

# Registered pharmacy inspection report

**Pharmacy Name:** Acorn Pharmacy, 641 Watford Way, Mill Hill,  
LONDON, NW7 3JR

**Pharmacy reference:** 1040637

**Type of pharmacy:** Community

**Date of inspection:** 23/07/2024

## Pharmacy context

This pharmacy is located in a parade of shops off a busy interchange in Mill Hill. It dispenses NHS and private prescriptions and sells medicines over the counter. It provides the NHS Pharmacy First service and supplies medicines to some people in multi-compartment compliance packs. The pharmacy also provides a delivery service for 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 generally manages risks well. It has written procedures for team members to follow to ensure they carry out tasks safely. Team members try to learn from the mistakes they make during the dispensing process. They complete all necessary records required by law. And team members understand how to protect people's privacy and can explain their role in safeguarding vulnerable people.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) in place which had last been reviewed in February 2024. Team members had signed signature sheets for SOPs relevant to their roles to acknowledge they had read and understood them. Generally, they were seen to be following them to ensure tasks were completed safely. Some of the SOPs appeared to include details which was no longer relevant. The SI said she would review these again to ensure all information was up to date. Team members were clear on the activities they could and could not carry out in the absence of the Responsible Pharmacist (RP).

The pharmacy did not record near misses (mistakes that were spotted and corrected during the dispensing process), but the SI explained these were discussed at the time with the team member who made the mistake. The SI said that if she noticed any trends of similar mistakes, the team would have a meeting to discuss these and ensure learnings were shared. For example, the team had separated similar sounding medicines on the shelves. The team acknowledged it would be easier to identify trends if the mistakes were recorded and so would start to do this going forward. The SI said there had been no recent dispensing errors (mistakes that had reached patients) but explained how these would be managed if one occurred.

The RP notice was displayed prominently in the pharmacy so people visiting the pharmacy could see it. And the RP record was completed as required, with start and finish times. The pharmacy had valid indemnity insurance in place. It kept correct records of private prescriptions electronically. Records of emergency supplies were made but did not always contain the reason for the supply. This could make it harder for the pharmacy to demonstrate why it had made a supply of medicine in the absence of a prescription. The SI said this would be done going forward. Controlled drugs (CD) registers were completed as required and balance checks were completed as per the SOP. A random check of two CDs found no discrepancies between the physical stock and the balance in the register.

The pharmacy had a complaints procedure. People could give feedback over the phone or in person. These were generally resolved by the SI. Confidential waste was separated and then shredded. No confidential waste was seen mixed with normal paper waste. Prescriptions awaiting collection were stored in the dispensary and were not visible to people using the pharmacy.

Team members had completed safeguarding training relevant to their roles and could explain how they might identify a vulnerable person requiring support. Team members would generally refer a concern to the pharmacist in the first instance. The SI could demonstrate what actions they would take if needed and who they would contact. The delivery driver would also report back any concerns they might have when completing home deliveries to people.



## Principle 2 - Staffing ✓ Standards met

### Summary findings

There is a culture of openness and honesty within the team. Team members work well together and have completed relevant accredited training to carry out their roles safely. There are enough team members to manage the workload in the pharmacy. And team members feel comfortable about raising any concerns or providing feedback if needed.

### Inspector's evidence

On the day of the inspection there was the RP, a pharmacy technician, a dispensing assistant, a trainee dispensing assistant and a work experience student present. The SI joined the inspection part way through. The pharmacy also had a delivery driver who delivered medicines to people's homes. The team was seen to be working well together and with people using the pharmacy. All team members had completed or were completing accredited training courses relevant to their role. The pharmacy technician had recently completed the Pharmacy Technician course and was awaiting registration with the GPhC. The work experience student was carrying out general tasks in the retail area. Team members were comfortable there was sufficient staff for the workload in the pharmacy.

Team members received regular training time whilst they were completing their training courses. Generally, there was no other formal training provided but they did receive regular updates from the SI on new medicines or any drug alerts. One team member had recently completed a training module about dementia awareness. The team had completed data protection and GDPR training. And all team members had signed the pharmacy's privacy policy. When asked, a team member was able to explain how they managed the sales of pharmacy medicines safely and when they would refer to the RP.

The team did not have formal appraisals, but the SI would give feedback informally to team members. They were set some targets but were not pressured to meet them. Team members felt comfortable about speaking to the SI if they had any concerns or wanted to give feedback. The SI also encouraged team members to develop in their role, for example by encouraging one team member to complete the Pharmacy Technician course.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure and generally projects a professional appearance to people using its services. Team members ensure the pharmacy is kept clean. And it has a suitable consultation room for people to have a private conversation if needed.

### Inspector's evidence

The front fascia of the pharmacy was professional in appearance and the pharmacy was generally well maintained. It was cleaned twice a week by team members. The pharmacy had a retail space with the dispensary located behind the pharmacy counter at the rear of the premises. Pharmacy medicines were stored behind the pharmacy counter. The dispensary was fairly small, but team members managed the space they had appropriately. Medicines were generally stored neatly on the shelves and medicines awaiting collection were stored separately in the dispensary. There were some trays with stock stored on the floor due to the limited space. But these were kept to the side so they did not pose a significant trip hazard. The lighting and temperature were suitable for working and the storage of medicines. There was a clean sink in the dispensary with hot and cold running water. Staff facilities included a small kitchen space with a sink area and a separate fridge for staff use. And there was a clean WC with wash basin.

There was a shed to the rear of the premises which was accessed through the dispensary. This was used to store retail stock and pharmacy consumables.

There was a consultation room located to the side of the pharmacy counter. It was a suitable size for providing pharmacy services and conversations within it could not be overheard from outside. The room was used to store excess medicines due to the limited space in the dispensary. These were stored in boxes and detracted from the professional image of the consultation room. But the team explained they moved stock into the dispensary where possible. The room was kept locked when not in use. During the inspection, a tray containing prepared multi-compartment compliance packs was seen in the consultation room, however this was promptly moved by a team member.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to people with different needs. And it generally manages its services safely. It obtains medicines from reputable wholesalers and ensures they are stored appropriately. And it actions drug alerts in a timely manner to ensure people receive medicines which are suitable for use. Team members do not always highlight prescriptions for higher-risk medicines so they may be missing opportunities to provide additional information to people taking these medicines.

### Inspector's evidence

The pharmacy had step-free access from the street. There was sufficient space for wheelchair users or those with pushchairs to be able to access the pharmacy's services. Seating was available for those people wanting to wait. The pharmacy had a health promotion zone with information leaflets for people to read. These provided information on a range of healthcare conditions. The pharmacy could provide support to people with different needs. For example, it could print larger font labels for people who were visually impaired. The team explained it would signpost people to nearby pharmacies or services if needed. For example, if there was no RP present.

The team used baskets to separate prescriptions to prevent medicines from being mixed up. Dispensing labels on assembled medicines did not always contain the initials of the dispenser and checker. This meant that an audit trail of dispensing was not always maintained. The SI explained this was discussed at a recent team meeting and she would ensure this was done going forward. Medicines that required delivery were recorded on a pharmacy log and a drivers record, so an audit trail was maintained. Failed deliveries would be brought back to the pharmacy and delivery rearranged. The driver would ensure a signature was obtained for deliveries of CDs to confirm receipt.

The team dispensed medicines into multi-compartment compliance packs for some people, including for some people in assisted living accommodation. It kept a log of due dates and would order people's prescriptions a week in advance of them needing their medicines. Assembled packs were sealed once prepared. Labels on assembled packs did not include drug descriptions; this could make it harder for people to identify the medicines in the packs. The SI said she would make sure these were added in future. The team would liaise with the GP if there were any queries, and any medicine changes were recorded on the patient record. Patient information leaflets were provided monthly.

The pharmacy had the necessary signed patient group directions (PGDs) to provide the Pharmacy First service and a malaria prevention service. Consultation records were kept as required.

The pharmacy obtained its medicines from a number of licensed wholesalers. And it stored its medicines appropriately. CDs were kept secured and medicines requiring cold storage were stored in the fridge in the dispensary. Fridge temperatures were seen to be in the required range between 2 and 8 degrees Celsius. Records showed which areas of the dispensary had been date-checked. And a random check of stock on the shelf found no date-expired medicines. Liquid medicines were not always marked with the date they were opened which meant there was a risk team members would not always know if they were suitable for use. Waste medicines were stored separately in designated bins and collected every three months.

Team members did not routinely highlight higher risk medicines such as warfarin or lithium. But the RP explained they would provide additional counselling for people taking these medicines. Not all team members were aware of the guidance on supplying medicines containing valproate safely, although they knew these medicines had to be supplied in their original packaging. The SI said she would ensure team members were updated on the guidance. The SI received drug alerts and recalls via the pharmacy's shared mailbox. And these were actioned, and any relevant information was cascaded to the team.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. All equipment is maintained appropriately, and it is used in a way to ensure people's privacy is protected.

### Inspector's evidence

The pharmacy had suitable, clean glass measures for measuring liquid medicines. There was one plastic measure which was not suitable to use, and the team said it would dispose of this. There were tablet and capsule counters available which were kept clean. And there was a separate tablet counter for methotrexate to ensure that there was no cross-contamination of medicines. The pharmacy had appropriate, secure storage for CDs. And there was one fridge in the dispensary which provided sufficient space for medicines requiring cold storage. The pharmacist had the appropriate equipment to provide the Pharmacy First service, such as an otoscope and tongue depressors. There was also a blood pressure machine available which the RP said was new and did not yet require calibration.

All electrical equipment appeared to be in working order and was tested annually to ensure its safety. There was one computer in the dispensary which was not visible to people using the pharmacy. It was password protected to prevent unauthorised access. And the team had access to any online resources they may require, such as the British National Formulary (BNF). Team members had their own NHS smartcards for accessing electronic prescriptions. There was a cordless phone available which meant phone calls could be taken 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.  |