

Registered pharmacy inspection report

Pharmacy Name: Highbury Pharmacy, 14 Highbury Park, LONDON, N5 2AB

Pharmacy reference: 1040345

Type of pharmacy: Community

Date of inspection: 18/09/2024

Pharmacy context

This pharmacy is located on a high street in Highbury, London. It provides NHS services such as dispensing prescriptions, the New Medicine Service (NMS), flu vaccinations and the Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to people who need this support to manage their medicines at home.

Overall inspection outcome

Standards not all 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 not all met	1.7	Standard not met	The pharmacy does not always keep people's personal information appropriately secure.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not always make the appropriate checks to ensure that its staff do the right training for their roles.
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 not all met

Summary findings

The pharmacy does not always protect people's information appropriately. However, it otherwise adequately manages the risks associated with its services. It uses written procedures to ensure that team members understand their responsibilities and how to carry out activities. People using the pharmacy's services can easily provide feedback. Team members know how to safeguard the welfare of people using their services. But they do not always record mistakes, which could make it harder to review them and identify any patterns or trends.

Inspector's evidence

Standard operating procedures (SOPs) were available in the dispensary for the team to refer to if required. They had been reviewed in 2023 with the next review due in 2026. Team members had signed the SOPs relevant to their roles to show that they understood them. When asked, team members were clear about their role and knew when to refer to the responsible pharmacist (RP). They knew what activities could and could not be done in the absence of an RP.

On the day of the inspection, the RP notice was correct and visible. And the RP record was held electronically and was largely complete. Private prescription records were well maintained. Documentation for unlicensed medicines supplied was not available at the time of inspection. And of the records that were checked for emergency supplies, the nature of the emergency was not seen to be documented. This may mean that this information is harder to find out if there was a query.

A random physical check of three controlled drugs (CDs) showed the quantities matched the balance recorded in the register. Expired and patient returned CD medicines were separated from the stock medicines. The RP explained that CD prescriptions were handed out by the pharmacist. They would then complete the relevant checks, including confirming the identity of the person or representative, checking the relationship to the patient, and obtaining a signature for proof of collection.

The pharmacy did not have logs available to record dispensing mistakes that were identified before reaching a person (near misses). The RP explained that if a near miss occurred the team member involved was asked to rectify it immediately and informal feedback was given. Some medications with different strengths or those that looked alike, had been highlighted on the shelf with stickers, demonstrating some action taken to minimise mistakes.

There had been some reported dispensing mistakes which had reached the person (dispensing errors) and incident report forms had been completed for these. The RP described the steps that they would take in the event that a dispensing error occurred. These included speaking to the person who had received the error and reporting to the person's GP if necessary. And following the SOP, which involved completing an incident report to identify the cause, learnings, any specific outcomes and any changes which were needed. The SOP for dealing with dispensing errors listed an old website for reporting patient safety incidents to the NHS, however the incident report forms seen documented the correct website for NHS reporting. The RP said that dispensing errors were reported to the NHS system. And gave assurances that they would inform the SI about updating the SOP to include the Learn from patient safety events (LFPSE) service details.

The pharmacy had current indemnity insurance. Feedback or complaints from people using the pharmacy's services could be received verbally in person or by telephone. If a complaint was received, team members had an SOP to refer to and they could escalate issues to the SI.

Bags of dispensed medicines that were awaiting collection were visible from the counter and people's details were readable on the way the consultation room. Patient-returned medicines that were to be sent for destruction had patient details still attached. Confidential paper waste was shredded on-site. Team members had read and signed the data protection SOP and all staff had signed a confidentiality declaration. The dispenser and trainee pharmacist said that they had not completed any safeguarding training. However, team members were able to describe some of the signs to look for and when prompted, describe the actions they might take to safeguard a vulnerable person. Team members were made aware that they could refer to local safeguarding boards if required. The RP confirmed that they had completed level 2 safeguarding training.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not always undertake the appropriate checks to make sure that its staff do the right training for their roles. The pharmacy has enough staff for the services it provides and manages its workload safely. And team members can raise concerns if needed. Team members complete some training as and when possible, but there is limited structure to their training. This may make it harder for them to keep their skills and knowledge up to date and relevant.

Inspector's evidence

The team present during the inspection consisted of the RP, two trainee pharmacists, an overseas pharmacist who was working as a dispenser and a medicines counter assistant (MCA). All team members were qualified through accredited courses. The RP explained that locum staff were employed for business continuity when required to cover any pharmacist absences.

The overseas pharmacist who was working as a dispenser had been working at the pharmacy since September 2023 and had not yet completed an accredited training course. They were mostly covering the counter at the time of inspection, but did also complete some dispensing tasks. They explained that they were currently completing a qualification to demonstrate proficiency in the English language and that the SI planned to support them in completing the Overseas Pharmacists Assessment Programme (OSPAP), but they were not yet enrolled.

There were no numerical targets set for the services offered and the team was up to date with dispensing prescriptions with no backlog of workload. The MCA was able to demonstrate an awareness of medicines with the potential for misuse and could identify people making repeat purchases. They knew questions to ask when selling medicines or providing advice and knew when to refer to the pharmacist. The RP said that they felt comfortable in using their professional judgement when decision making.

Team members did not have a formal appraisal, but the RP said informal discussions were had with individuals to discuss any feedback or concerns. When asked, the dispenser and foundation pharmacists felt able to raise concerns with the RP and SI. There was no structured process for ongoing development of the team. However, they were able to access pharmacy magazines in work hours and discussed any new products or learning as a team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe and people visiting the pharmacy can have a conversation with a team member in private. The premises are secure from unauthorised access when closed

Inspector's evidence

The pharmacy premises had not been updated in some time and some of the fixtures were worn, but they were generally fit for purpose. The dispensary was located at the rear of the premises, which allowed team members to see people entering the pharmacy. The dispensary computer screen could not be seen from the shop area. There was a suitably sized consultation room for the provision of services, which was accessible past the medicines counter and the dispensary. The room allowed people to have a conversation inside at a normal level of volume and not be overheard. Pharmacy-only medicines were kept behind the counter. The premises were well-lit, and there was air conditioning available to maintain a suitable temperature for the storage of medicines. Handwashing facilities were available in the dispensary, and a staff toilet with separate handwashing facilities was available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely delivers its services in a safe and effective manner, to a range of people with varying needs. It obtains its medicines from reputable sources and generally stores them properly.

Inspector's evidence

The pharmacy had step-free access available with single door access large enough for people with wheelchairs and pushchairs. Large-print labels were available on request. Some team members were multi-lingual.

Medicines were sourced from licensed suppliers. A random spot check of stock revealed no expired medicines and stickers were used to highlight the short-dated items. Dates of opening for liquid medicines were not written on the bottles and this may make it harder for staff to know if they were still suitable to use. Three bottles of medicine that were required to be used within three months of opening, as per manufacturers guidance, were put with medicinal waste at the time of inspection. Medicinal waste bins were available and were collected periodically by a waste contractor. Temperature records for the pharmaceutical fridges were completed daily and showed no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius. Some medicines stored in the fridge were pushed to the back of the fridge which may increase the risk of them freezing, the RP gave assurances that the stock would be rearranged.

The pharmacy received safety alerts and drug recalls, or information about other problems with medicines or medical devices, through the pharmacy's email. The RP said that the emails were checked by themselves and the SI daily. The pharmacy did not have an audit trail of the actioned alerts, they gave assurances that an audit trail would be created for future alerts.

Dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks. The pharmacy dispensed some medicines in multi-compartment compliance packs for people who needed help to manage their medicines. Packs were assembled in a designated area of the dispensary to avoid distractions. The pharmacy used information cards to keep track of regular medications and any changes. The trainee pharmacist used the information cards to order repeat prescriptions for these people to help ensure they were ordered in a timely manner for dispensing. They said that they used the NHS summary care record or contacted the surgery if there are any items missed or any changes made to a person's regular prescription. Medicine warnings were printed on the labels inside of the packs, however descriptions of each of the medicines was not seen. The trainee pharmacist explained that they only added the descriptions for some people but not all. This could make it more difficult for people to identify the medications inside of the packs. Patient information leaflets were routinely provided.

For uncollected medications, the prescriptions were removed from the shelf every three months. Those prescriptions that people did not come in to collect were returned to the prescriber or marked as not dispensed on the system. Stock for these prescriptions was returned to the shelf where appropriate.

When asked, the dispenser was aware of the risks involved when supplying valproate products to people who could become pregnant. They also knew about the guidance to supply these products in

complete original manufacturer's packs, and to ensure they didn't cover any of the warnings with dispensing labels. The RP explained that they had some people that received valproate medications in compliance packs. Individual risk assessments had not been undertaken for these people, but none of them fell within the at-risk group. The RP gave assurances that risk assessments would be completed for these people. Prescriptions for other high-risk medicines were highlighted by the PMR system. The RP explained that for patients requiring anticoagulation treatment, the pharmacy usually completed monitoring of the person's levels and submitted these to the GP surgery when requesting medicine for that person. Prescriptions for CD medications were not usually highlighted to encourage the team to check the validity before handing out, however the RP said they would highlight these prescriptions going forward.

PGDs for the Pharmacy First service were on the computers for reference alongside the clinical pathway information. The RP explained that people requiring the Pharmacy First service were mostly self-referrals, but some were referred from local GP practices by reception teams. The RP confirmed they had completed the training to provide the service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable standardised conical measures for measuring liquids and clean triangle tablet counters were available for dispensing loose medication. Separate triangle counters were available for certain substances that were marked to avoid cross-contamination. The INR testing machine was calibrated every three months through the manufacturer. A new otoscope with disposable specula covers was available for providing the Pharmacy First services. There was a blood pressure monitor kept behind the medicines counter, the RP said that this was replaced annually. The 24-hour ambulatory blood pressure monitors were shared between three pharmacies with the same owner, the RP explained that if they needed this they could coordinate with the other pharmacies. Sharps bins were available in for the needle exchange service and when the vaccination service was offered. A portable telephone enabled the team to ensure conversations were kept private where necessary. All computers were password protected and team members used their own NHS smartcards to safeguard information. Fire extinguishers were available in the dispensary.

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.