General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Shore Pharmacy, 79 Russell Lane, Whetstone, LONDON, N20 0BA

Pharmacy reference: 1040508

Type of pharmacy: Community

Date of inspection: 21/08/2023

Pharmacy context

The pharmacy is situated in a largely residential area, on a small parade of shops. It provides NHS and private prescription dispensing mainly to local residents. It provides medicines in multi-compartment compliance packs for a large number of people who collect their packs either from this pharmacy or another one close by, owned by the same company. The pharmacy has a home delivery service. There is a post office in the pharmacy. Conditions are in place on this pharmacy premises that prevent some services being provided. These conditions were imposed after failings were identified on a previous inspection and they remain in force.

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

Members of the pharmacy team usually work to professional standards to identify and manage risks effectively. They record or discuss mistakes they make during the dispensing process with the regular pharmacist. And they try to learn from these to avoid problems being repeated. The pharmacy's team members understand how they can help to protect the welfare of vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that the pharmacy offered. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes they made which were corrected during the dispensing process (known as near misses) in order to learn from them. They regularly logged any issues and discussed trends and learning from these events. The pharmacy had highlighted some medicines with similar names on the shelves to try to prevent the team picking and supplying the wrong item to people. Hydralazine and hydroxyzine had been separated on the shelves. The pharmacist said that she only supplied codeine linctus against a prescription. There was no codeine linctus found in the shop, or on the dispensary shelves.

Records about private prescriptions, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and responsible pharmacist (RP) records were generally well maintained. Some prescriber details in private prescription records were not accurate. The pharmacist said that they would review their processes. CDs that people had returned were recorded in a register as they were received. CD registers were kept electronically. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. All team members had also completed online training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding boards. The company also had a safeguarding officer at head office who team members could contact. The team described how they could help vulnerable people and what sort of factors made someone vulnerable.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified staff to provide its services safely. And the pharmacy provides its team members with some ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy was run with one pharmacist who worked a regular five-and-a-half-day week. This was the same as the opening hours of the pharmacy. There was a part-time dispenser and a full-time medicines counter assistant. Both had completed the formal training required for their roles. There was also a pharmacy graduate, who was hoping to finalise a trainee pharmacist post within the company. They had started on the day of the inspection. There was also a post office worker, who had no role in the pharmacy business.

Once the staff had completed their formal training, they were provided with access to pharmacy magazines and on-line training. Following the previous inspection, the counter assistant had completed a number of refresher courses on topics which included sepsis and safeguarding. He was also refreshing his counter assistant training using the Avicenna training modules. The management team visited the pharmacy regularly and the staff were able to discuss issues with them. The pharmacist was not set targets set by the owner. More formal appraisals for staff were being introduced.

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.

Inspector's evidence

The shop area and dispensary were generally clean and tidy. There were areas where there was some clutter, but these had reduced since the last inspection. Pharmacy team members prepared multi-compartment compliance packs on a separate bench, and the dispensary sink was clean.

The pharmacy had a consultation room which the public could access through a door to the right of the post office unit. There was also a door from the consultation room to the dispensary. The room was tidy and looked clean, but the doors were grubby, especially where people touched the paint work. The pharmacist said that they would try, again, to clean them. The paintwork was matt and not easily cleaned. The table had markings on it, but it was clean. The room was also used to store post office bags and other paraphernalia which also detracted somewhat from the professional image of the consultation room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy mostly manages and delivers its services safely and effectively. Generally, the pharmacy dispenses people’s medicines safely. But it cannot always show who was involved in dispensing each item. So, it may be harder for the pharmacy to review mistakes and learn from them.

Inspector's evidence

There was a step up into the pharmacy from the pavement with a heavy front door. Staff said that they opened the door for people if they needed help. The pharmacy's services were advertised in the shop window.

The pharmacy had a dispensing audit trail to identify who had dispensed and checked each item. It was generally used, but a few items looked at did not show who had dispensed the item. The pharmacy did not always use the baskets provided which were intended to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. This could increase the risk of people's medicines being mixed up.

A large number of people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

Warning stickers were attached to some of the prescriptions by the pharmacist during the checking process. Stickers were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent, and some prescriptions which should have had applicable stickers on did not. The pharmacist said that they would review this. The pharmacist and team members were aware of the guidance for dispensing sodium valproate. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team. The pharmacy did not often dispense warfarin. But, in the event that someone presented to collect a prescription for warfarin, they were asked for their yellow book. And it was confirmed that the person was having their INR checked routinely. Additional checks were carried out when people collected medicines which required ongoing monitoring, when the prescription was appropriately stickered.

The pharmacy got its medicines from licensed wholesalers and generally stored them on shelves in a tidy way. Regular date-checking was done for medicines. There were coloured dots on some boxes to indicate items which were short dated. Drug alerts were received, actioned and filed appropriately to help show how the pharmacy prevented recalled medicines from finding their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. But some of its measuring equipment may not be wholly reliable.

Inspector's evidence

There were various sizes measures, but they were made of plastic and not calibrated. The pharmacist said that she would order some glass ones and then remove the old ones from use. 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 team also had access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

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.