

Registered pharmacy inspection report

Pharmacy Name: Hodgetts Pharmacy, 79 Abbey Road, StJohns Wood, LONDON, NW8 0AE

Pharmacy reference: 1040638

Type of pharmacy: Community

Date of inspection: 08/08/2019

Pharmacy context

This is a family-run pharmacy situated alongside other local shops on a busy main road in a mainly residential area of North West London. Retail sales and dispensing NHS prescriptions are the main activities, and the pharmacy supplies some people's medicines in multi-compartment compliance packs. It offers other NHS funded services including Medicine Use Reviews (MURs) and New Medicines Service (NMS).

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
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

The pharmacy's working practices are suitably safe and effective. It protects people's private information and keeps the records it needs to by law. The pharmacy takes steps to manage risks in relation to its services and it has written procedures to make sure the team works safely. Team members understand their role in protecting vulnerable people.

Inspector's evidence

Support staff worked under supervision and suitably referred to the pharmacist during the inspection. Team members could explain their individual responsibilities and worked within their remit. A responsible pharmacist (RP) notice was displayed although this was not immediately visible to members of the public, so they might not necessarily realise who is responsible for the safe running of the pharmacy. Professional indemnity insurance was provided by the NPA and a certificate was displayed.

The regular dispensers said they had signed updated standard operating procedures (SOPs) within the last six months. These had been sent to their personal emails and signature sheets were kept in the pharmacy showing which SOPs team members had read and agreed. Some SOPs had been printed and were being used for reference. Newer team members had been shown how to complete tasks relevant to their role but had not yet read and signed them. And current versions of all the SOPs could not be produced during the inspection, so the team might not always be able to effectively refer to them when working.

There were some risk management processes in relation to dispensing activities. Baskets were used to segregate prescriptions during the assembly process and a separate area was used to assemble compliance packs. The pharmacist was rarely required to self-check, and dispensing labels were initialled by team members involved in the assembly and checking process, which assisted with investigating and managing mistakes. There was an incident reporting process and some completed examples were seen. These were reported to the superintendent (SI). Near misses were discussed by the team at the time, but they were not systematically recorded. There was evidence of previous patient safety reviews identifying key risks and trends, but these had not been completed for some time, so the team may be missing out on additional learning opportunities.

There was a complaints procedure. Most issues were resolved at the time, but formal complaints could be referred to the SI. The pharmacy completed annual NHS patient satisfaction surveys. The team said feedback was usually positive, but they were unsure of this year's results or whether it had identified any areas for improvement.

The pharmacy used a recognised patient medication record (PMR) system to document prescription supplies and maintained all the records required by law including RP logs, controlled drug (CD) registers, and private prescription and emergency supply records. Records checked were generally in order although very occasionally the time the pharmacist ceased undertaking the RP responsibility was not captured in the RP log. This could cause ambiguity. Patient returned CDs and their destruction were documented. CD running balances were maintained and these were checked against the actual stock periodically. CD register heading were sometimes missing which could increase the likelihood of

incorrect entries.

Team members understood about data protection and the recently recruited dispenser said she had signed a confidentiality agreement when commencing employment. The pharmacist and regular dispensers had NHS smartcards and computer systems were password protected. Confidential material was suitably stored out of public view and paper waste was segregated prior to collection by a suitable waste contractor. A privacy notice was displayed near the counter explaining how the pharmacy used and safeguarded people's personal information, in accordance with the General Data Protection Regulation.

The pharmacist was level 2 safeguarding accredited. It was unclear if the pharmacy had a safeguarding SOP or policy. But staff were aware of some of the signs to look for, and how concerns should be handled.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has the right staffing levels to meet its business needs. Staff are competent and team members work well together. The pharmacy provides a supportive environment and team members are comfortable contributing ideas or raising concerns.

Inspector's evidence

At the time of the inspection, a locum pharmacist was supported by three dispensers and two assistants working on the counter. Footfall was constant, but the team greeted people promptly. Team members managed the workload without issue during the inspection and there was no significant backlog of work. Two dispensers worked in the main dispensary alongside the pharmacist, and the third dispenser spent most of her time managing and assembling compliance packs. A driver undertook home deliveries twice a week. Holidays were planned, and additional cover could be requested from company's second pharmacy.

The pharmacy manager had left a few months previously and regular locums were providing cover pending a new manager being appointed. The dispensers were experienced and provided effective continuity. They were NVQ2 qualified and one had recently completed her technician NVQ3 training. She was leaving the business imminently and a third dispenser had been recruited to replace her. The counter assistants were both students working temporarily, one was a pharmacy undergraduate and the other had been enrolled on an accredited healthcare assistants' course.

Staff had contracts with job descriptions. Dispensers said they sometimes completed additional training on new processes. But there was no formal ongoing appraisal process. The team worked well together and talked openly about their work. They felt able to make suggestions or raise issues with the pharmacist or SI if needed, and they dispensers knew how to report concerns externally should they need to. No targets were set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and professional environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy was situated in a small traditional-style retail unit. It was bright, clean, and professional in appearance. Air conditioning maintained the ambient room temperature on the ground floor. There was a small retail area and open plan dispensary to the rear. Bench space was quite limited for the volume of dispensing, but work areas were well-organised. The counter area was quite cramped and there was some potential for conversations to be overheard when more than one person was waiting, but there was a screened area at the end of the counter. And a room adjacent to the dispensary could be used for confidential consultations. It was spacious and suitably equipped.

Stairs led to a spacious basement. Access to this area was restricted to staff only. It had storage areas and staff room and there was a small room used for compliance packs assembly. The basement was not air conditioned, but it was ventilated using fans. There had been a leak and a small area showed some evidence of damp, but this was being managed and a dehumidifier was being used.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are reasonably accessible, and it manages them effectively, so people receive appropriate care. It obtains medicines from licensed suppliers, and it carries out some checks to make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

Opening times and a list of services were displayed externally. A travel vaccination services was promoted online although this was no longer offered, and so this was misleading. There was a single non-automated door at the entrance. Staff could offer assistance if needed. The passageway to the consultation facilities was narrow, so may not be accessible to those with wheelchairs or buggies. The pharmacy team could signpost people to a private CQC registered online GP service if they had more serious conditions. This consisted of a face-to-face consultation via a webcam in the consultation room. If the consultation resulted in a prescription, this was sent electronically to the pharmacy to dispense and supply.

Dispensed medicines were appropriately labelled, and patient information leaflets were routinely supplied. The pharmacy offered a repeat prescription management service where patients had consented, and audit trails ensured prescriptions were ordered and supplied on time. There was an audit trail for home deliveries, and signatures were usually obtained confirming receipt of medicines. Approximately 70 people received their medicines in weekly compliance packs. The team managed these effectively. Any medication changes were queried to ensure they were relevant. Packs were suitably labelled, and included a description of the medicines they contained.

Addresses were checked when handing out prescription medicines. The team said they made extra checks when people were receiving high-risk medicines such as anticoagulants or methotrexate. They were aware of the valproate pregnancy prevention programme but did not have the relevant patient leaflets and cards, but they agreed to source. MURs and NMS were offered to support patient compliance.

Medicines were obtained from a range of licensed wholesalers. Stock medicines were stored in an orderly fashion in the dispensary. Excess stock of fast-moving lines was stored in the basement. Pharmacy medicines were stored behind the counter, so sales could be supervised. When questioned, one of the assistants could explain the restrictions when selling codeine-based medicine over the counter.

The pharmacy had the software and hardware necessary to comply with the Falsified Medicines Directive, but they were not decommissioning all packs with the relevant barcodes. Expiry date checks were completed regularly. Short dated stock was marked, and a random check of the shelves found no expired items. Liquid medicines with a limited shelf-life were dated on opening.

Fridge temperatures were monitored. Controlled Drugs were stored in cabinets, and obsolete CDs were segregated prior to destruction. Designated bins were used to segregate other pharmaceutical and hazardous waste and sharps, prior to collection by licensed waste contractors. MHRA alerts and recalls were received by email and checked by the team. However, there was no comprehensive audit trail

indicating that recent ones had been received. So, the pharmacy might not always be able to properly demonstrate it has taken appropriate action in relation to defective medicines. The dispensers agreed to check the MHRA subscription and revisit the procedures with the SI.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services.

Inspector's evidence

Disposable medicine containers were available, and the pharmacy had measuring and counting equipment for dispensing medicines. The team had access to the internet and the British National Formularies and Drug Tariff. And they could contact NPA for professional support if needed. Computer terminals were suitably located so they were not visible to the public. Telephone calls could be taken out of earshot of the counter if needed. There was a dispensary sink, two CD cabinets and a large medical fridge used for storing medicines. CD denaturing kits were available.

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.