

# Registered pharmacy inspection report

**Pharmacy Name:** Hampstead Heath Pharmacy, Travel Health & Vaccination Clinic, 35 South End Road, LONDON, NW3 2PY

**Pharmacy reference:** 1040582

**Type of pharmacy:** Community

**Date of inspection:** 28/11/2019

## Pharmacy context

The pharmacy is located in a busy high street and residential area in Hampstead near the Royal Free Hospital. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health and travel advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, travel medicines, a wide range of immunisations including travel vaccinations and seasonal flu vaccination.

## 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	2.2	Good practice	The pharmacy has enough qualified staff to provide safe services.
		2.3	Good practice	The pharmacist keeps his knowledge up to date and uses his professional judgement to make decisions in the best interest of people.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	Pharmacy services are accessible to people with a range of needs.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines in the right way. The pharmacy manages risk and it has written procedures which tell staff how to complete tasks effectively. It generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team keeps people's information secure and understands its role in protecting vulnerable people.

### Inspector's evidence

Near misses were recorded and reviewed. Caution stickers were on the shelf edges alerting the pharmacist to high-risk medicines. Lookalike and soundalike medicines 'LASA' medicines had been separated to minimise risk of picking errors and included sildenafil and sertraline, metformin and metformin sr, citalopram 10mg and citalopram 20mg tablets. The pharmacist worked alone so taking a mental break was discussed.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. The pharmacist checked interactions between medicines for the same patient. There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for a number of patients on a rolling basis. The pharmacy managed prescription re-ordering on behalf of patients and liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. There was a folder of information relating to compliance aids and each patient had their own polythene sleeve to contain patient records including a sample backing sheet and discharge summaries. Backing sheets were labelled 1 to 4 to show the patient or carer which week of a four-week cycle was the compliance aid. Labelling included a description to identify individual medicines and patient information leaflets were supplied with each set of compliance aids. Including more information such as tablet or capsule markings to make the description more comprehensive was discussed.

High-risk medicines such as alendronate and sodium valproate were supplied separately from the blister pack. The dates of controlled drug (CD) prescriptions were managed to ensure supply within the 28-day validity of the prescription. If levothyroxine and lansoprazole were supplied in a compliance aid, the patient or carer was counselled on taking before other food or medication if possible.

The practice leaflet and details of how to comment or complain were displayed. The annual patient questionnaire had been conducted and had resulted in feedback regarding seats in the waiting area so extra seating was made available. There was a set of up-to-date standard operating procedures (SOPs) in which staff had recently trained. Following the visit, the superintendent pharmacist (SI) confirmed that the SOPs included complaints and whistleblowing SOPs and the delivery process was now in line with the current written procedure. The staff member who served at the medicines counter said she

would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. Hydrocortisone cream would not be sold for use on the face.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 31 Dec 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency and 'specials' supplies were generally complete. Patient group directions (PGDs) for administration of flu vaccinations and supply of malaria prophylaxis and erectile dysfunction medicines were in date.

One pharmacist, also superintendent pharmacist (SI), was a pharmacist independent prescriber (PIP) and offered a comprehensive range of travel health and immunisation consultations from the pharmacy for all ages, infants to older people, healthy or with complex health and existing medical conditions. The SI had actively engaged in education and continuing professional development in travel health and immunisation to deliver this service. Apart from travel health and immunisation, other vaccines available included BCG, chicken pox, human papillomavirus (HPV), meningitis and shingles vaccines. As part of a consultation, the risk assessment form was completed and attached to and filed with the private prescription for vaccinations and travel medicines. PILs were supplied to patients in addition to administration of vaccinations. Private prescriptions issued as a result of a consultation were dispensed by the other pharmacist at the pharmacy.

The CD registers were mostly complete, and the balance of CDs was audited regularly although not always monthly in line with the SOP which was amended following the visit. A random check of the actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not always signed and dated. Supplier name and address were recorded for receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). A privacy notice was displayed on the website and in the pharmacy. The Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. There was a safeguarding policy and the pharmacist was accredited at level 2 in safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough suitably trained team members to deliver its services safely. They work well together and are comfortable about providing feedback to improve the pharmacy's services.

### Inspector's evidence

Staff comprised: one regular full-time pharmacist, one regular part-time pharmacist also SI and a PIP, one full-time and one part-time dispenser both also accredited as medicines counter assistants (MCAs) and one full-time MCA who also delivered medicines in the evening. Training certificates were displayed.

The SI had completed the foundation and diploma courses in Travel Medicine with the Faculty of Travel Medicine of Royal College of Physicians and Surgeons of Glasgow and become an associate member of this faculty. He was a member of the British Global and Travel Health Association and the International Society of Travel Medicine.

Staff were supplied with ongoing training through industry publications and training topics included skin care. There were six monthly performance reviews for all staff. Staff were able to feedback suggestions and had suggested re-organising the layout of retail stock. Targets and incentives were not set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean and generally suitable for the provision of its services. The pharmacy prevents people accessing the premises when it is closed to keep medicines and information safe.

### Inspector's evidence

The pharmacy premises were narrow but extended a long way back to the dispensary which was small and behind the medicines counter. Although there were older fixtures and fittings, the pharmacy was very clean including the dispensary benches and sink. Lavatory facilities were very hygienic and handwashing equipment was provided. The consultation room was located halfway down the retail area and was not locked when not in use. It was clean and tidy, and the chaperone policy and dealing with anaphylaxis poster was displayed. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources to protect people from harm. It makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe to use. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. They make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team members give advice to people about where they can get other support.

### Inspector's evidence

Staff went to the door to assist people with mobility issues. Large font labels could be printed to assist visually impaired people. Staff could converse in Gujarati, Punjabi, Persian and Hindi to assist patients whose first language was not English. Patients were signposted to other local services including dentist, chiropodist, osteopath, Royal Free Hospital A&E and nearby surgeries. The pharmacy website included information on available travel and other vaccines. There was extensive information relating to the vaccines and the condition or disease being prevented such as tuberculosis, chicken pox or HPV. Details of how to book an appointment were listed.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) was explained to at-risk people. Recording the intervention on the patient medication record (PMR) was discussed. The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. Isotretinoin should be prescribed by a specialist and supplied within seven days following a negative pregnancy test. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. CD prescriptions were highlighted with a warning sticker, and the date checked to ensure supply within the 28-day validity period. Following the visit, the SI confirmed that interventions were now recorded routinely on the PMR.

The bag labels of prescriptions for high-risk medicines were highlighted to indicate counselling may be appropriate. The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. The INR was not always recorded on the PMR. Side effects of bruising and bleeding were explained. Advice was given about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded to have regular blood tests, about the weekly dose and when to take folic acid. People were advised to seek medical advice if they developed an unexplained fever. The bag labels of prescriptions containing CDs were marked 'CD' and the date was checked to ensure medicines were not given out after the 28-day validity period.

Audits had been conducted to identify people for referral for a prescription of a proton pump inhibitor for gastric protection while taking a non-steroidal anti-inflammatory drug (NSAID) and of owing medication. There were 'flu flags' to promote winter health.

edicines and medical devices were obtained from Alliance, AAH, Sigma, and DE South. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded. No date-expired medicines were found in a random check. Medicines were neatly stored in original

manufacturer's packaging. Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval every six weeks and the doctor and patients were contacted depending on the type of medication. Waste medicines were stored separately from other stock. Falsified medicines directive (FMD) hardware and software was operational at the time of the visit. Drug alerts were received, actioned and filed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

### Inspector's evidence

Reference sources included BNF and Drug Tariff online. There were clean, stamped glass measures to measure liquids. The medical fridge was in good working order. Minimum and maximum fridge temperatures were monitored daily and found to be within range two to eight Celsius. The CD cabinet was fixed with bolts. There was a sharps bin for vaccination disposal in the consultation room. Ensuring it was not accessible to members of the public was discussed. There were in-date adrenaline devices for use in the event of anaphylaxis. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly.

### 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.