General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Chemitex Pharmacy, 332 Hornsey Road, LONDON, N7 7HE

Pharmacy reference: 1040360

Type of pharmacy: Community

Date of inspection: 01/05/2019

Pharmacy context

This is an independent pharmacy situated in a parade of shops on a busy main road in close proximity to three schools. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs and offers a smoking cessation clinic.

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

The pharmacy generally identifies and manages the risks associated with its services. It records and reviews any mistakes it makes when dispensing medicines to help prevent similar errors in the future. The pharmacy generally keeps the records that it must by law. But some records are incomplete. So, it may not be able to show exactly what has happened if there is a problem.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place. But there was no record of when these had been implemented or reviewed, or who had put them in place. One of the partners said that they had been reviewed recently and he would find out the exact dates and update these. Members of the team had read SOPs relevant to their roles but had not signed to say that they had read and understood them. This could make it harder for the pharmacy to show what SOPs each team member had read. Team roles were defined within the SOPs.

Near misses were recorded on a near miss log when they occurred. The pharmacists said that as they were the only regular pharmacists there were not many near misses. As a result of near misses a few changes had been made. These included separating atenolol and allopurinol by placing another medication in between and also separating the different strengths of amoxicillin. Near misses were reviewed annually.

In the event that a dispensing incident occurred, the pharmacist would visit the person to apologise, see how they were and check if they needed to see their GP. If the person was registered with one of the local GPs, the pharmacist would also contact them personally and make a record of this on a template which was available. To avoid errors one of the pharmacists refused to work alone except on Saturdays when it was quiet and there were limited walk-in prescriptions.

The correct RP notice was displayed, but this was not clearly visible from the counter. The RP said that this would be moved. The team members were aware of the tasks that could and could not be carried out in the absence of the responsible pharmacist (RP).

Professional Indemnity insurance was in place.

The pharmacy had a complaints procedure in place. The pharmacy also completed an annual patient satisfaction survey. Due to feedback from people more one pound lines were introduced. The pharmacist said that due to the relationship he had with the people they would usually tell him if they weren’t happy with something.

Records for private prescriptions, emergency supplies and controlled drug (CD) registers were well maintained. RP records were generally well maintained but pharmacists were not routinely signing out. The pharmacy regularly supplied unlicensed specials for a veterinary prescription but the records for this were incomplete.

CD balance checks were carried out monthly and more frequently for liquid methadone. A random check of a CD medicine complied with the balance recorded in the register. CD patient returns were recorded as they were received.

Both pharmacists had their own smartcards and were able to access Summary Care Records. Consent to access these were gained verbally. Confidentiality was covered in SOPs and the team were also verbally briefed.

Both pharmacists had completed the Level 2 safeguarding training and had an informal conversation with the team. Details for the safeguarding boards were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy provides services using a team with a range of skills and experience who support each other. The pharmacy staff levels mean that on occasions the team struggle with the workload. Team members get ongoing training. This helps them keep their knowledge and skills up to date. But some team members are carrying out tasks for which they have not received formal training. This may mean that they do not fully know how to do them properly.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of two pharmacists, a medicines counter assistant (MCA) trainee and a work experience student. Another MCA was attending a first aid course. On Saturdays a pharmacy student and MCA worked alongside the pharmacist. The RP said that occasionally counter staff helped to put away dispensary stock, and they had not done the appropriate training modules to carry out these tasks.

The pharmacists were looking into getting more staff and were looking for either a pre-registration trainee or an apprentice. The pharmacy had not been able to secure a pre-reg for 2019 to 2020 at the time of the inspection. The pharmacist said that one of the dispensers had left without notice after a long period of sickness. As a result of this one of the partners came in to support the RP and also came in early on Saturdays to prepare the compliance packs, occasionally working until later.

The trainee MCA counselled patients on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. He was also aware of the legal limits and age restrictions on the sale of certain medicines like pseudoephedrine. And would always refer to the pharmacist if unsure or for any requests for multiple sales. He described handing out prescriptions in line with SOPs and was aware that gabapentin was a controlled drug and a prescription for it would be valid for 28 days.

Staff performance was managed informally by the pharmacists; the team was small, and both pharmacists worked closely with the team. Most team members were still undergoing training. Pharmacists gave team members on-the-spot feedback.

Team members on formal courses were provided with training time on Mondays or Tuesdays when it was quieter. The pharmacists gave the team members magazines and literature received such as 'Pharmacy Matters' and also gave reference material on when medicines changed from prescription only to over-the-counter. The latest of these had covered mometasone. The team were asked to read the information and then ask either pharmacists questions if they did not understand something. The pharmacists were trying to arrange for one of the team members to be trained to provide the smoking cessation service.

Meetings were held on a monthly basis. The team also had an electronic messaging group which was used to discuss issues as they came up. The team also had a Christmas dinner which was used as a team building exercise.

Locum pharmacists were requested to try and do one Medicine Use Review per day if possible. The partners said that no action was taken if this was not done.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are secure and suitable for the services provided. And the premises generally protect people’s personal information. But some personal information is potentially visible. This could increase the risk that it can be accessed by unauthorised people. The pharmacy is taking action to address this.

Inspector's evidence

The pharmacy had not received a refit for some time, but in the main was clean. But the carpet in the retail area was stained and worn. This detracted from the overall appearance of the premises. The dispensary was clean. Workspace was limited but was mainly clear. A sink was available.

A consultation room was available, this was situated at the back of the pharmacy and people were required to walk through the dispensary. Assembled prescriptions were stored along the wall which people passed. Patient confidential information was clearly visible on these. The pharmacists said that until the new consultation room was built, they would speak to the team about placing the bags in a way that information was not visible. The consultation room had a curtain instead of a door. The pharmacy previously had a cash machine at the front of the shop which had recently been removed. The pharmacists said that the flooring was due to be replaced after which a consultation room was due to be built at the front of the shop.

The premises were kept secure from unauthorised access.

The ambient temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature.

Principle 4 - Services ✔ Standards met

Summary findings

Pharmacy services are generally delivered in a safe and effective manner. The pharmacy obtains medicines from reputable sources, and generally manages them appropriately so that they are safe for people to use. Multi-compartment compliance packs contain accurate descriptions for each medicine to make it easier for people to identify each tablet or capsule. But the pharmacy does not use some of the safety materials (such as warning stickers) for the supply of valproate. This means that people may not always have the information they need to take their medicines safely.

Inspector's evidence

The pharmacy was easily accessible with double doors and a flat entrance with a slight slope. There was easy access to the medicines counter and enough space for double buggies and mobility scooters to manoeuvre around the shop. People who required assistance knocked on the window and the team would go and help. The pharmacists were multilingual and used online translation applications or would ask family members to aid with translation. The pharmacy had the ability to produce large print labels and had ordered packs with braille for a blind person. For a few regular people the pharmacists communicated by writing notes.

The RP felt that the minor ailments service had the most impact on the local population. Both pharmacists said the service was useful because it saved GPs time as people were able to come and get treatment for minor issues. One of the pharmacists said that the service was particularly useful for the treatment of head lice and eye infections as these were prevalent due to three schools nearby.

The pharmacy was a Healthy Living Pharmacy. And as part of this both pharmacists tried to talk to people about healthy lifestyles, smoking cessation and provided advice on services offered. The pharmacy also had a display at the front but it was not running any campaigns at the time of the inspection.

The pharmacy received most prescriptions electronically and many people were part of a repeat prescription service. Due to a systems limitation, 10 prescriptions were printed at a time and were dispensed and left aside. On Tuesdays and Thursdays, the RP worked on his own and would check the prescriptions after taking a mental break. The other days the partner came in and would check.

Dispensed and checked by boxes were available on the labels; these were initialled by the pharmacists to help maintain an audit trail. The pharmacy team also used baskets for prescriptions to ensure that people’s prescriptions were separated and to reduce the risk of errors.

Both pharmacists were aware of the change in guidance for dispensing sodium valproate and had completed the audit. The pharmacy did not have any regular patients who fell within at-risk group. Both pharmacists were unaware of the need to use warning stickers if sodium valproate was not dispensed in its original pack.

When dispensing methotrexate, the RP said he made sure either the methotrexate or folic acid was dispensed in a bottle and the other in blisters to ensure that people did not mix them up. He added that he checked the dosage with the person and ensured they were taking methotrexate once weekly. When the pharmacy requested prescriptions for methotrexate they asked the person to bring in their

letter from the hospital and checked if they were having regular monitoring.

For warfarin the INR was checked every two weeks as patients were only issued with two weeks' worth of medicines. Both pharmacists checked dosage and dates of when the last test was done. If people did not have the results they were sent back to their GP.

For people who collected their medication in multi-compartment compliance packs the pharmacy had prepared individual charts for each person. Repeats were ordered by the pharmacy and the surgery had been asked to notify the pharmacy of any changes. A tracker was used to see when people were due, when they collected and when prescriptions were ordered. Packs were only prepared for patients from a few local surgeries due to the relationship the pharmacy had with these surgeries. These surgeries notified the pharmacy of any changes. Local hospitals called and sent discharge summaries when people were admitted. Records of any changes were made at the bottom of the person's individual record. When the pharmacist prepared the pack, he would have the record in front of him. On Saturdays, the pharmacist prepared, checked and sealed packs. These were then double checked by the RP during the week.

Assembled packs observed were labelled with product descriptions and mandatory warnings. Patient information leaflets were supplied monthly.

Deliveries were carried out very rarely (two or three times a month) by the RP. CDs were not delivered. The RP called people before attempting delivery as he usually went after work. If the patient was not home medicines were returned to the pharmacy.

One of the pharmacists provided Champix under a Patient Group Direction as part of the smoking cessation service. No patients were part of the service at the time of the inspection. People were informed of the times that the accredited pharmacist would be available at the pharmacy.

The pharmacy had a contract with Medicspot (a remote GP service), who had come in and set up apparatus and connection to their system. People were referred by Medicspot to the pharmacy, Medicspot called the pharmacy to alert them of the appointment. When the person presented they were escorted to the consultation room where they had a video consultation with a prescriber from Medicspot. Equipment to check temperature, blood pressure, and so on was available in the room and linked to the system. The pharmacy had two people use the service in the last four months. Following the consultation, if required a prescription was issued and emailed to the pharmacy with the original sent in the post. There was a list of conditions that were treated and prescribers were based in the UK.

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

Some medicines were stored in amber capped bottles. Most were labelled appropriately except for two which had no batch numbers and expiry dates recorded.

Date checking was done by the pharmacist with a matrix in place. The dispensary was divided so that a section was checked each week and the whole dispensary checked over a 12-week period. No date expired medicines were observed on the shelves sampled.

The pharmacy was compliant with the Falsified Medicines Directive (FMD).

Out of date and other waste medicines were segregated at the back and then collected by licensed waste collectors.

Drug recalls were received electronically and actioned as appropriate. The last actioned recall was for prednisolone.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had glass, crown stamped measures, and tablet counting equipment. Equipment was clean and ready for use. An electronic tablet counter was also available; this was cleaned and calibrated by one of the pharmacists.

The pharmacy had a carbon monoxide monitor which was calibrated by the local stop smoking team.

A fridge of adequate size was available.

Up to date reference sources were available including access to the internet.

The computer in the dispensary was password protected and out of view of people using the pharmacy. A shredder was used to destroy confidential waste.

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.