

# Registered pharmacy inspection report

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

**Pharmacy reference:** 1040358

**Type of pharmacy:** Community

**Date of inspection:** 18/02/2020

## 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 met	N/A	N/A	N/A
<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 cannot demonstrate that it stores medicines which require refrigeration appropriately.
		4.4	Standard not met	The pharmacy does not have an adequate procedure to deal with concerns raised when 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 met

### Summary findings

Overall, the pharmacy manages the risks associated with its services. The pharmacy asks its customers for their views. It largely keeps the records it needs to so that medicines are supplied safely and legally. Team members protect people's private information. And they know how to safeguard vulnerable people. When things go wrong, the pharmacy team responds well. But the team members always don't record all the mistakes picked up during the dispensing process. So, they may be missing opportunities to learn.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were up to date, team members had read the SOPs relevant to their roles. However, core dispensing SOPs did not incorporate the Falsified Medicines Directive (FMD). A roles and responsibilities matrix was available but this had not been completed.

The responsible pharmacist (RP) said that near misses were recorded; there was a gap in records seen between September 2019 and February 2020. The RP confirmed that there had been near misses in this period. Near misses were reviewed at the end of the month. In the past the team had been briefed on 'look-alike sound-alike' (LASA) medicines and had been asked to not stack up different medicines together on the shelves. Clobetasone and clobetasol cream and ointment had also been separated on the shelves.

In the event that a dispensing incident was reported the RP said she would check how the person was feeling, investigate, and make a record of what had happened. As a result of a past incident 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. Team members were not aware of any recent feedback or complaints which had required action.

The correct 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. They were informed by the inspector of the activities that they could and could not carry out.

Records for emergency supplies, unlicensed medicines supplied, controlled drug (CD) registers and RP records were well maintained. Private prescription records but the prescriber details recorded on these were not always correct. 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. The pharmacy was not accepting CDs returned by people at the time of the inspection.

Assembled prescriptions were stored in the dispensary. The RP said that she thought there was an information governance policy. The RP did not have access to Summary Care Records, and the SI had to call the local CCG to set this up. The computer was password protected and the screen faced away from the public. The RP had her own smartcard to access the NHS electronic systems; the SI was in the process of arranging for team members who needed to access NHS systems to obtain their individual

cards. A shredder was available.

The RP had completed the level 2 safeguarding training and the team members had read through an Avicenna training pack and answered multiple choice questions. The RP had the NHS safeguarding application on her mobile phone. The RP had attended a training session as part of the c-card service which had included safeguarding, team members had been trained by a representative who had visited the pharmacy which had also covered safeguarding.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for its services. And they undertake the right training for the jobs that they do. They work closely together and share information with each other to ensure services are provided safely. They undertake some ongoing training to help keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, an apprentice and a trained medicines counter assistant. Another dispenser trainee was on holiday at the time of the inspection. 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 described that when she was trained to provide travel vaccines and if it became more busier, the staffing levels would have to be considered.

The trained 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.

The RP said that the superintendent pharmacist (SI) held appraisals annually with team members. But this had not been done for most team members. Meetings were held once a week by the RP and team, during the meetings they discussed how they could improve services offered and what they could work on. At the previous meeting the team had brainstormed ideas on increasing their customer base.

The apprentice attended college once a week. The trainee dispenser worked two days a week and completed her training at home and would work through her course when it was quiet on Saturday. The RP tested team members knowledge and gave them scenarios on symptoms that were relevant to the season. Every fortnight the RP handed team members different workbooks covering different conditions such as footcare, sexual health and allergies. Once they had read through the books, she would then verbally test them on what they had learnt.

Things were discussed as they arose and information was shared between the team on a messaging application. The RP sent the SI a weekly report. 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 prescription items, takings and people signed up for the Electronic Prescription Service. The RP 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 suitable for the pharmacy's services and are clean. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was bright and in the main clean. Some large assembled prescription bags and some bin bags containing general waste were stored on the side in the dispensary. The RP described how the team were trying to use less plastic and the bags had been brought in from outside due to rain. These limited floor space available in the dispensary. Workbenches were roughly allocated for certain tasks. There was only one dispensing computer situated towards the front of the dispensary. The rear workbench space was used for the preparation of multi-compartment compliance packs. 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, but it was suitable for the storage of medicines on the day of inspection. 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.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy obtains its medicines from reputable sources, but it does not always store them properly. It keeps some medicines that require cold storage in a fridge which is not temperature monitored. This means that the pharmacy cannot demonstrate that these are safe to use. The pharmacy does not have a robust system to make sure that safety alerts are dealt with properly. This increases the risk that people receive a medicine which is not safe to use. The pharmacy largely delivers its services in a safe and effective manner. It obtains its medicines from reputable sources. And it largely manages them appropriately so that they are safe for people to use. People with a range of needs can access the pharmacy's services.

### 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 with 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. This included the travel vaccination service. At the time of the inspection only the SI was accredited to provide the service, and she had not worked at the pharmacy for some time. 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 there were a number of people locally were not aware that the pharmacy could order their repeat prescriptions on their behalf. Team members actively informed people as they presented to collect their prescriptions. Local surgeries were also no longer taking requests over the telephone.

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 routinely initialled by the RP. Baskets were also used to separate prescriptions.

The RP was aware of the change in guidance for dispensing sodium valproate 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 electronic patient medication record system requested for the INR to be input when prescriptions for warfarin were processed, but this was not recorded. The RP said that people did not bring in their documents but attended clinics at the Whittington hospital. The RP checked this information or if people had forgotten to bring the results in, they were reminded to bring them next time. Many people were being switched from warfarin to apixaban.

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 could increase the chance of them being handed out after the prescription had expired.

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.

The pharmacy did not carry out reviews on people using the compliance pack service as most people preferred to have their medicines supplied this way, the pharmacy had received more requests for medicines to be supplied in this way. In the past one person had requested to revert back to having their medicines supplied in original packs. Assembled packs observed were labelled with mandatory warnings and product descriptions and patient information leaflets were supplied monthly. There was no audit trail to show who had prepared and the packs. This could make it harder for the pharmacy to show who had done these tasks if there was a query.

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 for the fridge in the main dispensary; these were within the required range for the storage of medicines. Temperatures for the fridge upstairs were not monitored. This fridge was used to store medicines. CDs were kept securely.

The team completed date-checking on a three-monthly basis. There was a date-checking matrix in place, but this had not been updated. No date-expired medicines were observed on the shelves checked. 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.

The pharmacy had the equipment available for the Falsified Medicines Directive (FMD). But at the time of the inspection this was not being used. The RP said that she would talk to the SI and start using this.

Drug alerts and recalls were said to be received via emails (MHRA) or directly from the supplier. Previously the RP had printed off recall notices and checked the batches affected and signed the sheet. These were then kept in a folder. Recalls were only received by the RP. There was no contingency plan in place for when the RP was not present. There were no records or audit of any recently actioned alerts. The pharmacy had not seen the recent alert for Beconase nasal spray. A previous concern had been raised that the pharmacy had supplied a medicine which had been subject to a product recall.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

The pharmacy had a range of clean glass calibrated measures available. Tablet counting trays were available. Separate measures were marked for methadone use only and a separate counter was used for cytotoxic medication to avoid contamination. Up-to-date reference sources were available including access to the internet. The pharmacy had two fridges of adequate size.

The blood pressure monitor used as part of the services provided had been obtained in January 2019. This would be replaced in due course.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were shredded.

### 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.