General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Dowsett Pharmacy, 70 Dowsett Road, LONDON, N17 9DD

Pharmacy reference: 1040468

Type of pharmacy: Community

Date of inspection: 28/01/2020

Pharmacy context

This is a busy pharmacy situated in a residential area. It dispenses NHS prescriptions and offers travel vaccinations. A chiropodist also provides services from the pharmacy one day each week. The pharmacy provides a substance misuse service to some people. And it offers Medicines Use Reviews (MURs) 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

Overall, the pharmacy largely manages the risks associated with its services. The pharmacy asks its customers for their views. Team members protect people's private information. And they know how to safeguard vulnerable people. The pharmacy generally keeps the records it needs to by law. When things go wrong, the pharmacy team responds well. But the team members don't always record all the mistakes picked up during the dispensing process. So, they may be missing opportunities to learn.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). The review of most SOPs had been carried out in 2017 and 2018. The SOPs had been read and signed by most team members with the exception of the new team member. The responsible pharmacist (RP) said that the new team member would read relevant SOPS within the next few days. A roles and responsibilities matrix was available and had been completed but the information in this had not been updated.

The RP said near misses were recorded on a log; there was only one near miss recorded in September 2019 and none had been recorded since. The RP said that there had been some near misses in the period since then which had not been recorded. Near misses were discussed with the owner and the team had been asked to be more vigilant when dispensing. The RP said that near misses and dispensing incidents were covered at the team meetings but there was no record of these in the notes made at the meetings.

In the event that a dispensing incident occurred the RP said that he would contact the person, rectify the error and make a record.Dispensing incident forms were available, but these did not include details of the prescriber or details of who had been involved. The RP said that incidents were discussed with the team including what could be done to avoid a reoccurrence. Most common errors were due to the wrong strength being picked from the shelves. The team had been asked to be careful when picking and checking their own work.

The responsible pharmacist (RP) notice was clearly displayed. The RP had not been present in the pharmacy at the start of the inspection and the record had not been updated to include the time of absence. This was discussed with the RP during the inspection.The pharmacy had current professional indemnity insurance. The RP had previously confirmed that the pharmacist independent prescriber was covered for her prescribing activities through her personal cover.

The pharmacy had a complaints procedure. The pharmacy also completed annual patient satisfaction surveys. The RP said that previous feedback had been in relation to the appearance of the premises.

Records for private prescriptions, emergency supply, unlicensed specials and controlled drug (CD) registers were well maintained. CD balance checks were carried out regularly, with the liquid CD balance checked more frequently. A random check of a CD medicine complied with the balance recorded in the register. A CD patient returns register was available.

The RP and dispensers had their individual smartcards to access NHS systems. The RP had access to Summary Care Records (SCR) and consent to access these was gained verbally from people. The confidentiality SOP had been read and signed by the team including the chiropodist. The information

governance policy was reviewed annually. The RP said that the team had been briefed on taking care of people's private information.

The RP had completed the level 2 safeguarding training and there were SOPs for safeguarding children. The RP said he had verbally briefed the team. Contact details for the safeguarding boards were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy generally has an adequate number of staff to provide its services safely. Team members have done the right training for their roles. And they feel comfortable about raising any concerns. They get some ongoing training to help keep their knowledge and skills up to date. The pharmacy doesn't have contingency plans in the event that team members are suddenly off. As a result of which there are sometimes not enough staff to always keep its workload up to date if team members are unexpectedly off work.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP (who was also the superintendent pharmacist) and pharmacy technician who was helping the pharmacy out for four hours as the regular dispenser was off. The RP had initially not been present on the premises. The regular dispenser was not currently working. The RP had applied to a locum agency and the pharmacy were due to be sent a dispenser. Two pharmacy technicians who worked elsewhere helped the pharmacist out on odd days in the week. A new team member had started on the day of the inspection. They were not trained and were due to be enrolled on the accredited course. There were two additional pharmacists who covered the RP's day off. The RP said that there were enough staff for the services provided when the regular dispenser was working; but the team was struggling at the moment. The RP said that once a locum dispenser was found this would make it easier. As the pharmacy technician had been working on the day of the inspection the team were more or less up-to-date with the workload.

Staff performance was managed informally by the RP. He said that if he felt that a team member had an area of weakness, he would first have a discussion with the owner and then with the team member. The new member of staff had received some training at her previous place of work. When faced with a request for an over-the-counter medication she would refer to the RP.

Team members who were undergoing formal training were given time to go through the workbook; team members had previously said that they had completed most of their training at home.

The RP passed information to the team as he received it. Magazines received in the post were also passed to the team. The team had last been briefed on electronic CD prescriptions and were asked to be more careful to ensure these were spotted. These prescriptions were highlighted with a sticker and a 'check date' annotation. The team then checked these with the RP before handing them out.

Issues and concerns were discussed with the owner. The owner was contactable by telephone or his daughter would come in and speak to the RP. Team meetings were usually held on Tuesdays on an as needed basis. Most of the team worked on Tuesday morning. The RP would pass information on to the team members who were not present.

The owner set targets for the number of items to dispense, but there were no numerical targets set for the other services. Team members said that there was no pressure to meet the item targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are generally suitable for the services the pharmacy provides. And they are kept secure.

Inspector's evidence

The pharmacy had not received a refit for some time. Flooring had been changed following the previous inspection and a cleaner came in once a week to clean. The pharmacy was in the main tidy. Workbenches were tidy and allocated depending on the workload. A sink was available in the dispensary.

A consultation room was available which was accessible from the shop floor and behind the medicines counter. The consultation room was used on Monday by a chiropodist and had an examination couch. This limited the space within the room making it inaccessible to people with mobility aids. Conversations held in the consultation room could be heard on the shop floor. But to help mitigate this, the RP said that they had been instructed by the owner to speak in a low voice and shut the door. The RP said that on days when the chiropodist was working in the room, he would either ask people to come back later or take them to a quiet area in the shop. The chiropodist had access to all areas of the pharmacy including the dispensary during opening hours.

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

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources. And largely 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 does not always give people information leaflets that come with their medicines. This means that people may not always have all the information they need to take their medicines safely.

Inspector's evidence

The range of services offered by the pharmacy was adequately promoted. The pharmacy was easily accessible from the street with a ramp at the front. Team members were aware that signposting may be necessary where people required an additional or alternative service and used the internet to find details of nearby services. The local area had mixed demographics. The team was multilingual and mostly met the language needs of the local area. The new member of staff was observed communicating with people in Turkish.

Travel vaccinations were offered by the pharmacist who worked on Friday. These were offered on an appointment basis. Plans for the RP to be trained to provide the service so that it was available more frequently had been put on hold due to the staffing issue.

The majority of prescriptions were received electronically and were mainly repeat prescriptions. Walk-in prescriptions were taken in at the counter and left for the pharmacist, who then dispensed and checked the prescription.

Dispensed and checked-by boxes were available on the labels but these were not always used by all the pharmacists. This could make it harder to find out who was involved if there is a mistake or query. The pharmacy team used baskets for prescriptions to ensure that people's prescriptions were separated and to reduce the risk of errors.

The RP had some awareness of the change in guidance around pregnancy prevention for dispensing sodium valproate. He said that there was one person who fell in the at-risk group and when he had spoken to her she had been aware of the guidance. The RP was aware of the need to use the warning stickers when sodium valproate was not dispensed in its original pack. The 'Prevent' pack was found on a shelf in the dispensary.

People who had their medicines in multi-compartment compliance packs had individually labelled boxes which contained stock as well as individual records. Prescriptions were ordered by the pharmacy. On receipt of the prescription the RP would check for changes. If there were any changes the RP would check with the person if they were aware of it and would also cross check against repeat slips and on the person's SCR. Compliance packs were prepared by the dispensers and checked by the RP. In the event that someone was admitted into hospital, the hospital called to inform the pharmacy and a note was placed in the box to make the team aware. The hospital sent a fax or email with discharge information after which new compliance packs were prepared.

Assembled compliance packs observed were labelled with product descriptions and mandatory

warnings. Patient information leaflets (PILs) were handed out monthly. There was an incomplete audit trail to show who had dispensed and checked the packs. The pharmacy checked with people on a regular basis if the service was adequate for them. At the request of one person the pharmacy had changed them back to having their medicines supplied in original packs.

Deliveries were carried out by a designated driver every two weeks. The pharmacy mainly delivered multi-compartment compliance packs. Signatures were not obtained for medicines delivered, including CDs. This could make it harder for the pharmacy to show that people had received the medicines safely. The driver marked off when medicines were delivered. In the event that a patient was not available a note was left and the medicines were returned to the pharmacy.

One of the pharmacists who had worked at the pharmacy was an independent prescriber. The RP said that the pharmacist prescriber would see the person and issue a prescription which was then left for the RP to dispense. Prescriptions issued in the past had been for malaria prophylaxis, eye drops, medicines for erectile dysfunction, and an antibiotic (amoxicillin). No records of consultation notes were found for prescriptions that had previously been prescribed. However, the independent prescriber only prescribed occasionally and had not worked at the pharmacy for some time. She was expected to start working at the pharmacy again in around six months. The new GPhC Guidance for pharmacist prescribers was discussed during the inspection.

The RP did not offer any services under a patient group direction. Services were offered by other pharmacists and the RP was unsure as to where the documentation was kept.

Medicines were obtained from licensed wholesalers. The RP said that fridge temperatures were monitored daily. This was observed to be within the required range for the storage of medicines.The pharmacy had the equipment available to comply with the Falsified Medicines Directive (FMD), but were having issues with logging in. The RP had raised this with the provider. SOPs did not incorporate FMD. The RP gave assurances that he would replace current SOPs.

Date checking was done approximately every three months by the dispenser and another member of staff who started working at the pharmacy a few months ago. A date-checking matrix was used. There were no date-expired medicines found on the shelves sampled. Short-dated stock was marked.

Out-of-date and other waste medicines were segregated and then collected by licensed waste collectors. Drug recalls were received via email. Relevant alerts were printed and filed. The last actioned recall was for ranitidine.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services.

Inspector's evidence

The pharmacy had glass, calibrated measures, and tablet counting equipment. The electronic tablet counter was checked by the RP from time to time using a known quantity of tablets. Separate labelled measures were available for CDs to avoid contamination. Cytotoxic medicines were counted in the hand using gloves.

Up-to-date reference sources were available including access to the internet. The pharmacy had a domestic fridge of adequate size. Confidentiality was maintained through the appropriate use of equipment and facilities. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was shredded.

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.