

# Registered pharmacy inspection report

**Pharmacy Name:** Zaxgate Ltd., 14-15 Sentinel Square, Brent Street,  
LONDON, NW4 2EL

**Pharmacy reference:** 1040594

**Type of pharmacy:** Community

**Date of inspection:** 28/08/2024

## Pharmacy context

The pharmacy is located within a pedestrianised square in the town of Hendon. It mainly services residents who live in the local surrounding area and estate. The pharmacy dispenses NHS and private prescriptions and sells medicines over the counter. It provides some NHS services such as the Pharmacy First service and the New Medicines service. And it delivers medicines to some people who cannot get to the pharmacy.

## 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 largely keeps the records it needs to by law. And team members understand their role in safeguarding vulnerable people. People using the pharmacy can provide feedback and raise concerns. The pharmacy has a set of written procedures but not all team members have read them which could mean they do not know the correct process to follow. The pharmacy generally ensures people's personal information is kept secure. But the pharmacy could do more to ensure that confidential material is not potentially visible to people using the consultation room.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which covered the main activities of the pharmacy. These were in the process of being reviewed and some had been recently updated in January 2024. Not all team members had read them all which meant they may not be completing some tasks as per the updated SOPs. The superintendent pharmacist (SI) said he would ensure all staff read them and signed them to acknowledge this.

The team last recorded a near miss (a mistake picked up and rectified before it is handed out) in November 2023. The SI explained there had not been any near misses since then. The pharmacy had not had any recent dispensing errors (mistakes which were handed out) but the SI explained how they would manage these. He explained that they would investigate the mistake to determine the route cause. And this would be reviewed to ensure appropriate actions were put in place to prevent a similar mistake happening again.

The correct Responsible Pharmacist (RP) notice was displayed so it could be seen by people visiting the pharmacy. And the details matched those in the RP record. The RP record was completed appropriately with all start and finish times. The pharmacy kept an electronic private prescription register which contained the required information. Records about emergency supplies sometimes did not contain the nature of the emergency. This meant it may be harder for the pharmacy to explain the reason for making the supply. The SI said he would ensure the reasons were clearer going forward. The controlled drug (CD) register was kept in order. A random check of two CDs showed the physical quantity in stock matched the balance in the register. Balance checks were not always completed as per the SOP but the SI said a check was always completed when supplying CDs.

The pharmacy had a notice on the pharmacy counter with the complaint's procedure. And there was a 'how did we do' feedback screen near the front of the pharmacy where people could rate the service they received. The SI explained data was reviewed and discussed with the team weekly. The pharmacy had valid indemnity insurance for the services it provided.

Team members had completed some training on data protection and information governance. They kept confidential waste separately to normal waste. And this was then collected by a third party company who disposed of it appropriately. Some assembled prescriptions could potentially be seen when people using the pharmacy accessed the consultation room. This was discussed with the SI who explained the use of the consultation room was very low. But he said he would ensure these were moved or stored in a way that they were no longer visible. The pharmacists had their own smartcards to access electronic prescriptions, so a clear audit trail was maintained.

The RP and the SI had both completed level 2 safeguarding training and were aware of what action to take if they had a concern. The medicines counter assistant (MCA) also explained she would refer to the pharmacist if she suspected a person required support.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a sufficient number of staff to provide its services safely. Team members work well together and are appropriately trained for their roles. And they ensure they keep their knowledge up to date by completing relevant training. They feel comfortable to give feedback about the pharmacy or raise any concerns they may have.

### Inspector's evidence

There was the RP, the SI, an MCA and a trainee dispenser (who was an overseas pharmacist) present at the time of the inspection. The pharmacy also had a delivery driver who delivered medicines to people's homes in the local area. The trainee dispenser had just started working at the pharmacy the day before the inspection so had not been enrolled onto an accredited training course yet. However, the SI explained he would be enrolling her onto a dispensing training course within the required three months.

The team was observed to be working well together. And the SI said the staffing levels were adequate to manage the workload in the pharmacy. The team did not receive formal training time but were provided with regular updates on new medicines or new services. For example, the team had recently completed training about the Covid vaccination service. And the RP and the SI had completed the necessary training to deliver the NHS Pharmacy First service. The MCA was clear about their role. They explained how they would safely make a sale of medicine and when they would need to refer to the pharmacist for further support. And they understood how to manage requests for medicines more liable to misuse. Team members did not have formal appraisals and were not set targets but received regular feedback from the SI. And they felt comfortable to raise any concerns they may have.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for providing healthcare services from. They are generally clean and kept secure from unauthorised access. And the pharmacy has a suitable consultation room for people to have a private conversation if needed. However, the layout may restrict some people from accessing this space.

### Inspector's evidence

The premises consisted of a relatively large retail space, pharmacy counter, dispensary and consultation room. There was also a basement used for storage of stock and where staff facilities were located. This included a small kitchen area and a WC. The pharmacy itself was generally clean and tidy. But the basement had some areas which were less well maintained. The premises was kept secure from unauthorised access. A cleaner came once a week to clean the pharmacy and the team helped to keep the premises clean.

The dispensary was located behind the pharmacy counter and was raised. This allowed team members visibility of the counter and the retail area of the pharmacy. There was sufficient space for the storage of medicines and for the level of workload. The lighting was adequate for working and the temperature was at a comfortable level. There was a sink in the dispensary for the preparation of liquid medicines which had hot and cold running water. Pharmacy medicines were stored behind the counter.

The consultation room was accessed via steps through the dispensary. This meant it was not suitable for those with access needs. The SI explained that they would use a quiet area to the side of the counter if needed. The consultation room was fairly small but there was enough space for the pharmacist to provide services. And it was suitably private to allow for confidential conversations.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to people. And it generally provides its services safely and effectively. It obtains its medicines from reputable wholesalers and stores them appropriately. Team members identify people taking higher-risk medicines, so that there is an opportunity to provide additional counselling information. The pharmacy date-checks its stock, but it does not record this activity. This may increase the chance that some date-expired stock is missed and supplied to people.

### Inspector's evidence

The pharmacy had step free access via a manual door. There was sufficient space for people with wheelchairs or pushchairs to access the pharmacy's services. The pharmacy clearly displayed its opening times and services via digital signage in the window. There was seating available for those people who wanted to wait. And team members could print large font labels for people who needed them. The pharmacy delivered medicines to some people who could not get to the pharmacy. Delivery logs were maintained and failed deliveries were brought back to the pharmacy and another delivery was arranged.

Dispensing baskets were used to separate prescriptions to avoid different people's medicines from getting mixed up. Prescriptions were often dispensed and checked by the RP. They explained that if they self-checked medicines then they would ensure they took a break between the dispensing and checking process. Where possible, a second pharmacist, would complete the check. Dispensing labels were seen to contain signatures of the dispenser and checker which helped maintain an audit trail. Uncollected prescriptions were cleared monthly to help ensure medicines which were no longer suitable were not handed out.

The pharmacy supplied medicines in multi-compartment compliance packs to around 60 people. These were prepared in four-week cycles. Prescriptions were ordered a week before they were due and prepared by the pharmacist. But the SI explained they were planning to train the dispenser to prepare these going forward. Labels on assembled packs were seen to contain drug descriptions and patient information leaflets (PILs) were supplied with packs every month. The RP explained they would contact the GP with any queries.

Signed Patient Group Directions (PGDs) for the NHS Pharmacy First service were not available during the inspection, but the SI sent copies of these following the inspection. The pharmacy also provided the New Medicines Service. This was managed by a third party company. The SI described how this was explained to patients when they signed up for the service.

The pharmacy obtained its medicines from licensed wholesalers and stored them appropriately. Medicines requiring cold storage were stored in the fridge. Fridge temperatures were recorded daily and seen to be in range. CDs requiring safe custody were secured. And patient-returned medicines were stored separately from stock medication in the basement area. The SI explained safety alerts and drug recalls were received via Propharm and actioned as appropriate but there were no records of the actions taken. This could make it harder for the pharmacy to show what it had done if there was a query. The pharmacy highlighted short-dated stock but did not keep records of date-checking. A

random check of medicines found two date expired medicines on the shelves. The SI said they checked the expiry dates during the dispensing process but that he would keep a record of completed checks going forward.

The pharmacists highlighted some higher-risk medicines such as CDs and warfarin. This helped prompt the staff to provide additional counselling information. The pharmacy team was also aware of the risks associated with medicines containing valproate and the RP explained the additional counselling points they would provide to people taking these medicines. They understood the requirement to dispense full packs and how to label the packs so as not to cover any important safety information.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. Team members ensure the equipment is maintained so it is safe to use. And they use it in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had internet access to allow team members to view any online resources they may need. Hard copies of resources such as the British National Formulary (BNF) were also available. The computers were password protected to prevent unauthorised access. All electrical equipment appeared to be in good, working order. The pharmacy had one fridge for medicines requiring cold storage. And it had a secured CD cupboard. There were calibrated, glass measures for the preparation of liquid medicines. And there were clean tablet counters available. All equipment was kept clean. The pharmacy had the equipment it needed to provide the NHS Pharmacy First service including a new otoscope. And there was a cordless phone available so team members could take phone calls in private if needed.

### 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.