

# 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:** 10/04/2024

## Pharmacy context

This pharmacy is located in a parade of shops in Northumberland Park in London. It provides a variety of services including dispensing of NHS prescriptions and the New Medicine Service (NMS). It also provides medicines in multi-compartment compliance packs to people who have difficulty remembering to take their medicines.

## 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

The pharmacy generally manages the risks associated with its services. And people can give feedback about the pharmacy's services. The pharmacy keeps the records it needs to by law. And the team know how to protect vulnerable people.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. However, it was displayed in the back area of the pharmacy where it could not be seen by people. This was highlighted to the superintendent pharmacist (SI) who was the RP and worked as the regular RP in the pharmacy. The pharmacy had standard operating procedures (SOPs) available in the pharmacy electronically. Team members including the SI said that they had read them however, team members had not signed to say that they had been read. The SOPs were also overdue a review. The SI said that these would be reviewed in the near future.

The SI said he recorded near misses (dispensing mistakes spotted before a medicine was handed to a person) online on the person's medical record (PMR) when they occurred. The SI stated that he was the only one who worked in the dispensary and so dispensed and self-checked the medicines. He stated that there had not been a near miss for some time. With regards to dispensing errors (a mistake which reached a person), the SI stated that there had not been a dispensing error for some time either. He stated that if a dispensing error did occur, the error would be corrected, recorded in detail on the PMR and discussed with the team. The SI explained that he had completed some learning on near misses and errors and as a result of this always took a short break between dispensing and checking a medicine to reduce the chance of a near miss occurring. He also separated stock on the dispensary shelves into cardboard boxes to reduce the chance of picking errors.

People could submit a complaint or feedback about the pharmacy in person or on the phone. The SI said that he would handle the complaints. The SI confirmed he had completed level two safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The SI knew what to do if a vulnerable person presented in the pharmacy and had contact details of local safeguarding leads. No confidential information was found in the general waste bin. And no person-identifiable information could be seen from outside the dispensary.

The pharmacy had current indemnity insurance. Controlled drug (CD) registers seen generally included all details required by law, but some headers were missing on some pages. A balance check of a CD showed that the amount in stock matched the recorded stock in the register. The private prescription register was complete with all entries seen having the required details recorded. The SI stated that the pharmacy had not dispensed any unlicensed medicines or made an emergency supply for some time. The RP record was complete with all entries seen having a start and finish time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just enough team members to manage its workload safely. And team members do the right training for their roles. Team members do some ongoing training to keep their knowledge and skills up to date. And they feel comfortable about raising any concerns that they have.

### Inspector's evidence

The pharmacy team consisted of the SI, and one counter assistant who had completed an appropriate course and there was a certificate on display in the pharmacy to confirm this. The SI felt the pharmacy had just enough team members to manage the workload, and the team members were up to date with their dispensing. The SI and counter assistant were observed working well together during the inspection. And the counter assistant knew what could and could not be done in the absence of an RP.

The SI confirmed the counter assistant received some ongoing training in the pharmacy, for example when a new medicine or service was launched. And she had a yearly formal review with the pharmacist to discuss their progress. The counter assistant had no concerns about raising any issues and would usually go to the pharmacist first who could escalate to the SI if necessary. And she was seen asking the appropriate questions and making appropriate sales of pharmacy only (P) medicines to people. The SI confirmed that the team was not set any targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are generally safe and suitable for the provision of pharmacy services. And the pharmacy is generally kept clean and tidy. And the pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The front fascia of the pharmacy was in an adequate state of repair. The shop floor area of the pharmacy was generally clean and tidy. And it had chairs for people who wished to wait for their prescriptions. P medicines were stored securely behind the counter. The dispensary area was generally clean and had plenty of space for team members to work in. The dispensary had a sink for preparing liquid medicines which was generally kept clean. The temperature of the pharmacy was adequate but the lighting in the pharmacy was quite dull making it appear closed from the outside, however it was adequate for dispensing activity. The team had access to a toilet with hot and cold running water and handwash. The pharmacy had a consultation room, but it could not be used at present due to refurbishment works, but it had an area with a screen where people could speak with the pharmacist. This did not allow for a conversation to be had without being heard in the pharmacy. The SI said that if someone wanted to have a private conversation, they could come back to visit the pharmacy between two and three O'clock when the pharmacy closed to the public. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

On the whole, the pharmacy provides most of its services safely. And it stores its medicines appropriately. The pharmacy generally takes the right action in response to safety alerts ensuring people get medicines which are fit for purpose. And people with different needs can access its services.

### Inspector's evidence

The pharmacy had step-free access via a manual door. The team was able to cater for people with different needs, for example by printing large print labels for people with sight issues. And there was enough space for people with wheelchairs and pushchairs to access the dispensary counter.

Multi-compartment compliance packs were prepared and checked in a separate area of the dispensary. The were prepared and dispensed by the SI. Packs seen had the required dosage and safety information. But they did not have a description of the medicines which would make it harder for people to identify their medicines. However, the SI confirmed that patient information leaflets (PILs) were supplied monthly with all packs. The SI also stated that he would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely, and there were no expired or patient returned CD's that needed to be destroyed. Medicines requiring refrigeration were stored appropriately. Temperatures were recorded daily and were all within the required range. And the current temperatures were found to be in range during the inspection. However, the thermometer being used was an older liquid-in-glass thermometer. The thermometer was capable of showing the current maximum and minimum temperature of the fridge, but only to the nearest whole degree. Replacement with a more modern digital thermometer was discussed with the SI who said he would look into ordering one to replace the liquid-in-glass thermometer.

Expiry date checks were carried out monthly by the SI who would normally come in one hour early each month to check the stock. A random check of medicines on the shelves found no expired medicines. Safety alerts and recalls were received by email, which were actioned as appropriate before being printed and stored in a folder for archiving. However, action taken for each alert was not recorded. This could make it harder for the team to demonstrate what action they had taken for an alert. The SI was aware of the risks of sodium valproate, and he knew what to do if a person in the at-risk category presented a prescription at the pharmacy. And he was aware of recent changes to guidance for supplying sodium valproate.

The pharmacy was providing the Pharmacy First service using patient group directions (PGDs). The SI had completed the training for the service. However, consultations were being done on the phone rather than face to face or by video consultation. And the pharmacy did not have access to a consultation room, which was an NHS requirement in order to provide the Pharmacy First service. The SI said he would be able to use one of the other rooms in the pharmacy as a consultation room and had begun the process of completing this. The SI stated that he had only done about five Pharmacy First consultations since its launch. He gave assurances that he would contact the local Integrated Care Board (ICB) and the Local Pharmaceutical Committee (LPC) for advice before carrying out anymore

Pharmacy First consultations.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment to provide its services safely. And it protects people's privacy when using this equipment.

### Inspector's evidence

The pharmacy computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. And team members were observed using their own NHS smartcards. The pharmacy had a wired phone which made having private conversations more difficult. The SI could not confirm when the electrical equipment had last been safety tested but would look into getting the electrical equipment retested. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines; however, these required some descaling. The pharmacy also had access to a tablet counter to assist with counting tablets. The SI stated that the pharmacy did not supply any loose methotrexate or other cytotoxic medicines.

### 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.