

Registered pharmacy inspection report

Pharmacy Name: Frost & Co, 9 High Street, Hornsey, LONDON, N8
7PS

Pharmacy reference: 1040374

Type of pharmacy: Community

Date of inspection: 08/04/2024

Pharmacy context

This community pharmacy is located on a busy high street in Hornsey, North London. It provides a variety of services including dispensing of NHS prescriptions and the New Medicine Service (NMS). It also provides medicines in multi compartment compliance packs for people who have difficulty remembering to take their medicines.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy team members do not have ready access to written procedures which support safe ways of working.
		1.6	Standard not met	The pharmacy does not maintain all its records for controlled drugs (CDs) in line with the law.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	There are areas of the pharmacy that are very cluttered and untidy which are detrimental to the safe provision of services.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not have effective arrangements to identify and remove expired medicines from stock. And it cannot sufficiently demonstrate that it stores its medicines that require cold storage appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not ensure that its standard operating procedures are readily available. And it does not keep all the records it needs to properly. However, it has appropriate insurance arrangements in place. People can provide feedback or make complaints about the pharmacy's services. And team members protect people's personal information.

Inspector's evidence

The correct responsible pharmacist (RP) notice was on display in the pharmacy. The RP was also the superintendent pharmacist (SI). There were no SOPs available at the pharmacy during the inspection; the SI stated that they had been removed from the pharmacy for review. However, he and the other team member working confirmed that they had read the SOPs. And team members were observed working in a safe and efficient manner during the inspection.

The SI stated that near misses (dispensing mistakes which were spotted before a medicine was handed to a person) had not been recorded for some time and there had been some near misses that had not been recorded. So, he could be missing out on emerging patterns or trends in the types of near misses being made. For dispensing errors (mistakes which had reached a person), the SI stated that there had not been a dispensing error for a long time. However, if an error did occur, he would complete a report and discuss the error with the team. The SI said that he had also implemented a third check that would be done by the team member handing out the medicine to reduce the risk of near misses and errors occurring. The pharmacy had a complaints procedure in place. The SI confirmed that any complaints or feedback about the pharmacy could be given in person or via a phone call and would be dealt with by him.

Confidential material was shredded as soon as it was no longer needed. No confidential waste was found in the general waste bin. And no confidential information could be seen from outside the dispensary area. The SI confirmed that he had completed level two safeguarding training. The SI stated that he had contact details of local safeguarding leads, but there had not been a safeguarding concern for some time.

The pharmacy had current indemnity insurance. Records about controlled drugs (CDs) were not always complete, recorded on appropriate paperwork, or made within the timeframe required by law. But a random check of a CD showed that the quantity in stock matched the running balance in the register.

Records seen about private prescriptions dispensed were not complete with several entries looked at missing the address of the prescriber. The SI said that this information would be recorded going forward. The private prescriptions were also stored loosely on a shelf in the dispensary, increasing the risk of them getting lost. However, the RP record was generally complete with most entries seen having a start and finish time. The SI stated that the pharmacy had not made an emergency supply or dispensed an unlicensed special medication for a long time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members to manage its workload effectively. And team members have some ongoing training in the pharmacy to keep their knowledge and skills up to date. Team members feel comfortable about raising any concerns they have.

Inspector's evidence

This was a family business. The team consisted of the SI, his wife who was worked as a dispenser and counter assistant in the pharmacy and their daughter who was a UK qualified pharmacist who worked a couple of days a week in the pharmacy as a dispenser to assist the SI in the pharmacy. The SI confirmed that his wife had completed both dispenser and counter assistant training. The SI stated that he would do the dispensing and self-checking of prescriptions in the pharmacy, while his wife worked on the counter and dispensed multi-compartment compliance packs for people. The daughter would help with dispensing when she worked in the pharmacy. The SI felt the pharmacy had just enough team members to cope with the workload at present.

The SI stated that he would have teaching sessions with the team members when a new medicine or service was being introduced at the pharmacy. He said he would also have regular informal discussions with team members to discuss their work in the pharmacy. Team members were not set any targets in the pharmacy. The team was observed working very well together during the inspection, efficiently seeing to patients and answering the phone. The team was observed asking the appropriate questions when supplying Pharmacy-only (P) medicines and giving advice to people.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy is not clean or tidy and large parts of the dispensary and shop floor area are very cluttered. This presents health and safety risks for people and team members in the pharmacy. However, the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The SI stated the pharmacy had been undergoing a renovation recently, but this had stopped due to issues with the builders. As a result, the floor of the pharmacy was concrete with no floor covering having been laid yet. Many of the ceiling panels were missing and wires were hanging down from the ceiling. The shop floor area of the pharmacy had delivery totes and boxes against the walls making selecting products from the shelves more difficult. Many of the products and shelves in the shop floor area were dusty. However, it had chairs for people who wished to wait for their prescription. And the front fascia of the pharmacy was in a moderate state of repair.

The dispensary area was very cluttered. There were large piles of boxes near the counter which looked unprofessional and were a tripping hazard. Much of the desktop space in the dispensary was covered in papers and boxes which increased the chances of items being lost or misplaced. But the pharmacy had a clean sink for preparing liquid medicines. There was also a staff toilet which was a bit dirty but had hot and cold running water and handwash available. The temperature and lighting of the pharmacy were adequate.

The pharmacy did not currently have a consultation room. As a result, the SI stated that he was speaking to people in the shop floor area of the pharmacy. The SI stated that he only did this when no one else was in the pharmacy and if someone else came in during the consultation, they would be asked to wait at the front of the store until the consultation was complete. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot demonstrate that it has effective arrangements to identify and remove expired medicines from stock. And it cannot show that its medicines are always safe to supply. The pharmacy cannot sufficiently demonstrate that it stores its medicines that require cold storage at the appropriate temperatures. However, the pharmacy ensures that people who get their medicines in multi-compartment compliance packs receive all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy had a step up to the main entrance which was a manual door. The SI said that an external ramp could not be used due to the door being next to a bus stop. The SI stated that if someone could not enter the pharmacy, he would speak to the person outside; this was observed during the inspection. The SI said that most people were happy to do this, but if they were not, he would refer them to another pharmacy which was step-free nearby. The dispensary did not have a separate area for dispensing and checking medicines, so there was an increased chance of medicines getting mixed up. However, the SI accounted for this by mainly dispensing items when a person came in to the pharmacy to collect their item rather than preparing in advance. This meant there were fewer dispensed items waiting to be collected.

Multi-compartment compliance packs were prepared by a dispenser and checked by the SI. Packs seen included all the required dosage and safety information. They also had a description of the medicines contained in the packs, including the shape, colour and any marking on the medicines to help people identify their medicines. The SI confirmed that patient information leaflets (PILs) were always sent to people each month with their packs. The SI also said that he always contacted the surgery regarding any queries the pharmacy had with prescriptions such as unexpected changes to people's treatment.

The pharmacy provided a delivery service for people in a care home. This was completed by the SI. Two records of the deliveries were made with one copy given to the care home and one kept by the pharmacy for archiving. When a delivery was made, the care home staff would check against the sheet provided to confirm that all medicines had been received.

The pharmacy obtained its medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. The pharmacy had a fridge for storing medicines, but the SI said he had not been recording fridge temperatures since the end of last year. So, he could not be sure if medicines were being stored at the appropriate temperature. The current and minimum temperature of the fridge were both within the required range. However, the maximum temperature was showing as 11°C, above the required range of 2 to 8°C. The thermometer was reset and then showed a maximum temperature within the required range.

The SI said that expiry-date checks had not been done for some time but said he would check the expiry date of the medicines when dispensing and checking them. A random check of medicines on the shelves found a large number of expired medicines with many having expired in 2023. Medicines were also found being stored outside their original pack in small plastic bags with no information about the manufacturer, batch number or expiry date available. And several boxes of medicines had packs of medicines from different brands inside, with some of these also missing the batch number and expiry

date from the blister strip. So, the pharmacy couldn't be sure that these medicines were still fit for purpose.

Safety alerts and recalls were received electronically by email. The SI said these alerts would be actioned when received, but no documentation of the action taken for these alerts was recorded, and alerts were not archived after actioning. So, it would be difficult for the team to find out what action they took for a previous alert. The SI was aware of the risks of sodium valproate, and he knew what to do if a person in the at-risk category presented at the pharmacy. And he was aware of the recent guidance changes regarding supply of sodium valproate.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment to provide its services safely. And it protects people's privacy when using this equipment.

Inspector's evidence

The pharmacy had internet access allowing team members to make use of any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. The pharmacy had cordless phones so conversations could be held out of earshot of the public. The electrical equipment had been safety tested in the past but was now overdue; the SI said he would look into getting this done. There were appropriately calibrated glass measures for measuring liquid medicines, and these were clean. And there were tablet triangles for counting tablets including one for counting cytotoxic medicines such as methotrexate. However, this triangle was not labelled to be used for cytotoxic medicines only. This limited its use in reducing the risks of cross-contamination risk. The SI said that he would get the triangle labelled.

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.