

# Registered pharmacy inspection report

**Pharmacy Name:** Haria Chemists, 25 Friern Barnet Road, New Southgate, LONDON, N11 1NE

**Pharmacy reference:** 1040406

**Type of pharmacy:** Community

**Date of inspection:** 17/05/2022

## Pharmacy context

The pharmacy is in a parade of shops at a busy road junction. It provides NHS and private prescription dispensing mainly to local residents. The team also dispenses medicines in multi-compartment compliance packs for some people. And the pharmacy provides treatment for drug service users.

## 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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A |

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team usually work to professional standards and identify and manage risks effectively. They discuss mistakes they make during the dispensing process between themselves. They understand how they can help to protect the welfare of vulnerable people. The pharmacy keeps its records up to date.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by a trade group. The SOPs covered the services that the pharmacy offered. A sample of SOPs was chosen at random and these were documented as having been reviewed in 2018. But the pharmacist said that he had been reviewing them since the last inspection. They did not always reflect accurately the way services were provided in this pharmacy. The written procedures said the team members should log any mistakes they made which were corrected during the dispensing process in order to learn from them. Any mistakes that did occur were discussed in the team, but they were not recorded. Only the pharmacist dispensed medicines and then checked them himself. The SOPs also said that they would fill in the dispensed by and checked by boxes, but these were not filled in.

The pharmacy displayed the responsible pharmacist notice where it could be seen easily. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacist recorded private prescriptions and emergency supplies on the computer and the details of the prescriber were recorded accurately. Instalment prescriptions for methadone were now marked at the time of supply. And the controlled drugs registers were kept correctly and were up to date at the time of the inspection.

The pharmacist said that they now shredded any confidential material before it was put into the bin. Computers and labelling printers were used in the pharmacy. Information produced by this equipment was not visible to people in the retail area. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely away from the public view. The pharmacist had undertaken safeguarding training and was able to access the local safeguarding contacts, if needed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just about enough staff to provide its services. Its team members work effectively together and are supportive of one another. The pharmacy helps them to keep up to date.

### Inspector's evidence

The pharmacy team consisted of the pharmacist and a pharmacy assistant, who worked on the pharmacy counter, serving customers and in the dispensary, putting stock away and sometimes getting out stock for prescriptions. They had been 'grandparented' when the first requirement for formal qualifications was introduced. However, there have been recent changes to training requirements for pharmacy support staff, and she was now enrolled on the relevant course. And is making progress in it. The assistant was given pharmacy magazines to read to help them keep up to date. The pharmacist and assistant discussed changes to medicines categories when changes were made to legal status, for example.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are generally clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area in the shop. The pharmacy could do more to reduce clutter in the consultation room.

### Inspector's evidence

The pharmacy had a stepped access from the pavement. It was spacious and there was lots of room for air to circulate. The shop was clean, tidy and bright. There was a Perspex screen between the staff and the customers, to provide a barrier to reduce transmission of COVID-19. There was hand gel available for customers as they walked into the pharmacy. The large consultation room was not readily available for customers as it was still used for a little storage. But due to the relatively low numbers people coming to the pharmacy, it would be possible to have a private word with the pharmacist, when there was no-one else in the shop. The dispensary was very tidy, so there was adequate space for dispensing prescriptions. There was a small space in the rear dispensary where multi-compartment compliance packs were dispensed. The sink was also in the rear dispensary.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy delivers its services in a safe and effective manner and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently, including those people who receive their medicines in multicompartment compliance packs.

### Inspector's evidence

Computer-generated labels for dispensed medicines included relevant warnings. They were not initialled at the dispensing and checking stages as only the pharmacist dispensed and checked the items. This could make it harder to establish who had dispensed and checked each medicine if a locum pharmacist was involved in the process.

Prescriptions were dispensed by the pharmacist but the labels were produced without printing out the prescription, which meant that checking had to be done from the computer screen. Partially dispensed prescriptions were also left without a printed prescription, but with the labels already produced. The pharmacist said that he always used the prescription on the computer screen to check medicines and labels, although it was observed that this did not always happen.

Prescriptions were handed to people by the pharmacist and he said that he counselled people about their medicines. It was not fully clear how prescriptions for higher-risk medicines would be identified so that people received the information they needed to take them safely. This was discussed with the pharmacist during the inspection. The pharmacist said that people in the at-risk group who were receiving prescriptions for valproate were usually counselled about pregnancy prevention. And appropriate warnings stickers were available for use if the manufacturer's packaging could not be used. Labels were not attached to the removable cards, but placed on the box in an appropriate place. Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given out more than 28 days after the date on the prescription.

Some people were being supplied their medicines in multi-compartment compliance packs. There was a summary sheet in the pharmacy for each person receiving these packs showing any changes to their medicines and where the medicines were to be placed in the packs. People would telephone the pharmacy to order their next supply of medicines, and the pharmacy had no audit of when the packs were due to be supplied. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs had tablet descriptions to identify the individual medicines contained in the packs and patient information leaflets (PILs) were supplied. This meant that people could easily identify the medicines or access the information provided by the manufacturer about their medicines.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were markings on boxes to indicate items which were short dated. Regular date checking was done and no out-of-date medicines were found on the shelves. The fridge temperatures recorded

showed that the medicines in the fridge had been consistently stored within the recommended range.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use. It could make better use of the equipment it has by keeping it in a more accessible location.

### Inspector's evidence

The pharmacy had a shredder which was used to destroy confidential waste. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross-contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination.

### 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.  |