

Registered pharmacy inspection report

Pharmacy Name: Grace Pharmacy, 165-167 Park Lane, Tottenham,
LONDON, N17 0HJ

Pharmacy reference: 1040479

Type of pharmacy: Community

Date of inspection: 14/01/2020

Pharmacy context

This is an independent pharmacy situated in a parade of shops in a residential area opposite a GP practice. It dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids 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 manages the risks associated with its services. Team members work to written instructions which tell them how to complete tasks safely. 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. But not all of them are complete, which could make them less reliable if there was a future query.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) most had been reviewed in the last year with the exception of the RP SOPs which had last been reviewed in May 2017. The responsible pharmacist (RP) said that the team member had read SOPs relevant to her role but she had not signed them to show that she had understood them. The RP planned to implement new SOPs in an electronic format.

No records were found of near misses which had occurred during the dispensing process. The RP said that there had not been a dispensing mistake for some time. He said that he would record any dispensing errors (where a mistake was handed out to a person) on the electronic patient medication record system. He said that in the event that there was an incident he would investigate and reflect on what had happened.

The correct RP notice was displayed. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. The pharmacy also completed an annual patient satisfaction survey. Complaints came to the RP first and he said he would try and resolve them. The RP said that most feedback had been from people who had put in a request for their prescription at the surgery and then presented to collect their medicines on the same day at the pharmacy. The RP spoke to people and informed them that the surgery required time to process requests and prescriptions were sent to the pharmacy after 48 or 72 hours electronically.

Records for private prescriptions were well maintained. There were no emergency supply records as the RP said none had been given. The pharmacy had also not dispensed any unlicensed specials. RP records were generally well maintained but the pharmacist was not routinely signing out. The RP was the only pharmacist who worked at the pharmacy. Controlled drug (CD) registers were generally well maintained but there were a number of missed headers. CDs that people had returned were recorded in a register.

The RP was the only team member who had an NHS Smartcard to access electronic prescriptions and summary care records. This was password protected. Assembled prescriptions were stored in the dispensary and were not visible to people using the pharmacy. The RP had completed a level two safeguarding course and had briefed the team on signs to look out for. The team member would let the RP know if they had any concerns. The RP was able to locate the details of the safeguarding boards during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members undertake the right training for the jobs that they do. They work closely together and share information with each other to ensure services are provided safely. They undertake some ongoing training to help keep their knowledge and skills up to date. The pharmacy does not have contingency arrangements to cover leave or sickness. And this could cause issues with continuity of care if team members are off work.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP and the security guard, the pharmacy also had another team member who was a trained medicines counter assistant (MCA). The RP said that there were enough staff for the services provided. The RP had not taken any time off in all the years he had worked at the pharmacy. All dispensing and checking was done by the RP. The pharmacy was open for 60 hours a week, but the RP said that he worked around 77 hours to prepare multi-compartment compliance packs and to complete other work. There were no contingency arrangements in place to cover any staff sickness or absence.

Staff performance was managed formally with an appraisal held annually. The RP gave the MCA on the spot feedback. Things were generally discussed as they came up. The security guard did not serve people and this was observed during the course of the inspection.

The RP encouraged the MCA to complete ongoing training. He passed on any information received from suppliers and said that he was able to hear over-the-counter conversations and would intervene where needed. The RP briefed the MCA about changes in legislation and about changes to the classification of medicines from prescription-only to pharmacy-only (POM to P switches).

No numerical targets were set for the services provided. The RP was registered with the Numark training programme and completed training which was relevant to the pharmacy to help with continued learning and Continuing Professional Development.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services. People can have a conversation with a team member in a more private area. The pharmacy generally keeps the premises clean and tidy but could do more to keep some areas free of unnecessary clutter.

Inspector's evidence

The pharmacy had not been refitted for many years but was in the main clean. The dispensary and the back area of the premises were cluttered in places. There was a considerable amount of workspace available but the pharmacist only used one bench for the whole dispensing process as well as for preparing multi-compartment compliance packs. The other workbench was used to hold stock and paperwork. A sink was available for the preparation of medicines and had a considerable amount of limescale.

The consultation room was no longer used as such. As the pharmacy did not provide any services which required it, the RP said that the room was no longer used for consultations and was 'relegated' to become the stock room and staff room. Private conversations were held to an area to the side of the medicines counter, this helped to protect confidentiality as the pharmacy was seen to be quiet during the inspection and there was usually only one person in at a time.

The premises were kept secure from unauthorised access. The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. The RP said that the pharmacy never became too hot. The dispensary work area was well lit as the light was situated directly above the dispensary work bench. Parts of the retail area were dark.

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.

Inspector's evidence

There was a small step leading into the premises. The RP said that most people who used mobility aids preferred to be served outside. The pharmacy had a portable ramp available, and this was stored in the back area. Team members would also help people who required assistance. The pharmacy team was multilingual and the RP said that some people came in with translation applications on their mobile phones if they did not speak English.

Team members were aware of the need to signpost people to other healthcare providers when they needed assistance that the pharmacy couldn't provide. The RP said he would use the internet to find details of other services.

Prescriptions were dispensed and checked by the RP. The RP said he dispensed electronic prescriptions for repeat medicines either before or after the pharmacy's opening hours or when it was quiet to help manage the workflow. The RP said that he took a mental break between dispensing and handing out prescriptions. At the point of handing the medication out to people he said he asked people to double check their medication or confirmed with them what they were expecting and talk them through what they were having and if the indication of the medication was for the treatment they were expecting. He said that this was to help ensure that there were no prescribing errors.

The pharmacy did not generate owing notes for people if some of their medicines were not in stock. And there was no clear audit trail to show whether or not these owed items had been supplied at a later date. The RP annotated the top left corner of the prescription to show the quantity that had been supplied. This could present confusion to other pharmacists in the event that the RP was off work unexpectedly. The RP gave assurances that he would start using the electronic patient recording system to generate owing notes. There was no audit trail to show who had dispensed and checked the prescriptions. The RP said that he was the only one who completed both processes. Baskets were not used to separate people's prescriptions.

The RP had some awareness about the change in guidance for supplying sodium valproate and the associated Pregnancy Prevention Programme. He had spoken to the GP and carer of a person who fell in the at-risk group.

The requests for prescriptions for people enrolled on the multi-compartment compliance packs service had to be initiated by the person rather than the pharmacy. Prescriptions were sent to the pharmacy electronically but these were not printed out. Compliance packs were prepared and checked by the RP. Changes were confirmed with the GP or with the patient or carer when they came to collect their packs. If the patient came to collect, the RP said that he would also check their Summary Care Records after obtaining consent.

Assembled packs observed were labelled and people who requested were also supplied with a medication administration record chart. Patient information leaflets (PILs) were supplied. Product descriptions were not included on the packs and there was no audit trail to show who had prepared and checked the compliance packs. Not having descriptions may make it difficult for patients and carers to identify which medicines are which.

The RP carried out deliveries after work on rare occasions. CDs were not delivered. Signatures were not obtained from people when their medicines were delivered. The RP informed people of the exact time that he was due to deliver the medication to ensure that someone would be available to accept the delivery.

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.

The RP said that he completed date checking each month on the last day of each month. There were no records kept. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated in the dispensary away from stock and then collected by licensed waste collectors.

The pharmacy had the necessary equipment fitted for the Falsified Medicines Directive (FMD). This was being used. The RP received emails from the Medicines and Healthcare products Regulatory Agency with information on drug alert bulletins. These were actioned and then filed into a separate electronic folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had the necessary facilities and equipment for the services offered. Measuring cylinders were glass and calibrated but the CD measure had a considerable amount of limescale. The RP said that he had tried to clean this. Buying new measures was discussed with the RP. An electronic tablet counting machine was used, the machine was not frequently used. The RP calibrated the machine using a known quantity of tablets.

The pharmacy had a domestic fridge of adequate size for storing medicines which required cold storage. This had a freezer at the top which had a significant amount of ice.

Confidentiality was maintained through the appropriate use of equipment and facilities. The computer in the dispensary was password protected and out of view of patients and the public. Confidential waste was collected and either shredded or incinerated.

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.