

Registered pharmacy inspection report

Pharmacy Name: Bailey & Saunders Highgate Pharmacy, 64 Highgate High Street, LONDON, N6 5HX

Pharmacy reference: 1040349

Type of pharmacy: Community

Date of inspection: 20/08/2019

Pharmacy context

This is a community pharmacy located along a high street in London. The pharmacy mostly dispenses NHS prescriptions that it receives from a local GP surgery. It supplies some medicines in multi-compartment compliance packs to help people organise their medicines. And it provides Medicines Use Review (MUR) consultations to people.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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

The pharmacy generally manages its risks well. Its team members understand their roles and they use people's feedback to improve the pharmacy's services. The pharmacy keeps the legal records that it needs to and generally makes sure that these are accurate. Its team members manage people's personal information properly. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs had been reviewed recently to keep them up to date. The pharmacy's team members had signed records to show they had read the SOPs that they needed to. The pharmacy employed two regular locum pharmacists who had been briefed about the key tasks to complete during their shifts. This included making appropriate records and communicating with suppliers.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. The pharmacy had a SOP about managing complaints and its team members escalated complaints to the pharmacist. People often told the pharmacy about the medicine brands they preferred. The pharmacy kept records about this information and tried to supply the preferred brands to people.

The pharmacy had a SOP about safeguarding. The pharmacy owner was the safeguarding lead for the pharmacy. Team members provided examples about referrals they had made to GPs about vulnerable people. The pharmacy had contact details for local safeguarding organisations. The pharmacy had SOPs about information governance and confidentiality. Confidential waste was separated and then shredded. The pharmacist had undertaken training, so he could access NHS summary care records.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept the required controlled drug (CD) records. There were some CD registers where the headers were not completed. This may have made it easier for records to be made in the incorrect register. The inspector informed the pharmacist about the missing headers, so they could be completed. The CD registers included running balances which were checked by team members when records were made. This helped the pharmacy to check that the records were accurate. Two CDs were chosen at random and the physical stock matched the running balances. The pharmacy had a separate register to record CDs that had been returned by people.

Records about private prescriptions and emergency supplies were generally kept accurately. Some private prescription records did not include the prescription dates. This was highlighted to the pharmacist, so this information could be added. Other records about the responsible pharmacist and unlicensed medicines were kept and maintained adequately. The pharmacy had templates to record dispensing errors and near misses. Dispensing errors were investigated by the pharmacy owner so that actions to reduce risk could take place. However, there was not much evidence of improvements which had been made from recording near misses.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. Its team members competently perform their roles and they have appropriate pharmacy qualifications. They receive some ongoing training to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (pharmacy owner) and two pharmacy assistants present. The pharmacy assistants had completed appropriate pharmacy qualifications to allow them to work in the dispensary and on the medicines counter. The staffing level was appropriate to manage the pharmacy's workload. Team members' annual leave was organised so that the staffing level could be maintained. Team members completed ongoing training when it was provided. This included training about asthma medicines, and minor ailments. The ongoing training was not always regular which may have made it harder for the team members to keep their knowledge and skills up to date. The pharmacy team used informal discussions to share information and feedback. The pharmacy owner said that there were no targets for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to safely dispense and store people's medicines. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. The pharmacist kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a separate room which was used for private consultations and conversations. People using this room had to pass through the dispensary. The pharmacy's team members made sure that confidential information could not be seen while people made this journey. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy organises its services and adequately manages them. It makes sure that its medicines are safe for people to use. Its team members largely provide the advice people need to take higher-risk medicines effectively.

Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. The pharmacy's team members could not find practice leaflets which may have restricted access to information about the pharmacy and its services. A large proportion of people emailed the pharmacy to place their prescription orders. The pharmacy kept records about the prescription orders it had placed which made it easier to make sure all the required medicines had been prescribed. People could also order their prescriptions over the telephone or in person.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. The pharmacy kept records about the medicines included in the packs, their administration times and changes to medicines. Assembled packs included descriptions which helped people to identify their medicines. The pharmacist said that patient information leaflets were not regularly provided with people's packs. This may have restricted their accessibility to up-to-date information about their medicines.

Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacist labelled the prescriptions which allowed him to identify any interactions or other clinical information. Notes were sometimes attached to checked medicines to make sure that people received the advice they needed. The pharmacist kept some dispensed medicines separately if he wanted to speak to the person collecting. He said that he asked about relevant blood tests when he supplied warfarin, but the pharmacy did not keep records to help him monitor if people were tested frequently enough. The pharmacist knew about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The inspector provided information to the team about where to find guidance materials to support this advice. This was because the team was unsure where to find this information.

The pharmacy kept invoices which showed that its medicines were obtained from licenced wholesalers. Stock that required cold storage was kept in one fridge. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. CDs were stored appropriately. Expired CDs were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates regularly. It kept records about checks that it completed and expired medicines. The latest records were dated in January, April and July 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were opened. This helped the team members to know that the liquid medicine was suitable if they needed to use it again.

Expired and returned medicines were placed into pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for hazardous medicines. Team members

were not sure how to identify hazardous or cytotoxic medicines. This may have made it easier for these medicines to be incorrectly disposed of.

The pharmacy had the equipment and software to help verify its medicines' authenticity in line with the Falsified Medicines Directive. The pharmacy received information about medicine recalls through its email account. It kept records about recalls it had received and the actions that had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members make sure that equipment is in good working order. They use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Maintenance issues were escalated to the pharmacy owner, so they could be appropriately managed. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had glass measures to accurately measure liquids and it had suitable equipment to count loose tablets. The pharmacy accessed up-to-date reference sources on the internet.

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.