General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Muswell Hill Pharmacy, 110 Fortis Green Road, Muswell Hill, LONDON, N10 3HN

Pharmacy reference: 1040398

Type of pharmacy: Community

Date of inspection: 13/09/2022

Pharmacy context

The pharmacy is located on a main road in a residential area. 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 pharmacy also supplies medicines to people residing in two care homes. It also provides flu vaccinations and the New Medicine Service (NMS).

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's working practices are generally safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy mainly 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. It protects people's personal information appropriately. Team members 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. However, these had not been reviewed since 2018. Team roles were defined within the SOPs. The superintendent pharmacist (SI) who was also the responsible pharmacist (RP) on the day of the inspection was due to review these after which all team members including new team members would be asked to read them.

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 passed back to the dispenser who had dispensed the prescription and they were asked to identify and then rectify the error. A near miss log was available but the SI said due to the change in staff this was not being used consistently. The last recorded near misses were from July 2022. The SI planned to start asking all team members to use the near miss recording log. Near misses were discussed with the team to see what could be done to avoid reoccurrence. The team had moved around a few medicines particularly those beginning with 'A' to avoid picking errors. There had been no recent reported dispensing errors. The SI described the steps that would be taken in the event that there was and this including reporting the error on the National Reporting and Learning System (NRLS).

The correct RP notice was displayed. 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. Complaints were usually referred back to the SI who followed up with the person. She briefed the team to discuss ways in which the situation could be avoided. The annual patient satisfaction survey also gave the SI an understanding of what people thought.

Records for private prescription, unlicensed specials, controlled drug (CD) registers and were well maintained. Records for emergency supplies provided were largely in line with requirements, although some of the records seen did not always have a reason for supply recorded. RP records were kept electronically, there were gaps seen in the dates recorded on the system. The SI was surprised by this as the system did not load until an RP was signed in. She provided an assurance that she would speak to the IT provider. CD balance checks were frequently carried out. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received.

Assembled prescriptions were stored in the dispensary out of the view of people. Pharmacists had a smartcard to access the NHS electronic systems. Team members had completed training on data protection and information governance, this was provided by an external company. An information

governance policy was available which was reviewed annually. Confidential waste with people's private information on was segregated in a separate bin, and this was usually shredded. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

The SI and regular pharmacist had both completed the level two safeguarding training and one of the medicines counter assistants (MCA) had completed the level one training. The medical student had completed training as part of her course. The new team members had not completed any training but the SI planned for them to complete the level one training. Details of local safeguarding contacts were available.

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 SI, a trainee pharmacist, a trained MCA, a new team member who had just started a few weeks before the inspection and would be enrolled on the MCA training course following her probation. And a medical student who had been recently recruited to help with the dispensing. The SI planned to look into enrolling her on the dispenser training course. Other team members who were not present included the regular pharmacist and two new members of staff who had recently joined. Following their probation period, they would be enrolled on courses. The SI said it had only been a few weeks since the new team members had been recruited and some team members had been on holiday but she felt that there were now enough staff and the workload was more manageable.

The MCA was observed to counsel people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. The new counter assistant shadowed the trained MCA and was trained by the RP and MCA. To keep up to date, team members read through training material sent by different companies as well as leaflets from manufacturers. Team members who had worked at the pharmacy for a while were sent emails by the SI requesting them to complete certain training modules. Training was generally completed at home. Team members spoke to the SI or regular pharmacist if they were unclear about anything. At the time of the inspection there was no one enrolled on any formal training programme. The SI planned to enrol team members once they had completed their probation period. The trainee pharmacist was an overseas pharmacist and had been enrolled on a training course and attended monthly training sessions.

Staff performance was managed informally, and the SI and regular pharmacist provided team members with feedback. The SI was considering introducing an annual appraisal for all team members. Team members had a group chat on a messaging application and used this to share information. The team also went through things as they came up. Team members felt able to give the SI feedback and share concerns with her. The SI worked at the pharmacy one day a week and came in regularly. Team members were also able to contact her via phone or email. Team members were encouraged to provide services but there were no numerical targets in place.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver its services from. And its premises are suitably clean and secure.

Inspector's evidence

The dispensary was large with ample workspace which was allocated for certain tasks. The work benches used for dispensing and checking were largely clear and organised. The SI had cleared up and created a designated space to store baskets containing prescriptions to clear up more workspace. Dispensary shelves were tidy and organised. A sink was available for the preparation of medication. A separate area was dedicated for the preparation of multi-compartment compliance packs for care homes and a separate workbench was also used for checking. Cleaning was done by the team daily.

A signposted consultation room was available which was easily accessible and unlocked when not in use. The room allowed low-level conversations to take place inside which could not be overheard. Access to the staff toilets was through the consultation room. There was no confidential information held within the room. Since the last inspection the pharmacy had frosted out the window so that the inside of the room was not visible from outside. A poster was displayed to show that the room was a ‘safe space.’ The SI was in the process of rearranging the room to prepare it for providing more services such as travel and flu vaccinations.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare.

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 range of services offered by the pharmacy was adequately promoted. Access into the premises was via a flat entrance from the street with electronic doors at the entrance. Aisles were also wide and clear with easy access to the counter and consultation room. A waiting area with chairs was also available. The team used online translation applications when needed and some team members were multilingual. Team members were aware that signposting may be necessary where people required an additional or alternative service. The pharmacist used the internet to find local services. The pharmacy had the ability to produce large print labels when needed. Team members also helped people who required assistance.

The SI felt that the flu vaccination had the most impact as people found it convenient to walk in and have their vaccination when it was suitable for them.

Between 80-90% of prescriptions were received electronically. Prescriptions were printed out and labels were processed and placed in a basket. These were dispensed by the dispenser or trainee pharmacist and left for the pharmacists to check. Since the pharmacy had recruited additional staff, it was rare that the SI had to self-check. On occasions where she did, she would take a mental break in between dispensing and checking. Dispensed and checked-by boxes were available and were being used by most team members. Baskets were used to separate prescriptions, preventing transfer of items between people.

The majority of people who collected sodium valproate from the pharmacy did not fall into the groups highlighted in the guidance. The SI was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). Label placement when dispensing sodium valproate was discussed with the team. Additional checks were carried out when people collected medicines which required ongoing monitoring. The SI described that there were not many people who collected warfarin from the pharmacy. Those who did were asked about their INR monitoring and prior to the pandemic this had been recorded. The SI gave an example of where the team had planned to speak to a GP to obtain weekly prescriptions for someone who collected their medicines in multi-compartment compliance packs as they had been finding it difficult to remember taking their medicines.

Some people's medicines were supplied in multi-compartment compliance packs. To help manage the workload people's packs were allocated to different weeks. One of the new team members was responsible for the service. The pharmacy had a separate list for people who were supplied their packs weekly and those who were supplied four packs together each month. Packs were prepared a day or two before they were due. Individual record sheets were available for each person which had a record of all the medicines they took. Any notes or updates were recorded on these. Prescriptions were

printed and checked off against the sheet, the pharmacy had recently noticed an increase in missing items. These were queried with the surgery and chased. Packs were prepared by one of the dispensers and checked by the pharmacists. There were no assembled packs available during the inspection. The SI described that product descriptions were included on larger packs but not all. This could mean that people may not be able to identify the medication within the packs. Patient information leaflets were not routinely supplied, which could mean that people or their carers did not have all the information they needed to use the medicines safely. There was an unsealed pack which had been prepared earlier in the week. The SI agreed that there were risks associated with this and provided an assurance that packs would be sealed as soon as they were prepared. The SI also provided an assurance to ensure product descriptions were included on all packs and to supply information leaflets routinely.

Deliveries were carried out by team members for a few local housebound people and the SI carried out some deliveries in the evening. In the event that a person was not available medication was returned to the pharmacy. Signatures were not obtained from recipients to help with infection control. The SI called people if she was going to deliver after work to ensure they were in.

Medicines were obtained from licensed wholesalers and were stored appropriately. Fridge temperatures were monitored daily and recorded and these were within the required range for the storage of medicines. However, there was an issue with some gaps in the record. The SI said she would discuss this with the system provider as temperatures were always recorded. CDs were kept securely.

Date checking was completed routinely by the team, and short-dated stock was marked with stickers. There were no date-expired medicines found on the shelves checked. A date-checking matrix was available but this had not been updated. Out-of-date and other waste medicines were disposed of in the appropriate containers which were kept separate from stock and collected by a licensed waste carrier. The pharmacy had some chemicals including potentially hazardous ones at the back in the stockroom which had been inherited from the previous owners. Since the previous inspection the SI had called a number of places but had not been successful in finding someone who could safely dispose of these but would keep trying to find a company.

Drug recalls were received electronically and the SI forwarded them to the store email address. The SI had introduced a folder on the email account to store alerts after they were actioned to ensure there was an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean.

Inspector's evidence

The pharmacy had a range of clean glass calibrated measures available. Tablet counting trays were available. Separate measures were marked for liquid CD use 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 a fridge of adequate size. A blood pressure monitor was available which had recently been replaced, the SI planned to replace this when it required calibration.

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.