

# Registered pharmacy inspection report

**Pharmacy Name:** Hayward Pharmacy, 353 Archway Road, LONDON,  
N6 4EJ

**Pharmacy reference:** 1040347

**Type of pharmacy:** Community

**Date of inspection:** 30/10/2023

## Pharmacy context

This independent community pharmacy is located on the corner of a busy road opposite Highgate underground station. It provides a variety of services including dispensing of NHS and private prescriptions and supervised consumption of medicines. It also provides medicines in multi-compartment compliance packs to people who have difficulty remembering to take their medicines.

## 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	Up-to-date standard operating procedures (SOPs) are not readily available and have not been read by all team members.
		1.7	Standard not met	The pharmacy does not store its confidential waste or other confidential information appropriately.
<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 not all met	4.3	Standard not met	The pharmacy stores medicines in areas of the premises where there is risk of unauthorised access.
		4.4	Standard not met	The pharmacy cannot demonstrate that it takes the appropriate action when it is suspected that medicines or medical devices are not fit for purpose.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not always make its written procedures accessible to its team members for them to refer to. And these written procedures have not been read by all team members, nor are they reviewed regularly. This increases the risk that team members are not working safely. However, otherwise the pharmacy generally manages the risks associated with its services. And it has appropriate insurance arrangements in place. The pharmacy generally keeps its records in line with requirements though its private prescription records do not always contain complete information about the prescriber. And people can give feedback to the pharmacy about its service.

### Inspector's evidence

At the start of the inspection, the details displayed on the responsible pharmacist (RP) notice did not reflect the actual RP on duty. The RP on duty, who was one of the owners of the pharmacy, said he would update the notice to the correct one. The two owners of the pharmacy usually worked alternate weeks in the pharmacy mainly as the RP with locum cover provided when they were not available. During the inspection the RP could not locate any standard operating procedures (SOPs). The RP believed these had been removed from the pharmacy to be updated. Team members who had been working at the pharmacy for some time confirmed they had not read the SOPs. And some team members were not aware of what activities could and could not be done in the absence of a pharmacist. The RP also confirmed that locum pharmacists had not read the SOPs either. This could mean that team members are not aware of safe ways of working and may not know all their roles and responsibilities. The RP telephoned the day after the inspection to say that SOPs were available in the pharmacy, but these had last been updated in 2019.

Near misses (dispensing mistakes spotted before a medicine left the pharmacy) were recorded on paper log sheets. These were recorded in some detail. Dispensing errors (dispensing mistakes which had left the pharmacy) were also recorded on incident report sheets. These were recorded in more detail than near misses but were not routinely discussed with team members. This could mean team members were missing out on learning opportunities. The RP was not aware of any changes made to the way the pharmacy operated as a result of previous errors.

Confidential waste was disposed of in separate plastic bags. When full, these were stored until being taken away by an external company for safe disposal. There were several plastic bags with confidential waste awaiting disposal. The bags used were the same as one used for other purposes such as supplying people with medicines. Some bags were labelled confidential waste, but some did not contain a label. This could increase the risk of confidential information being disclosed or confidential waste being disposed of inappropriately. The RP said that labels marking the waste as confidential would be added to all bags. Team members had completed the appropriate safeguarding training including the RP who had completed level two training with the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy did not have any contact details of local safeguarding contacts. However, the RP said that if he had a safeguarding issue, he would contact the person's GP or the council for further information and for safeguarding contacts.

The RP explained that complaints and feedback could be given in person, on the phone or in writing. Complaints were usually handled by the RP who was working in the pharmacy at the time of receipt.

The pharmacy had appropriate indemnity insurance arrangements in place. A random check of a selection of controlled drugs (CDs) showed that the quantities in stock matched the running balances in the register. Private prescription records seen were not complete. Several entries in the private prescription register were missing the name of the prescriber, the address of the prescriber or both. This could make it harder to find the details about the prescriber if there was a concern or future query. The RP said that prescriber details would be included on all entries going forward. Records about unlicensed medicines were not stored in an organised way. These were stored loosely on a shelf in the dispensary in no particular order and several records were crunched up and damaged. However, the records seen had the necessary information required including the name of the person for whom the medicine was for and the date of dispensing. Records about emergency supplies were complete with entries seen listing the nature of the emergency. The RP record was also complete with all entries seen having a start and finish time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to deliver a safe service. And team members do the right training for their roles. But team members do not always receive ongoing training and they receive no formal review of their progress. This could mean they are potentially missing opportunities to improve their knowledge and skills. Some team members do not always communicate appropriately, and this increases the risk that patients are being disadvantaged. However, team members have no concerns raising any issues they have.

### Inspector's evidence

On the day of the inspection, there was the RP, a dispenser and a counter assistant. Other team members included the other owner of the pharmacy who also worked as the RP on alternate weeks and a part-time counter assistant. The two owners did not work in the pharmacy at the same time or communicate with each other verbally. Communication between the two owners was done via typed and handwritten messages. Examples of these were seen in the CD register and in a communication book stored on a shelf in the pharmacy and were not always polite or respectful. Pharmacy professionals must ensure they communicate effectively and work in partnership with others to deliver patient-centred care.

The RP confirmed the pharmacy had enough team members to manage the workload and the team was up to date with dispensing. Team members had completed the appropriate training for their roles with an accredited training provider. However, team members did not receive any regular structured ongoing training in the pharmacy. The RP said if a new product or service was introduced at the pharmacy team members would receive training on this. Team members also did not have any regular formal review of their performance. So, team members could be missing out on important learning and development opportunities and a review of their overall performance. The RP confirmed team members were not set any targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The front fascia of the pharmacy was in an adequate state of repair. The shop floor area was generally clean and tidy. Pharmacy only (P) medicines were stored behind the counter. And the pharmacy had chairs for people who wished to wait for their prescription. But there were some empty boxes on the shop floor that were present throughout the inspection. The RP said these boxes were due to be collected by the wholesale delivery driver. The dispensary area had just enough space for the team to work in. It had a sink for preparing liquid medicines which was kept clean. The pharmacy had a staff toilet with access to hot and cold running water and handwash. The temperature and lighting of the pharmacy were adequate. The pharmacy was kept secure from unauthorised access.

The pharmacy had a consultation room for people who wished to have a conversation in private. The door had a large window with a blind across it, but there were several gaps in the blind meaning privacy could not be fully maintained if someone needed to remove an item of clothing. However, it allowed for a conversation at normal volume to be had without being heard from the outside. The room was also being used for storing waste and medicines that had not been collected and so was quite cramped. It was also unlocked.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not always store its medicines safely or appropriately. And it cannot show that it takes the right action in response to safety alerts and recalls of medicines and medical devices to protect people's health and wellbeing. However, it can cater to individuals with different needs.

### Inspector's evidence

The pharmacy had step-free access via a manual door. The RP confirmed the pharmacy could cater for people with different needs such as by printing large-print labels for people with sight issues. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines. Baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Accuracy-checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy used stickers to highlight prescriptions that contained a CD, an item requiring refrigeration or where pharmacist counselling was required. The RP confirmed that he would usually counsel people newly taking high-risk medicines, but not people who had been on the medicines long term. This could mean people are missing out on important safety information about their medicines.

Multi-compartment compliance packs seen during the inspection contained all the necessary dosage and safety information as well as description of the medicines. This included the shape, colour and any markings on the medicines. The team confirmed patient information leaflets (PILs) were supplied with all packs. The RP stated there was an issue a few months ago where the pharmacy ran out of empty compliance packs which had resulted in delays to people receiving their medicines or having their medicines dispensed in original packs rather than in compliance packs which could have led to people forgetting to take their medicines or taking them incorrectly. The pharmacy had access to empty packs on the day of the inspection.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. As also referred to in principle three, the pharmacy did not store all its medicines securely. However, CDs requiring safe custody were stored securely. But there was a large number of expired CDs that needed destroying. Medicines requiring refrigeration were stored appropriately. Fridge temperatures were checked and recorded daily, and records seen were all in the required range. The current temperatures were found to be in range during the inspection. Expiry date checks were carried out every three to six months, with short-dated medicines highlighted to alert team members during the dispensing process. A random check of medicines on the shelves found no expired medicines. However, there were some medicines stored loosely in brown bottles which were not labelled with sufficient information to identify the medicine, manufacturer, batch number, expiry date or date of transfer to the bottle. These were removed from the shelf when highlighted.

The RP said that he received safety alerts and recalls of medicines and medical devices by email. He also said these would be actioned but details about these were not stored or archived anywhere after they had been actioned. As the RP worked in the pharmacy on alternate weeks with the other owner, he only actioned alerts that were received when he worked at the pharmacy. He was unable to confirm whether or how alerts were actioned when the other owner was working as the RP in the pharmacy.

This made it harder for the pharmacy to demonstrate the action it had taken to protect people's health and wellbeing .

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented at the pharmacy. Team members were shown where to apply a dispensing label to a box of sodium valproate as to not cover any important safety information.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the equipment it needs to provide an effective service. And it uses its equipment to protect people's privacy. But it could do more to make sure there is an accurate audit trail when its team members access the NHS spine.

### Inspector's evidence

The pharmacy had computers with access to the internet allowing the team to access any online resources it needed. Computers were password protected and screens faced away from public view to protect people's confidentiality. Team members were observed not always using their own NHS smartcards, they were reminded to use their own. The pharmacy had cordless phones so conversations could be had in private. The RP did not know when the electrical equipment had been safety tested. Getting the equipment safety tested was discussed with the RP.

The pharmacy had the appropriate calibrated glass measurers. It also had triangles for counting tablets. And a separate one for counting cytotoxic medicines such as methotrexate. The pharmacy had a blood pressure monitor. The RP confirmed that the machine was a few years old and had not been calibrated. So, the monitor may not always give the most accurate blood pressure readings. Replacing or calibrating the blood pressure monitor was discussed with the RP.

### 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.