

Registered pharmacy inspection report

Pharmacy Name: Coral Pharmacy, 312 Park Road, Hornsey, LONDON,
N8 8LA

Pharmacy reference: 1040376

Type of pharmacy: Community

Date of inspection: 06/10/2021

Pharmacy context

The pharmacy is located in a parade of shops on a main road. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines. 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's working practices are generally safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy generally keeps the records it needs to by law so that medicines are supplied safely and legally. 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.

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. The team had been routinely ensuring infection control measures were in place. 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 by the superintendent pharmacist (SI) and this included occupational ones for the staff. Information was displayed at the entrance asking people to wear a mask upon entering and that only two people at a time could enter the premises.

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). Near misses were said to be recorded on a log as they occurred, however, this could not be located during the inspection. Near misses were discussed with team members and by the two pharmacists. The RP said that there had not been any near misses for some time. The RP had suggested moving certain medicines on the shelves to the SI from learning she had gained at other pharmacies. Dispensing errors were investigated and a record was made. The RP said there had not been any reported errors for some time.

An incorrect RP notice was initially displayed, this was changed during the inspection. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. The RP would try and resolve any complaints or refer to the owner if she was unable to do so.

Records for emergency supplies, controlled drug (CD) registers, unlicensed medicines dispensed and RP records were well maintained. Private prescription records were generally well maintained but details of the prescriber were not always included. The RP could not locate the register to record CDs that people had returned and explained that she would make a record on a piece of paper. A random check of a CD medicine quantity complied with the balance recorded in the register.

Assembled prescriptions were stored behind the medicines counter, people's private information was not visible to others using the pharmacy. An information governance policy was available. Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR) and consent to access these was gained verbally.

Pharmacists had completed level two safeguarding training and the dispenser had completed safeguarding training with her previous employers. The MCA was able to describe the steps she would take in the event that she had any concerns. The RP had the NHS safeguarding application.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely, and they work effectively together and are supportive of one another. Team members are given some ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, a locum pharmacist who worked one day a week at the pharmacy on a regular basis, a trained dispenser and a trained medicines counter assistant (MCA). Other team members who were not present on the day of the inspection included the SI and a part-time trained dispenser (SI's wife). The RP explained that a team member had been off work for some time, she was unsure as to when they were due to return. The RP felt there were sufficient team members to manage the workload.

The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Staff performance was managed informally by the SI. The SI gave team members verbal feedback. Team members including the RP described being able to give the SI feedback and suggestions based on what they saw in other pharmacies. The RP communicated with the SI over the telephone or left messages with his wife who she usually worked alongside with.

There was no formal process in place for ongoing training. The SI shared information including emails with the team members. This included updates from the NHS as well as information on new products and services. The trained dispenser had started working at the pharmacy during the pandemic. She was due to start the pharmacy technician training course soon.

Team members discussed things as they came up. Discussions were held with the team following near miss reviews. There were no targets set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was generally clean. Workbench space was limited but it was organised. To manage the space, team members did not process all prescriptions at the same time. Cleaning was carried out by team members. A clean sink was available in a room at the back of the dispensary which was used for the preparation of medicines. Team members were observed to use face masks and the number of people being allowed into the pharmacy at any given time was limited. Screens had also been fitted at the counter. Hand sanitiser was also available for team members to use.

The pharmacy had a clean consultation room which was easily accessible. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. There was no confidential information held in the room. The door leading into the consultation room had a glass window from which people could see into the room. The RP gave an assurance that she would speak to the owner about fitting blinds or covering the window.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. Portable fans and the doors were left open to help regulate the temperature. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources and generally 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 accessible, it was situated at street level and there was easy access to the medicines counter. Services were appropriately advertised to patients. Team members knew what services were available and described signposting people to other providers where needed. The MCA had worked at the pharmacy for a number of years and was familiar with the local area. A delivery service was offered to those people who were unable to access the pharmacy.

Prescriptions were received electronically, printed out and labels were processed. These were dispensed by a dispenser and left for the RP to check. In the event that the RP had to self-check, she tried to take a mental break in between the dispensing and checking processes. Dispensed and checked-by boxes were available on labels, however, these were not routinely used by the dispensers. This could make it difficult to identify who was involved in the dispensing process in the event that there was an incident. Baskets were used to separate prescriptions, preventing transfer of items between people.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. In most cases sodium valproate was dispensed in its original pack. Booklets and warning labels were available which were used. Additional checks were carried out when people collected medicines which required ongoing monitoring. The pharmacy did not dispense warfarin often, the RP explained that she made a record of any checks carried out on the person's electronic record.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. Trackers were used to with details of when people were due their medicines. Individual records were available for everyone on the service which had a list of all their current medication. Any queries were checked with the prescriber. Packs were prepared by the dispenser and checked by the RP. Assembled packs were labelled with product descriptions and mandatory warning. Patient information leaflets (PILs) were not routinely supplied. The RP and dispenser assured that leaflets would be given monthly.

The pharmacy provided a delivery service. Signatures were no longer obtained when medicines were delivered and this was to help infection control. In the event that someone was not available medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Medicines were organised on shelves in a tidy manner. Fridge temperatures were monitored daily and recorded. Records seen showed that the temperature were within the required range for the storage of medicines. CDs were generally held securely. Expiry-date checks were carried out every three months. Short-dated stock was marked with

stickers and a record of these was also kept. An up-to-date date-checking matrix was available. No date-expired medicines were found on the shelves checked. Team members described the steps they would take when medicines were returned to the pharmacy. Out-of-date and other waste medicines were kept separate from stock generally stored securely and then collected by licensed waste collectors. Drug recalls were received via email, these were printed, actioned and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was generally clean and ready for use. A blood pressure monitor was available, team members including the RP were unsure of how old the monitors were or if they had been subject to any calibration checks. The RP did not use the blood pressure monitors. The pharmacy had a medical fridge of adequate size available. However, food was stored in the fridge alongside medicines. The team explained that the staff fridge had been damaged during the flash floods earlier this year. They gave an assurance that they would speak to the owner about buying a new fridge. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. A shredder was also available.

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.