

Registered pharmacy inspection report

Pharmacy Name: Ramco (Harlow) Ltd., 270 West End Lane,
LONDON, NW6 1LJ

Pharmacy reference: 1040628

Type of pharmacy: Community

Date of inspection: 10/09/2019

Pharmacy context

This is a community pharmacy located on a busy main road and shopping area of North West London. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines and offers some services such as Medicines Use reviews (MURs). And, it supplies multi-compartment compliance aids if people find it difficult to take their medicines on time.

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

Overall, the pharmacy manages risks in an adequate manner. In general, it protects people's private information appropriately and maintains most of its records in accordance with the law. Pharmacy team members deal with their mistakes responsibly. But, they are not always recording or formally reviewing them. This could mean that they may be missing opportunities to learn from their mistakes and prevent them happening again.

Inspector's evidence

Most of the pharmacy's business was collection or repeat prescriptions although some walk-in trade was seen. The responsible pharmacist (RP) could easily locate the pharmacy's paperwork and this was generally in order, but some areas of the pharmacy were cluttered (see Principle 3). A second pharmacist worked alongside the RP to help with the dispensing, prescriptions were processed in batches, dispensed on one workbench and accuracy-checked from a separate area by the RP. To help minimise risks, medicines that were similar in packaging with different strengths (such as bisoprolol) were separated and highlighted. There were caution notes placed in front of some stock as an additional visual alert and dividers were routinely placed between stock to help segregate and identify them.

However, near misses were not routinely being recorded, when mistakes happened internally they were discussed, and action taken at the time. There was no formal review process in place. The RP explained that when serious near misses were seen with prescribing errors for example, they recorded and reported them to the National Pharmacy Association (NPA) so that they could be sent to the National Reporting and Learning System (NRLS). The RP handled incidents, his process involved checking relevant details, rectifying the situation, informing the person's GP if any medicine had been taken incorrectly, recording information and reporting the situation to the NRLS. At the point of inspection, there was no information on display about the pharmacy's complaints procedure. This could mean that people may not have been able to raise a concern about the pharmacy's services easily.

The RP was trained to level 2 to safeguard vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). There was an SOP present about child protection as guidance for the team but not one for safeguarding adults or local contact details about the safeguarding agencies. Some of the team also required training on safeguarding vulnerable people. This was advised during the inspection. Sensitive details from assembled prescriptions awaiting collection could not be seen from the retail space and confidential waste was shredded. There was no notice on display to inform people about how their privacy was maintained. This meant that the pharmacy was not as up to date with the recent changes in data protection laws.

A range of documented standard operating procedures (SOPs) were present to support the provision of services. Staff had read and signed them, their roles and responsibilities were defined within the SOPs, they knew which activities were permissible in the absence of the RP and they understood their responsibilities. The correct RP notice was on display and this provided details of the pharmacist in charge on the day. However, some of the SOPs were last reviewed in 2017 with the majority last reviewed in 2015. This meant that some of the information may have been dated and may not have reflected the pharmacy's current activities. Evidence was received following the inspection that the

SOPs had subsequently been reviewed.

Records to show that the minimum and maximum temperatures for the fridge were checked every day were maintained. This demonstrated that medicines were being appropriately stored here. The pharmacy maintained a record of controlled drugs (CDs) that were returned to the pharmacy and disposed by the team, but loose pieces of paper was being used to record this information. There was a risk that this information could become lost and other methods of maintaining this information was discussed during the inspection. The pharmacy's professional indemnity insurance arrangements were through the NPA and due for renewal after July 2020.

In general, most of the pharmacy's records were maintained in line with statutory requirements. This included records of unlicensed medicines, private prescriptions, emergency supplies and a sample of registers for CDs that were checked. On checking a random selection of CDs, quantities held matched balance entries in corresponding registers. There were electronic records of emergency supplies documented with the nature of the emergency but also some abbreviated details which only the RP could understand their meaning. Records of private prescriptions were made with generated labels, but they had not faded or become detached. The RP record was incomplete, there were missing entries along with gaps where the pharmacist had not signed in or signed out. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff to manage its workload. The team is suitably qualified to provide advice and deliver the pharmacy's services. Members of the pharmacy team are informed about recent updates and have largely kept their knowledge up to date. But, they are provided with only a few resources to do this. And, this is not completed or delivered in a structured way. This could affect how well they care for people and the advice they give.

Inspector's evidence

Staff present during the inspection consisted of the RP, a second part-time pharmacist who worked in the mornings and in a dispensing capacity as well as the manager who was trained as a medicines counter assistant (MCA) through the grandparent route. Locum pharmacists could be used as contingency or cover if required. Both pharmacists confirmed that there were no formal targets set to complete services. Staff asked some relevant questions before selling OTC medicines, they knew when to refer to the pharmacist and which medicines could be abused. Sufficient knowledge of OTC medicines was demonstrated. Ongoing training for them included attending local events in the past, reading trade publications and taking instructions from pharmacists. Using other resources to provide a more structured approach was discussed at the time. The team's progress was monitored periodically and as they were a small team, they communicated details verbally amongst themselves.

Principle 3 - Premises ✓ Standards met

Summary findings

In general, the pharmacy's premises provide an appropriate environment to deliver healthcare services. The pharmacy is secure and largely clean. But, some parts of it are untidy.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and a smaller dispensary at the rear with a staff WC along one corridor. The latter was relatively clean. The retail space was appropriately presented, the pharmacy was suitably lit and ventilated. Pharmacy (P) medicines were stored behind the front counter and staff were always within the vicinity to restrict their access by self-selection.

There was enough workspace available for assembling medicines but most of the space in the dispensary was cluttered with prescriptions, baskets of prescriptions awaiting checks and piles of paperwork. Some of this was work in progress. There were also random items on the floor such as paper and pens and occasionally a few medicines behind the medicines counter and in the dispensary. This was a trip hazard and as the inspector stepped on one of them, there was also a risk that medicines could become damaged.

A signposted consultation room was present that could be used for private conversations and services. This was located behind the front medicines counter with access from the dispensary. The door from the retail area was unlocked. The room was quite cluttered with boxes, paperwork, a microwave, toaster and dispensed prescriptions awaiting collection. This detracted from the overall professional look and use of the room and meant that anyone using the room could potentially access confidential information. When raised with the RP, he explained that the room was not being used in its current state and a private or quiet area of the pharmacy was used to hold sensitive conversations with people if needed. This was also noted from the last inspection.

Principle 4 - Services ✓ Standards met

Summary findings

In general, the pharmacy provides its services in a satisfactory manner. The pharmacy team can help people with different needs to access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, stores and usually manages them appropriately. The team are making some checks to ensure that medicines are not supplied beyond their expiry date. But, the pharmacy has no up-to-date written details to help verify this. Team members sometimes make relevant checks for some people with higher-risk medicines.

Inspector's evidence

People could enter the pharmacy from the street through wide front doors. There were a few leaflets on display inside the pharmacy to provide information about other services as well as a small section which promoted health. The pharmacy's opening hours were listed on the front door. There was one seat available for people waiting for prescriptions and the premises consisted of clear, open space and a wide aisle. This enabled people using wheelchairs to easily access the pharmacy's services. Staff spoke Gujarati, Hindi, French, Arabic and Urdu to assist people whose first language was not English, or they used Google and details were written down to help communicate with people who were partially deaf.

The pharmacy supplied compliance aids to people after their GP initiated this. Most prescriptions for the compliance aids were ordered by people themselves and when they were received by the pharmacy team, details were cross-referenced against records on the pharmacy system to help identify any changes or missing items. Queries were checked with the prescriber or person receiving the compliance aids and sometimes audit trails were maintained to verify this. Routinely recording this information was discussed at the time. Compliance aids were not left unsealed overnight and all medicines were de-blistered into them with none left within their outer packaging. Patient information leaflets (PILs) as well as the descriptions of the medicines supplied within the compliance aids were provided. Mid-cycle changes involved compliance aids being retrieved, amended, re-checked and re-supplied or new compliance aids being supplied.

Staff were dispensing sodium valproate in the compliance aids for four weeks at a time. The team was aware of stability concerns with this medicine and of the potential risks of supplying it in this way. The pharmacist explained that this was necessary to ensure that people would take their medicine as prescribed by their doctor. The pharmacy team had discussed this with the person's GP and a note was placed on people's records to help verify this but there was no evidence that the pharmacy had carried out any risk assessment for this activity.

There had been no prescriptions for females at risk that were supplied sodium valproate according to the RP. Ensuring the pharmacy held relevant literature that could be provided upon supply of this medicine was discussed during the inspection. People prescribed higher-risk medicines were asked about relevant parameters where possible. This included asking people prescribed warfarin about the International Normalised Ratio (INR). Details were not recorded to verify that this had taken place.

Once dispensed, fridge items and CDs could be identified upon hand out as details were written onto the prescriptions or the latter were assembled when people came to collect them. A dispensing audit trail through a facility on generated labels was being used and this identified staff involvement in

processes. The team used baskets to hold prescriptions and medicines during the dispensing process and this helped prevent any inadvertent transfer.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Colorama and Sigma. Unlicensed medicines were obtained through the latter two wholesalers. The pharmacy team was not yet complying with the European Falsified Medicines Directive (FMD), it was registered with SecurMed and equipment was present for the decommissioning process to take place, but this had not yet been set up and staff were not trained on this.

The pharmacy's stock holding was relatively organised. Medicines were date-checked for expiry on dispensing, during the accuracy check, annually with stock takers and when it was possible. There was no schedule in place or being used to verify that this had taken place. Medicines approaching expiry were identified. There were no date-expired medicines or mixed batches of medicines were seen. CDs were stored under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day and overnight. Medicines were stored evenly and appropriately within the pharmacy fridge. Drug alerts were received by email. The RP checked for stock and acted as necessary. There was an audit trail available to verify the process on the pharmacy's email system.

Medicines requiring disposal could be stored within appropriate receptacles. People returning sharps for disposal were referred to a company that collected them on behalf of the local council, CDs returned for destruction were brought to the attention of the RP and held in the CD cabinet before being destroyed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide services safely. Its equipment is clean and helps to protect people's privacy.

Inspector's evidence

The pharmacy held current versions of reference sources and necessary equipment. This included counting triangles, a separate one for cytotoxic medicines, a fridge, legally compliant CD cabinet and a range of clean, crown-stamped conical measures for liquid medicines. The sole computer terminal in the dispensary was positioned in a way that prevented unauthorised access and there were cordless phones present. This meant that conversations could take place in private if required. The dispensary sink used to reconstitute medicines was clean. There was hot and cold running water available as well as hand wash present. A shredder was available to dispose of confidential waste. Pharmacists held their own NHS smart cards to access electronic prescriptions and they were stored securely overnight.

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.