

Registered pharmacy inspection report

Pharmacy Name: Mansons Pharmacy, 108 High Road,
South Tottenham, LONDON, N15 6DS

Pharmacy reference: 1040440

Type of pharmacy: Community

Date of inspection: 14/01/2020

Pharmacy context

This is a branch of a group of pharmacies. It is situated on a main road in a parade of shops close to a health centre. It dispenses NHS prescriptions and offers a number of sexual health services including emergency hormonal contraception (EHC) and HIV testing. It supplies medicines in multi-compartment compliance packs to a number of people to help them take their medicines safely.

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

Overall, the pharmacy's working practices are safe and effective. The pharmacy asks its customers for their views. It largely keeps the records it needs to so that medicines are supplied safely and legally. It protects people's personal information adequately. Team members know how to safeguard vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which were available electronically. Members of the team had read SOPs relevant to their roles and signed an overarching tracker. Team roles were defined within the SOPs.

Near misses were recorded and reviewed at the end of each month. The Responsible Pharmacist (RP) said that based on the trends found, action points would be generated. In the past medicines with similar names were either separated or a warning label was attached on the shelf/drawer. An example of medicines which had been separated on the shelves included amlodipine and amitriptyline. Near misses were seen to be recorded. Copies of near miss logs were sent to the superintendent pharmacist (SI). Review sheets were not available for inspection as these had been sent to head office, however, some brief review notes were seen on some of the near miss log sheets. Dispensary team members were briefed on review action points.

In the event that a dispensing incident was reported the RP said that she would report the incident on the National Reporting and Learning System website and on the PMR system. There were no recorded incidents observed as the RP said that there had not been any. The RP described the steps that she would take in the event that an incident was reported which included contacting the GP if someone had taken the incorrect medication. Learning from incidents was shared with other branches.

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. And details of this were displayed on a poster. The pharmacy also completed an annual patient satisfaction survey. As a result of past feedback, the seating area had been changed.

Records for private prescriptions, emergency supplies, unlicensed specials and RP records were well maintained. Controlled drug (CD) registers were generally well maintained but some entries had the address of the wholesalers missing. 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.



The computer in the dispensary was password protected and the screen was out of view of the public. Confidential waste was collected by a company and sent for incineration. The team were using another team member's smartcard despite her not being present; this was changed during the inspection. The SI was responsible for reviewing the information governance policy. The team had read through reference material on the General Data Protection Regulation and completed multiple choice questions to check their understanding. Both pharmacists had access to Summary Care Records, consent was gained verbally.

The two pharmacists had completed level 2 safeguarding training and had details available for the safeguarding boards. Team members had some awareness and were due to be enrolled on a course.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services provided. They have the appropriate skills, qualifications and training to deliver the pharmacy's services safely. They do ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of one of the regular pharmacists (who had worked at the pharmacy for 18 years), a second locum pharmacist and a trained medicines counter assistant (MCA). One of the dispensers covered the medicines counter in the evening. Another team member started her shift partway through the inspection she had completed the dispensary assistant training and MCA course.

The RP said that there were enough staff for the services provided. Staff performance was informally managed. A one-to-one chat was held with team members to appraise how they were doing and feedback was given on the spot if the pharmacists identified anything. The RP said that she would intervene when needed and advise team members if she felt advice provided was not appropriate. This was done verbally and not documented. The RP had worked at the pharmacy for a longer period of time than the other pharmacists and knew staff well including their capabilities.

The MCA counselled patients on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She would always refer to the pharmacist if unsure and was aware of the maximum quantities of medicines which could be sold over-the-counter as well as recommended treatments for certain conditions.

One of the MCAs had been enrolled on the dispenser training course. She had just received her course material. The second pharmacist, who was not present during the inspection, was her tutor.

To keep up-to-date team members were encouraged to look through 'Counterskills' workbooks sent by Alliance Healthcare. At the time of the inspection the team were in the process of completing the safeguarding training. Training was done at home and if they had any queries would work through them with the pharmacists. Some information was also received from Phoenix which was passed onto the team. Campaigns and audits were also used as a means of learning. The team attended seminars or the RP would brief them on any training that she had attended. Pharmacists completed independent learning. The team also held peer discussions and were informed of changes in legislation, alerts, and any material which was sent to the pharmacy.



Things were generally discussed as they came up. Recently there had been a changeover to the arrangement of stock in the dispensary, this was discussed with the team along with why it was needed. The owners also visited the pharmacy and were contactable by telephone. The RP felt able to share feedback suggestions and concerns with the owner. No numerical targets were set for the services provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are mostly clean. People can have a conversation with a team member in a private area. Some areas of the pharmacy require cleaning, which detracts from the overall appearance of the pharmacy.

Inspector's evidence

The pharmacy was reasonably clean and maintained to a level of hygiene appropriate for the provision of healthcare. Although there was a considerable amount of dust in some areas. There was limited workbench space in the dispensary but there were pull-out benches available which increased the workspace available. These were used to prepare multi-compartment compliance packs. A sink was available in the dispensary, this was old and heavily stained. Medicines were arranged on shelves and in drawers in a tidy and organised manner. However, some baskets with assembled prescriptions were stored on the floor near the shelves holding stock; this could increase the possibility of items falling into the baskets from the shelves. Cleaning was done by the team.

The pharmacist used the stock room as a consultation room. Curtains had been used to close off the stock room from the area that was used as the consultation area, and the whole area had concrete flooring. The room was accessed from behind the medicines counter and required walking past the dispensary and assembled prescriptions stored on shelves. Curtains had been installed which were drawn when people were taken to the room, to protect other people's personal information.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature in the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner. It obtains its medicines from reputable sources. And it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services. The pharmacy identifies prescriptions for high-risk medicines so that there is an opportunity to speak with people when they collect these medicines.

Inspector's evidence


The pharmacy was easily accessible and had a 'push through' door and slight ramp at the entrance. Team members would help people who required assistance. There was easy access to the medicines counter. The consultation room was easily accessible and the pharmacist said that he would move wholesalers' containers before escorting people through to the room. The pharmacy had the facilities to produce large print labels.

The pharmacy's services were advertised and there was a wide range of leaflets throughout the pharmacy. Team members were aware of the need to signpost people to other providers. People were supplied with leaflets or team members used the internet. Signposting and referrals were documented. Team members were multilingual and the team also used translation applications.

The RP thought that the flu and Medicines Use Review (MUR) services had the most impact on the local community. It was convenient for people to walk in when it was suitable for them to have their vaccination. Some older people were also not aware of why they were taking certain medicines or the best way to take some medicines, and the RP was able to discuss this with them during the MUR. Because of the close relationship the pharmacy team had built up with people the RP felt that people were able to walk in and speak to the pharmacists if they had any concerns.

At the time of the inspection only one of the pharmacists who worked three days a week was accredited to provide the HIV service. He had attended training sessions to learn how to carry out the test and also had training on how to manage the results. People who received a reactive test result were referred to a clinic in Archway. The accredited pharmacist would make contact with the clinic whilst the person was still there, and they would then need to go for further tests. As the RP was not accredited to provide the service, she would ask people to come back on days when the second pharmacist was working.

As the pharmacy was a Healthy Living Pharmacy (HLP) they tried to update their display



stand with different health promotion campaigns each month. The pharmacy was running the 'dry January' campaign at the time of the inspection and had displayed leaflets with progress trackers for people to take away with them. These showed people what the benefits of staying 'dry' for certain periods of time was and what the safe limits to drink were.

The pharmacy had an established workflow in place with majority of prescriptions received electronically. Most people were also part of the repeat service which was managed via the repeat management system (RMS; an electronic system). People needed to call the pharmacy between five to seven days before their prescription was due to run out, in some cases the pharmacy team called the person to check what they needed. The system allowed the team to keep track of what had been ordered and received so missing items could be chased up. People were informed that if the pharmacy was unable to contact them; they would not automatically reorder a prescription. An audit was kept of attempts made to contact people.

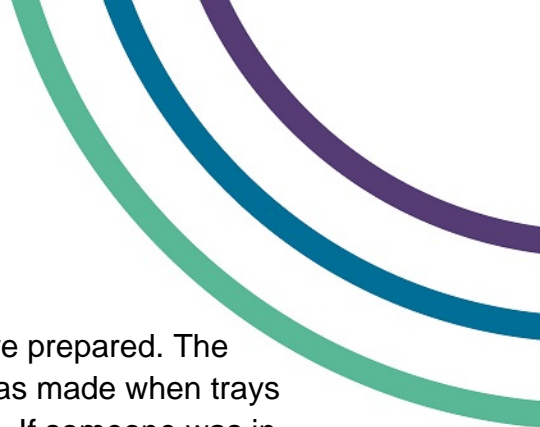
Both pharmacists were seen to obtain second checks when they dispensed prescriptions. Prescriptions were processed, labelled and dispensed by either the dispenser or RP. And then they were checked. In the event that the RP was working alone she would have to self-check and described that she would take a mental break in between dispensing and checking as well as making markings on the box as she checked.

Dispensed and checked-by boxes were available on labels; these were initialled by team members when they were dispensing or checking. The pharmacy team used baskets to ensure that people's prescriptions were separated, to reduce the risk of errors.

The pharmacist was familiar with the change in guidance for dispensing sodium valproate, including the need to use warning labels. Prescriptions for all high-risk medicines were processed as owings, so that it was highlighted to the pharmacist that they need to query monitoring with the person. The team were aware of the need to ask for the yellow book for warfarin. The RP checked this for monitoring and the INR was entered on the computer system, together with the date of the appointment and next one, dosage and INR). The RP annotated the top of the prescription to prompt the team with what needed to be done.

Prescriptions for CDs including Schedule 4 were processed as an owing. This was done to act as a prompt for the pharmacist to check before the medication was handed out.

For people who were supplied their medicines in multi-compartment compliance packs, the pharmacy checked that the person was not in hospital and for any changes before placing an order for the repeat prescription. When the prescription was received it was checked against the system for any changes and omissions, processed, backing sheets



were prepared, stock collected and checked before the packs were prepared. The pharmacy retained a spare copy of the backing sheet. A record was made when trays were collected and a list of when people were due was also made. If someone was in hospital it was recorded on the system and prescriptions were not ordered. The team ensured a discharge summary was received by the pharmacy and doctors, and any changes actioned. Packs were prepared and sealed by the dispenser.

Assembled packs observed were labelled with product descriptions and mandatory warnings. Patient information leaflets were handed out monthly. An audit trail was in place to show who had prepared and checked the packs. The pharmacy only offered deliveries in exceptional circumstances. A signed and in-date patient group direction was in place for the supply of EHC.

Patients who received their medicines in multi-compartment compliance packs were reviewed over a period of time particularly if they had been changed to liquid medicines. In the past one person had asked the pharmacy to change to dispensing their medicines in original packs.

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

Date checking was done by the dispenser or pharmacists every three months. A date-checking matrix was in place. To avoid date-expired medicines being handed out, the team were checking dates when stock was received, and the date was checked at the point of dispensing and checking. Short-dated stock was highlighted. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were segregated at the back away from stock and then collected by licensed waste collectors.

The pharmacy had the equipment fitted for the Falsified Medicines Directive (FMD) and were compliant but were not using the system all the time. The RP and team had watched the relevant PSNC webinars to prepare for this.

Drug recalls were received through the NHS email and recorded on the PMR system. The last recorded alert was for ranitidine. Alerts could be checked by both pharmacists and dispenser.

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 all the necessary facilities and equipment for the services offered. Equipment was clean and in good order. Measuring cylinders, tablet and capsule counting equipment were clean and ready for use. A separate triangle was available and used for cytotoxic medication and a separately labelled measure was available for methadone to avoid cross-contamination. Up-to-date reference sources were available including access to the internet. A fridge of adequate size was available. The fax machine was placed away from the public area, and a cordless telephone was available which team members could move to somewhere more private to help protect people's personal information.

What do the summary findings for each principle mean?

✓ 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.