General Pharmaceutical Council

Registered pharmacy inspection report

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

Pharmacy reference: 1040347

Type of pharmacy: Community

Date of inspection: 19/06/2024

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, supervised consumption of medicines and the Pharmacy First service under patient group directions (PGDs). The pharmacy supplies medicines in multi-compartment compliance packs to people who need this support to manage their medicines at home, and it offers a limited delivery service.

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

Overall, the pharmacy delivers safe and effective services and keeps the records it needs to by law. Team members adequately protect people's information and have the relevant training to safeguard the welfare of people using their services. The pharmacy consistently records mistakes that happen during the dispensing process to encourage learning from trends or patterns. People using the pharmacy's services can easily provide feedback. The pharmacy uses written procedures to ensure that team members understand their responsibilities and how to carry out activities. However, the pharmacy does not always make the relevant written procedures easily accessible to its team members for them to refer to. This could make it harder for the team to work safely and consistently.

Inspector's evidence

The responsible pharmacist (RP) sign was correct and visible at the time of inspection and the RP record was completed fully. The pharmacy had current indemnity insurance. Records about emergency supplies and unlicensed medicines were generally well maintained. Private prescription records did not always have the correct prescriber details recorded. And this may mean that this information is harder to find out if there was a query. The required entries had been made in the controlled drug (CD) registers that were seen. And a stock-check of a random selection of CDs showed that the quantities in stock matched the recorded balances in the register.

The pharmacy had two sets of standard operating procedures (SOPs) for the separate teams that worked on alternate weeks. On the previous inspection it was found that the pharmacy did not have SOPs available, and the team had not read them. As part of the action plan from that inspection, the pharmacy had provided evidence that SOPs were in place and that staff had read through them. On this inspection, the SOPs for the team that were working on the day of the inspection were not present. The RP said that he had the SOPs at home and gave assurances that team members had signed all procedures relevant to their role. And that they would be brought back to the pharmacy at the earliest opportunity so they could be referred to as required. When asked, team members were clear about their roles within the pharmacy and knew when to refer to the pharmacist, and what to do if a pharmacist was absent. Following the inspection the RP confirmed that SOPs were on the premises for the team to refer to as required. The second set of the SOPs for the other team were in a folder for reference and those team members had signed procedures that were relevant to their role. The RP said that these SOPs were based on the same template and only differed slightly, to adapt them to individual pharmacy processes. Some of these SOPs were due for review.

The pharmacy had logs available to record dispensing mistakes that were identified before reaching a person (near misses). These had been recorded in appropriate detail. Mistakes which had reached the person (dispensing errors) were documented on incident report sheets and the RP said these were sent to the NHS Learn from Patient Safety Events (LFPSE) service. The RP described some actions taken in response to learning from mistakes, including separating sound alike and look alike medicines on the dispensary shelves. The additional pharmacist working on the day of inspection explained that learnings, trends, or patterns were discussed informally with the team as mistakes arose. Complaints or feedback from people could be provided to the pharmacy in a number of ways, including verbally in person or via telephone, or in writing by email or letter. Complaints were usually handled by the RP who was working in the pharmacy at the time of receipt. The RP said that they had not had any

complaints, and team members were aware to refer to the RP if a person wanted to raise an issue.

The RP said that all team members had completed General Data Protection Regulation (GDPR) training through the National Pharmacy Association (NPA). Confidential waste was disposed of either through shredding on site at weekly intervals or stored in separate plastic bags awaiting collection by an external company for safe disposal. There were several plastic bags filled with confidential waste awaiting disposal in the room to the rear of the dispensary. There were improvements seen since the previous inspection, and the bags had been labelled as 'confidential waste', but there was a large quantity still awaiting disposal. Following the inspection, the pharmacy owner who was not present on the day of inspection was contacted. He explained that confidential waste needed to reach a minimum volume prior to collection by the external company. And he planned to contact them to arrange collection within the next month.

The pharmacy team members understood safeguarding requirements and were able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. The RP and additional pharmacist working on the day of inspection had completed level two safeguarding training, and the medicines counter assistant (MCA) had completed level one. The training had been done through the Centre for Pharmacy Postgraduate Education (CPPE). The RP said that following the last inspection he had looked up the contacts for local safeguarding boards to escalate concerns to if required.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members feel comfortable about raising concerns if needed.

Inspector's evidence

The team on the day of inspection comprised of two pharmacists (one of which was the RP and part-owner of the pharmacy) and one MCA, qualified through an accredited course. The RP said that they occasionally had a locum dispenser who worked in the dispensary. Business continuity plans were in place should unplanned absences occur. The two pharmacy owners did not work in the pharmacy at the same time or communicate with each other verbally. The MCA present at the time of the inspection was the only team member who worked with both owners. Other team members included the other owner of the pharmacy who also worked as the RP on alternate weeks, a part-time pharmacist, a part-time dispenser, and a part time counter assistant. Examples of communication between the two owners were seen on paper inserts in the CD register and in a communication book stored on a shelf in the pharmacy.

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. When questioned the MCA was able to demonstrate an awareness of medicines with the potential for abuse and could identify people making repeat purchases. They knew the correct lines of questioning when selling medicines or providing advice and knew when to refer to the pharmacist. The RP felt comfortable in using their professional judgement when decision making.

Team members did not have a formal appraisal but said they felt able to raise concerns with the RP. The team described working openly and honestly and had informal discussions around concerns and feedback. The MCA described having access to information leaflets for new products and said that they were able to attend product training offered by external representatives. The RP said that the MCA was due to be enrolled on a pharmacy champion refresher course and the additional pharmacist described having informal discussions with the team approximately once a month to discuss new learnings and ideas.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and generally tidy, with adequate space for providing its services safely. It keeps its premises safe and appropriately maintained. 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 premises had limited storage space, but this was generally used well. Some boxes of retail stock were temporarily stacked against shelving in the shop area, restricting people's access to some areas of the pharmacy. Pharmacy-only medicines were kept behind the counter, and a screen was in place on the counter to prevent the spread of infection. Completed prescriptions that were awaiting collection were stored appropriately to ensure that people's information was not visible from the retail area. There was a suitably-sized consultation room for the provision of services, which was accessible from the shop floor.

The premises were clean and generally tidy, with good ventilation and they were well-lit. The temperature was suitable for the storage of medicines. Handwashing facilities were available in the dispensary, and a staff toilet with separate handwashing facilities was available to the rear of the property.

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 manages them appropriately so that they are safe for people to use. Its team members identify prescriptions for people taking high-risk medicines so that there is an opportunity to provide additional counselling information.

Inspector's evidence

The pharmacy had single-door step-free access just large enough for people with wheelchairs or pushchairs. There was a reasonably sized retail area with some seating for people awaiting service. The full-time MCA was multi-lingual and large-print labels were available on request.

Medicines were sourced from licensed suppliers. A random spot check of stock revealed a few out-of-date medicines, these were removed and put with the medicinal waste. Medicinal waste bins were available and collected periodically by an external contractor. The RP gave assurances that checks for short-dated medications were completed every three to four months and this was recorded. A matrix for recording checks was not seen during the inspection, however items with short dates were seen to be highlighted on the shelf. And dates of opening for liquid medicines were generally written on the bottles to help staff know if they were still suitable to use. CDs were stored securely with expired and returned CD medicines segregated in clearly marked bags while awaiting destruction. Records for the fridge were 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, or information about other problems with medicines or medical devices, through the RP's email address. The RP was responsible for monitoring these alerts and could explain what action was taken in response. There was a designated folder in the email inbox to ensure an audit trail for alerts that have previously been actioned. The RP said that any alerts received in a non-working week were actioned as soon as they were present in the pharmacy on the next shift. There was a folder that contained printed alerts that had been actioned, but these were from some time ago. Following the inspection, the pharmacist who was not present on the day of inspection confirmed that they also received the alerts by email and would action these on the week they were working in the pharmacy. They said that they would communicate these to the team for actioning if they were absent and unable to complete in person. Assurances were given that an audit trail would be resumed for this using the current folder or another method.

The pharmacist was observed taking a mental break between dispensing and self-checking prescriptions, often walking away in between tasks to ensure that sufficient time was allowed to pass to help with identifying potential mistakes. 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. The pharmacist had a list to organise when people's medications were due for ordering and dispensing. The patient medication record (PMR) was used to document any queries or changes to medication so that this could be communicated to the person on

collection. A brief description of each tablet or capsule was written inside the pack, alongside any medicine warnings and patient information leaflets (PILs) were provided with each supply. Some people were asked to sign on collection of their packs to keep an audit trail of who had been issued with medicines. The pharmacy delivered some packs to a few people who lived close by. There was not a designated delivery driver and the pharmacists delivered these at the end of the working day. Signatures were obtained when the items were delivered and medicines were returned to the pharmacy if a person was not home. The pharmacy had contact numbers for people recieving deliveries to reschedule deliveries where necessary.

The pharmacists were aware of the risks involved when supplying valproate products to people who could become pregnant. The additional pharmacist explained that they would check whether people were on a Pregnancy Prevention Programme (PPP) where necessary and record interventions on the PMR system. 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 prescriptions for other high-risk medicines were highlighted on the PMR, and relevant blood results were recorded where available. Stickers were used to prompt the pharmacist to provide appropriate advice and counselling to these people. Prescriptions for CDs were highlighted with the date of expiry, which helped the MCA handing them out to know if the prescription was still valid.

Since the previous inspection, medicines that had been dispensed and not collected by people were no longer stored in the consultation room. The pharmacist said that they had recently implemented a text message service ensuring people were contacted if they had not collected their medications. For uncollected medication, the prescriptions were returned to the prescriber and stock returned to the shelf where appropriate, the RP said this process was completed approximately every four months. If people had not collected multiple prescriptions the pharmacy would contact the person's GP to keep them informed.

The pharmacy offered the Pharmacy First service, however it was only available on certain days. Valid patient group directions (PGDs) for this were available and signed by the pharmacists. Team members had completed relevant training and the MCA referred to the pharmacist if a person asked for the service or they felt a person would be suitable. The RP explained that audits had been completed for the NHS Pharmacy Quality Scheme with the last one being around anti-inflammatory medications.

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 and uses it to help protect people's personal information.

Inspector's evidence

The pharmacy used suitable standardised conical measures for measuring liquids and had separate ones for certain substances that were marked to avoid contamination. Clean tablet counters were available for dispensing loose medication, and a new otoscope was available with disposable specula covers for providing the Pharmacy First services. The RP said that if a blood pressure monitor was required for services, they would take a new one from the retail area as they did not have a new or calibrated machine currently set up.

Team members had their own NHS smartcards, this enabled individuals to access electronic prescriptions. All computers were password protected to safeguard information, and a portable telephone enabled the team to ensure conversations were kept private were necessary. Fire extinguishers were available in the retail area and 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.