

Registered pharmacy inspection report

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

Pharmacy reference: 1040358

Type of pharmacy: Community

Date of inspection: 08/12/2020

Pharmacy context

The 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. The inspection was undertaken during the Covid-19 pandemic.

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 adequately manages the risks associated with its services. People who use the pharmacy can provide feedback and raise concerns. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members generally respond appropriately when mistakes happen during the dispensing process. This provides them with opportunities to learn and make the services safer.

Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles. Team roles were defined within the SOPs. New SOPs for the guidelines for team members about working during the Covid-19 pandemic had been added. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE). The responsible pharmacist (RP) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). The RP said that near misses were recorded; there was a gap in records from the start of the Covid-19 pandemic and the end of the first peak, as the workload had stabilised the team had restarted recording near misses. Near misses were reviewed at the end of the month. In the past the team had been briefed on medicines that sounded similar or looked alike and had been asked to not stack up different types of these medicines together on the shelves. Amlodipine and amitriptyline tablets had also been separated on the shelves.

In the event that a dispensing error was reported the RP said she would check how the person was feeling, investigate, and make a record of what had happened. There had been no recent reported errors.

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 aware of the tasks that could and could not be carried out in the absence of the RP.

Records for emergency supplies, unlicensed medicines supplied, controlled drug (CD) registers and RP records were well maintained. Private prescription records examined mostly had the right information recorded but the prescriber details were not always correct. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned to the pharmacy would be recorded on a sheet that the RP had obtained.

Assembled prescriptions were stored in the dispensary. The RP said that there was an information governance policy. The RP had access to Summary Care Records. 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 for disposing of confidential information.

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 (MCA). 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 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.

The apprentice attended college once a week. The pharmacy also employed a trainee dispenser who worked two days a week. She completed her training at home and would work through her course when it was quiet on Saturdays. 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 workbooks about 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. Recent training had covered Covid-19, social distancing and working safely.

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 secure and are suitable for the pharmacy's services. 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 boxes were stored on the side in the dispensary. There was 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. Medicines were mostly arranged in the main dispensary in an organised manner. Some dressings were stored in a stockroom 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. Cleaning was done by the team in accordance with a rota. Team members were able to maintain distance from each other. Team members were observed to use face masks and only two people were being allowed into the pharmacy at any given time. At the peak of the pandemic a team member had stood at the door to control the number of people entering. The retail area of the pharmacy allowed people waiting to be able to maintain distance from other people. Hand sanitiser was also available for team members and people to use.

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 clean. 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 met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources, and manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe 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.

Approximately 90% of prescriptions received by the pharmacy were electronic. The RP processed the prescriptions and prepared the labels. This was then handed to the 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 team members. Baskets were also used to separate prescriptions.

The RP was aware of the change in guidance for dispensing sodium valproate and the 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, and this information was recorded when people brought in their prescriptions. 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 showed these to the RP before doing so. For infection control, people were no longer asked to sign their prescriptions. The pharmacy circled the date on prescriptions for Schedule 3 or 4 CDs to help reduce the change of the medicines being handed out when the prescription was no longer valid.

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 had completed a review on people using the compliance pack service, but most people preferred to have their medicines supplied this way. And the pharmacy had received more requests for medicines to be supplied in the packs. Assembled packs observed were labelled with mandatory warnings and product descriptions and patient information leaflets were supplied monthly. The pharmacy used a tracker to show who had prepared and checked the packs.

The pharmacy had a designated driver who carried out deliveries. Signatures were not obtained and CDs were no longer delivered. In the event that someone was not home medicines were returned to the pharmacy.

The pharmacy provided 'fit to fly' Covid-19 PCR tests. The RP said that one test had been sent off since the service had started. Swabs were taken by the RP and these were then sent to a lab for analysis. Results were emailed to the pharmacy and these were then sent to people.

The pharmacy also provided flu vaccinations and had administered 200 vaccinations. The RP said obtaining stock of the vaccinations had been an issue and this had limited the number of people who were vaccinated.

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

The team completed date-checking on a monthly basis. There was a date-checking matrix in place. 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. Drug alerts and recalls were said to be received via emails (MHRA) or directly from the supplier. The RP printed off recall notices and checked the batches affected and signed the sheet. These were then kept in a folder. Since the last inspection the RP had signed up to receive emails directly from the MHRA using the pharmacy's email address. This was accessible to all team members.

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 use with liquid CDs 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, and one of these was not used to store any medicines.

The blood pressure monitor used as part of the services provided had been obtained in January 2019. This was due to be replaced in due course. However, since the start of the Covid-19 pandemic the monitor had not been used.

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. |