

# Registered pharmacy inspection report

**Pharmacy Name:** Atkins Chemist, 124 Holloway Road, LONDON, N7  
8JE

**Pharmacy reference:** 1040358

**Type of pharmacy:** Community

**Date of inspection:** 04/07/2019

## Pharmacy context

This pharmacy is situated in a parade of shops on a main road. It dispenses NHS prescriptions and supplies medicines in multi-compartment compliance packs to a number of people to help them take their medicines safely. It also provides travel vaccinations.

## 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	1.7	Standard not met	The pharmacy does not always protect people's personal information properly. This could result in this information being disclosed.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	A team member is doing tasks that they are not trained in or qualified for.
<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 does not always keep prescription only medication securely.
<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 generally identifies and manages the risks associated with providing its services. But it doesn't record or review near misses which may mean patterns or trends are not identified and suitable remedial actions not put in place. It generally keeps the records it is required to by law. But it does not always record the full details for some of the records, which may make it harder to find full details of what had happened if there was an issue. The pharmacy does not always securely dispose of confidential waste which could result in people's personal information being disclosed.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were up to date, the dispenser trainee and apprentice said that they had not read the SOPs. This means there may be more of risk of mistakes happening. A roles and responsibilities matrix was available but this had not been completed.

The responsible pharmacist (RP) said that she had recently located a near miss log book which had not been used recently. There had been no near misses recorded since September 2018. The RP said that there had been near misses since she had started working at the pharmacy as both team members were fairly new. However, these had not been recorded. The RP had not made any changes as a result of near misses since starting.

In the event that a dispensing incident was reported the RP said she would check if the person was ok, investigate, and make a record of what had happened. As a result of a recent incident where a child had been supplied with the incorrect insulin the RP had informed the superintendent pharmacist (SI) and completed an online incident report. The person's GP had not been informed despite the incorrect medication being used. The RP now ensured that insulin was always shown to people before it was handed out.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure and also completed an annual patient satisfaction survey. The RP would try and resolve any complaints in store where possible. As the pharmacist was fairly new she was not familiar with any changes made as a result of patient feedback.

The correct responsible pharmacist (RP) notice was displayed. Team members were not aware of the tasks that could and could not be carried out in the absence of the RP.

Records for emergency supplies, controlled drug (CD) registers and RP records were well maintained. Unlicensed specials records were well maintained since the new RP had started. Private prescription records were made in a book, these had not been updated since June 2018. However, the electronic patient medication record automatically made an entry onto the electronic system, these records were up to date, but the prescriber details recorded on these were not always correct.

CD balance checks were carried out monthly since the RP started, prior to that there was no record to show that these were done routinely. But a balance check for one CD had not been done for some time. A random check of a CD medicine complied with the balance recorded in the register. The RP could not locate the register to use to record CDs that people had returned.

Assembled prescriptions were stored in the dispensary. The RP said that she thought there was an information governance policy in place. The RP did not have access to Summary Care Records. The computer was password protected and the screen faced away from the public. The SI's NHS smartcard was being used by the team despite her not working at the pharmacy on the day. The RP said that her smartcard did not have the locum function and was not working. A shredder was not available, confidential waste was collected in a separate bag and sent to another shop for destruction. A dispensing label was found in the general waste bin.

The RP had completed the level 2 safeguarding training and the MCA had read through an Avicenna training pack and answered multiple choice questions. New staff had not completed any training. The RP was not familiar with the details of the local safeguarding boards. This could cause delay in concerns being escalated. She said that she would find the information and keep it in the dispensary.

## Principle 2 - Staffing Standards not all met

### Summary findings

The team members generally manage the pharmacy's workload well. But not all of them have the appropriate qualifications for the tasks they carry out. Staff are given some ongoing training. But this is not very structured, and they are not given time set aside for training. This could make it harder for them to keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP and another assistant who was assisting in the dispensary. This team member also occasionally covered the counter and had worked at the pharmacy since January 2019. The team member had not completed or been enrolled on any accredited training programme. A trainee medicines counter assistant (MCA) started her shift partway through the inspection. An apprentice also worked at the pharmacy three days a week.

The RP said that there were enough staff for the services provided, she said that she did not have to self-check whilst working. The RP had worked at the pharmacy for the last two months.

The trainee MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She would refer to the RP for any multiple sales requests and did not hand-out prescriptions. The assistant handed out prescriptions and said that she would show these to the RP before doing so. She was unsure of the time period that prescriptions were valid for. The pharmacy did not highlight prescriptions for Schedule 3 or 4 CDs in any way. This increased the risk of them being handed out after the prescription had expired.

The RP said that the superintendent pharmacist (SI) held appraisals annually with team members. But this had not been done for most team members. The trainee MCA had worked at the pharmacy for the longest and said that the SI had set her targets as part of her appraisal.

The apprentice attended college once a week. The trainee MCA was not given any set-aside time to complete her training and would work through her course when it was quiet. The RP tested team members knowledge and gave them scenarios on symptoms that were relevant to the season. The last topic covered had been hay fever.

There were no formal meetings. Things were discussed as they arose and information was shared between the team on a messaging application. The RP and team felt able to share concerns and suggestions with the SI, and the SI listened and acted where needed. The RP said that information was not shared between the branches other than checking stock availability.

Targets were in place for services offered such as Medicines Use Reviews (MUR). The RP was expected to complete ten MURs per week. She said that there was no pressure on her to meet these and the targets did not affect her professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are generally clean, secure, and maintained to a level of hygiene appropriate for the pharmacy's services.

### Inspector's evidence

The pharmacy had a refit in January and was bright and in the main clean. It was suitable for the provision of healthcare. More shelves had been added with the refit. Workbenches were roughly allocated for certain tasks. There was only one dispensing computer situated towards the front of the dispensary. The pharmacy did not use baskets and there were a number of prescriptions with medicines placed on top of the prescription form on the workbench. This limited the amount of free workbench space available to work on and also increased the risk of items becoming mixed up. The RP said that she would speak to the SI about obtaining baskets. Multi-compartment compliance packs were prepared in the dispensary. Cleaning was done by the team in accordance with a rota. Medicines were mostly arranged in the main dispensary in an organised manner. Some dressings were stored in a stock-room upstairs, along with some other prescription only medicines. The temperature in this room was not monitored and on the day of the inspection it was very warm. A clean sink was available. The premises were kept secure from unauthorised access.

There was a clearly signposted consultation room available for people to have private conversations. People could have conversations inside which would not be overheard. The consultation room was in the main clean although it was cluttered. A sink was available in the room.

The room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available to regulate the temperature, this was controlled centrally.

## Principle 4 - Services Standards not all met

### Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally provides the services safely. But it does not always provide people with descriptions of their medicines when they pack these in compliance packs. So, people and their carers may not always be able to identify which medicines are which. And it does not always give people the information leaflets that come with their medicines. So, patients and carers may not always have up-to-date information about how to use their medicines safely. It obtains medicines from reputable sources. The pharmacy mostly manages its medicines appropriately. But does not store all its medicines securely. This increases the risk of these medicines being removed from the pharmacy without it knowing.

### Inspector's evidence

The pharmacy was easily accessed from street level. There was a glass door at the entrance and the team would help people who required assistance. Some people in mobility aids preferred to wait outside. The pharmacy had the ability to produce large print labels. A list of the services provided by the pharmacy was displayed in the window of the pharmacy. Team members were aware of the need to signpost people to other providers. Team members used the internet to find other services if they were not familiar with the details. The team were multilingual or would online use translation applications if people did not speak English.

The RP felt that the Medicines Use Review (MUR) service had the most impact as she said that on some occasions people had not associated their symptoms with the medication they were taking such as dry cough in people taking ramipril. The RP felt that this could potentially change with there being pharmacists present in more GP practices. Once the RP's paperwork was sorted she had plans to complete the accreditation to be able to provide the travel services.

Approximately 75% of prescriptions received by the pharmacy were electronic. The RP processed the prescriptions and prepared the labels. This was then handed to the assistant or apprentice who picked the stock and attached the labels after which it was left on the counter for the RP to check.

Dispensed and checked by boxes were available on labels; these were only routinely initialled by the RP; the SI and assistant did not use the box. This makes it harder to find out who was involved if there was a mistake or query. The pharmacy team did not use baskets.

The RP was aware of the change in guidance and associated Pregnancy Prevention Programme. The RP was aware of the need to use the warning stickers and said that the patient medication record system printed these automatically. The RP had not seen any prescriptions for people who fell in the at-risk group whilst working at the pharmacy.

The electronic patient medication record system requested for the INR to be input when prescriptions for warfarin were processed. The RP said that people did not bring in their documents but attended clinics at the Whittington hospital. The RP said that she had picked up an error where a prescriber had prescribed Daktarin for someone who was taking warfarin.

Prescriptions for people who were supplied their medicines in multi-compartment compliance packs

were ordered by the pharmacy. Trackers were used to monitor when prescriptions needed to be ordered. Individual master sheets were in place for each person which had a record of all their current medicines and was checked against the prescription. If there were no notes on the prescription for any changes the RP confirmed these with the prescriber and made a record on the person's electronic record. The pharmacy received a discharge summary via email when people were admitted and discharged from hospital.

Assembled packs observed were labelled with mandatory warnings. There were no product descriptions and patient information leaflets were not routinely supplied. This means that people may not always have up-to-date information about how to take their medicines safely. There was no audit trail to show who had prepared and checked the packs. However, some packs had the initials of the RP who had checked.

The pharmacy had a designated driver who carried out deliveries. Signatures were only obtained for CDs delivered and not for other items. This could make it harder for the pharmacy to show that some medicines had been delivered safely. In the event that someone was not home medicines were returned to the pharmacy. Patient group directions and other services were provided by the SI who was not present at the time of the inspection.

Medicines were obtained from licensed wholesalers and were generally stored appropriately. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. CDs were kept securely.

A number of loose blisters were seen to be stored on the shelves in the dispensary outside of their original packs. Some medicines were also observed to be stored as mixed brands. Some blisters found had no indication of batch number, expiry date or strength of the medication. A basket was found with deblistered medicines stored in brown bottles. Some of these had been labelled in 2017. There were no expiry dates or batch numbers recorded on these. This could mean that expired medicines may be accidentally supplied to people or that the pharmacy are not able to identify all stock affected by drug recalls or safety alerts. The RP said that she would not use these medicines.

The team said that date-checking was completed on a monthly basis. There was no date-checking matrix in place. No date-expired medicines were observed on the shelves checked.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD). The RP said that the SI was working on setting this up and had ordered the scanners.

Out-of-date and other waste medicines were segregated at the back of the pharmacy away from stock and then collected by licensed waste collectors. But not all of these medicines were kept securely.

Drug alerts and recalls were received via emails or directly from the supplier. There were no records or audit of any recently actioned alerts.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services. There is an opportunity to ensure equipment is routinely cleaned to avoid the risk of cross-contamination.

### Inspector's evidence

Glass calibrated measures were available; there was a residue of methadone in one of the measures. Tablet triangles were available. A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet.

The RP was unsure of how old the blood pressure monitor was or if it had been calibrated. She said that she would check with the SI but did not think that it was over two years old as the pharmacy had changed ownership in 2018.

### 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.