripping hazards. The shelves in the dispensary were dusty; cleaning was carried out by team members every two to three weeks. A sink was available in the dispensary for the preparation of medicines. A spacious consultation room was available for private conversations. The consultation room was cluttered with boxes and the door leading into the room was kept wide open. The room was used to prepare multi-compartment compliance packs. This was done on a couch which was dirty. Following the inspection, the RP confirmed that the room had been cleared.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature in the dispensary.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy provides its services adequately. It obtains its medicines from reputable sources. And largely manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services. The pharmacy does not always store its medicines in appropriately labelled containers. And this could make it harder for the pharmacy to carry out date checks or respond to safety alerts.

Inspector's evidence

There was step-free access and automatic doors to the pharmacy. At the time of the inspection the door was broken and was due to be fixed. Team members would help people who required assistance. The pharmacy had the ability to produce large print labels. Team members were multilingual or asked the person to call their family member so that they could translate. Services were advertised in the window and team members were aware of the need to signpost people to other providers, such as to a local walk-in clinic. Team members were familiar with local services.

The RP felt that the EHC had the most impact locally as the pharmacy was close to an underground station and had extended opening hours; other local pharmacies did not provide the service as the pharmacy fell on the edge of two different boroughs.

The pharmacy was part of a group of pharmacies (15 pharmacies) in Hackney who provided an end-of-life service. This could only be accessed by people living in Hackney. As part of the service the pharmacy had to provide an out-of-hours service twice a year. The RP made sure stock was available and that her phone was always on. In the past she had been called out once. The RP would come out, dispense the prescription which was sent by the prescriber via a taxi and the medicines were delivered by the RP.

The pharmacy received most prescriptions electronically. These were printed by the RP, dispensed and checked. The RP did a lot of self-checking and said that she separated the different processes. On many occasions she would ask pharmacy students or the dispenser to pick the stock. Dispensed and checked-by boxes were available on labels; these were routinely used by the dispensers. Colour-coded baskets were used to separate prescriptions and manage the workflow.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The pharmacy team had carried out an audit and had found that the pharmacy did not have any regular people collecting valproate who fell in the at-risk group. However, the RP was not aware of the need to use the warning stickers if valproate was not dispensed in its original pack. The inspector reminded her of the requirements.

Warning cards were supplied with high-risk medicines, and INR levels were checked along with the dosage recorded in the yellow book before warfarin was supplied. A record was said to be made on the person's electronic record. However, records observed showed that information had last been recorded in 2017.

Records for people who were supplied their medicines in multi-compartment compliance packs were kept on the electronic system. The pharmacy ordered prescriptions from the surgery and packs were

prepared on a monthly basis. Any changes were confirmed with the GP or using SCR and then updated on the system. Packs were prepared by the pharmacist, dispenser or pharmacy students. In the event that someone was admitted into hospital, the pharmacy was made aware and informed of any changes. Prescriptions for people in care homes were ordered by the home and sent to the pharmacy. Medication administration records (MARR) were supplied to the homes. The pharmacy was called by the care home if they needed any acute medicines. The RP said that this was usually twice a week when the GP visited. Medicines were then dispensed and delivered. Twice a year the pharmacy visited the care home to complete reviews. The care home employed a pharmacist who dealt with administration of medicines. The pharmacy had not carried out any reviews to check suitability of the service for people over a period of time.

Assembled multi-compartment compliance packs seen were labelled with product details. Mandatory warnings were missing; the RP gave assurances that she would speak to the system provider to have the settings changed. There was no audit trail in place to show who had checked and dispensed the packs. Information leaflets said to be were given out on a monthly basis, but there were no leaflets found in the bag sampled.

Deliveries were carried out by team members and signatures were obtained from people on the back of the prescription form. The pharmacy did not carry out many deliveries and people were called before delivery was attempted. There was a risk that prescription forms could be lost if they were removed from the premises.

The pharmacy held an MHRA wholesale dealers license as part of which medicines were ordered from Europe. These were predominantly fertility medicines and were then supplied to people in the US against a prescription issued by a UK based prescriber. Following the inspection, the RP confirmed that the pharmacy had carried out a number of risk assessments relating to various parts of the service including identity checks, prescription reviews, delivery and cold-chain delivery. A patient information leaflet in English was sent out with the medicines as those included within the original packs were in another language. People initiated contact with IVF Meds, who referred the prescription to the pharmacy. People had signed an agreement that consented to the pharmacy to supply their medicines. The RP said that identity checks were carried out prior to the medication being sent out. Medicines were sent using a tracked delivery service.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. CDs were held securely. Some medicines were seen to be stored on shelves in mixed batches. Other medicines were also found to be stored in brown bottles with no batch number or expiry date recorded. This could make it difficult to ensure medicines were in date at the time of supply or in the event that there was a drug recall.

The door to the consultation room was kept open and not all items inside were stored securely. Following the inspection, the RP confirmed that the room had been cleared.

Date checking was done by the dispensary team every six months. Short-dated stock was highlighted with a red sticker. No date-expired medicines were found on the shelves checked. A date-checking matrix was not in place. Out-of-date and other waste medicines were segregated and then collected by licensed waste collectors.

The pharmacy had the equipment that it needed to comply with the Falsified Medicines Directive (FMD) but this was not being used at the time of the inspection. The RP gave assurances that this would be used.

Drug recalls were received via email and actioned. Emails could also be checked by locum pharmacists. The last recorded alert which had been checked for had been Emerade on 28 November 2019.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. But it could do more keep its medicine measures clean at all times.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was largely clean and ready for use. Although some measuring cylinders were not clean and had a residue of liquid inside. A separate tablet counting triangle was used for cytotoxic medicines to avoid contamination. A fridge of adequate size was available, medicines arranged in this were disorganised. A blood pressure monitor was available, this was a year old and would be replaced in due course.

Up-to-date reference sources were available including access to the internet. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was shredded.

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.