

# Registered pharmacy inspection report

**Pharmacy Name:** Alpha Pharmacy, 193 Edgware Road, The Hyde,  
LONDON, NW9 6LP

**Pharmacy reference:** 1040656

**Type of pharmacy:** Community

**Date of inspection:** 09/01/2020

## Pharmacy context

The pharmacy is located in a busy high street in a residential area of north west London. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery.

## 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's working practices are generally safe and effective. It has written procedures which tell the pharmacy team how to complete tasks safely. The pharmacy mostly keeps its records up to date which show medicines are supplied safely and legally. The pharmacy team members keep people's private information safe and understand their role in protecting vulnerable people. The pharmacy's team members do not always record their mistakes and who made them so they may miss the opportunity to learn and prevent the same errors happening again.

### Inspector's evidence

On the day of the visit, the near miss log was not available. The superintendent pharmacist (SI) confirmed that following the initial GPhC visit a near miss log was produced and it was in the pharmacy with other documentation. A patient safety review was produced monthly where the SI and staff would go through the errors and take actions accordingly such as separating stock or re-visiting relevant standard operating procedures (SOPs). The SI said she would ensure the pharmacy team were using the near miss tool effectively.

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. 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. Bagged prescriptions awaiting collection were placed in the retrieval system. The prescription was endorsed with the location of the bagged items and filed. 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.

There was a separate dedicated area where multi-compartment compliance aids were prepared on a rolling basis according to a matrix maintained on the pharmacy computer and manually. 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. Labelling included a description to identify individual medicines but patient information leaflets (PILs) were not always supplied with each set of compliance aids.

On the day of the visit, some compliance aids had been prepared from the backing sheet and the pharmacist explained that the electronic prescribing system (EPS) tokens had not been printed yet. There was a discussion about ensuring the EPS token was available when preparing and checking compliance aids. Staff said high-risk medicines such as sodium valproate and alendronate were supplied separately and not in the compliance aid. The dates of controlled drug (CD) prescriptions were managed to ensure supply within the 28-day validity of the prescription. The SI later confirmed that EPS tokens would be printed prior to preparation of compliance aids and that moving forward PILs would be supplied with each set of compliance aids.

The practice leaflet was not on display and required reprinting. It included details of how to comment or complain. The superintendent pharmacist (SI) confirmed that she planned to conduct the annual patient questionnaire to obtain patient feedback on the pharmacy and its services. There was a set of standard operating procedures (SOPs) reviewed in July 2019 and which included a complaints procedure and responsible pharmacist SOPs. The staff member who was serving at the counter said she would not give out a prescription or sell a pharmacy only medicine if the pharmacist were not on the premises. She said she would not sell hydrocortisone cream to apply to the face.

To protect patients receiving services, there was professional indemnity insurance in place provided by the NPA expiring 31 Oct 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency supplies were generally complete although some details were not fully completed for 'specials' supplies.

The CD registers were mostly complete and the balance of CDs was audited but increasing the frequency of audit to detect discrepancies earlier was discussed. A random check of the actual stock of three strengths of MST reconciled with the recorded balance in the CD register. Invoice number and name but not always address of the supplier were recorded for receipt of CDs. Footnotes correcting entries were signed and dated. Patient returned CDs required being recorded at the time of receipt in the destruction register for patient-returned CDs.

There was a procedure regarding General Data Protection Regulation (GDPR). A privacy notice was displayed. Staff had signed confidentiality agreements. 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 procedure and staff had undertaken safeguarding training. The pharmacist was accredited at level 2 safeguarding training via Centre for Pharmacy Postgraduate Education (CPPE).

## Principle 2 - Staffing ✓ Standards met

### Summary findings

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

### Inspector's evidence

Staff comprised: one full-time pharmacist (also SI who had recently taken up the post), two regular part-time pharmacists, one full-time trainee dispenser (also the owner), one part-time medicines counter assistant also enrolled on dispenser training, one pharmacy student who was part-time and the delivery person who had also trained as a medicines counter assistant. Evidence of accredited training enrolment or completed training in line with staff roles was not seen on the day of the visit.

The SI confirmed that regular staff training to keep knowledge up to date would be introduced. Staff were undergoing training to achieve healthy living status for the pharmacy. On the day of the visit, a part-time pharmacist who worked one day per week and the trainee dispenser were present and appeared to manage the workload at that time. Both staff served at the medicines counter during the visit. In line with the requirements of the Pharmacy Quality Scheme (PQS) the pharmacist present had completed training including sepsis, safeguarding, reducing 'lookalike soundalike' 'LASA' medicine errors and risk management. Staff felt able to provide feedback and had suggested using a different brand of compliance aid dispensing containers which would improve the completed compliance aid for the patient. There was a whistleblowing policy. Staff said targets and incentives were not set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are safe, clean secure and generally suitable for the services it provides. The pharmacy prevents people accessing the premises when it is closed and keeps medicines and information safe.

### Inspector's evidence

The pharmacy premises were generally clean and the dispensary benches were mostly tidy. There was an area of dispensary bench in the store room where compliance aids were prepared and shelving to store completed compliance aids awaiting collection. The far end of the store room was cluttered and untidy. There were two seats for waiting patients in the public area. Lavatory facilities were clean and handwashing equipment was provided. The consultation room was located to one side of the medicines counter and not locked. It was very cluttered. The chaperone policy and privacy notice were displayed. There was sufficient ventilation and lighting.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with different needs can easily access the pharmacy's services and its team members give advice to people about access to other support. They make sure people have the information they need to use their medicines safely. The pharmacy gets its medicines from reputable sources to protect people from harm. The pharmacy team members store medicines securely at the correct temperature and take the right action if medicines need to be returned to the suppliers. The pharmacy keeps a satisfactory record of prescription deliveries to show that medicines have reached the right people.

### Inspector's evidence

There was wheelchair access via a slope and wide automatic doors at the entrance to assist people with mobility issues. Large font labels could be printed to assist visually impaired people. Staff could converse in Somali, Arabic and Gujarati to assist people whose first language was not English. Patients were signposted to other local services including nearby pharmacies.

The pharmacist was aware of the procedure for supply of sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) to be explained. There was a poster regarding supply of sodium valproate in the dispensary. The intervention was recorded on the patient medication record (PMR). The pharmacist said she would give the patient the information leaflet regarding sodium valproate and PPP. The pharmacist was aware of the procedure to supply isotretinoin to people in the at-risk group. The treatment had to be initiated by a consultant and would be supplied following a negative pregnancy test result. The patient would be counselled on PPP and the intervention recorded on the PMR. The prescriber was contacted regarding prescriptions for more than 30 days' supply of a CD as good practice. There was a discussion about ensuring interventions were recorded on the PMR to show checks that medicines were safe for people to take and appropriate counselling was provided to protect patient safety.

Warning stickers were in use to alert staff to high-risk medicines such as fridge items. CD prescriptions were highlighted and endorsed with the last date of collection to ensure CDs were not given out after the 28-day validity period. The pharmacist said that when supplying warfarin people were asked for their record of INR along with blood test due dates. INR was not always recorded on the PMR. Advice was given about side effects of bruising and bleeding including internal bleeding. Advice was given about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose and when to take folic acid. Counselling was given to people to seek medical advice if they developed an unexplained fever.

Medicines and medical devices were delivered outside the pharmacy. A drop sheet of scheduled deliveries was compiled on the pharmacy computer. The drop sheet was signed on the back by each patient indicating a safe and effective delivery. The CD delivery audit trail included the driver signing the reverse of the CD prescription. Delivery drop sheets were retained in a folder once deliveries were complete to deal with any delivery queries.

Medicines and medical devices were obtained from Alliance and AAH and the invoices were seen. Floor areas were mostly clear, and stock was stored on the dispensary shelves. Stock was date-checked and recorded regularly. No date-expired medicines were found in a random check. Liquid medicines were

marked with the date of opening. Medicines were mostly stored in original manufacturer's packaging but there were some de-blistered tablets and capsules in labelled containers showing batch number and expiry date. There was a discussion about the stability of de-blistered tablets and capsules and the risk of missing date checks or drug recalls when medicines were not stored in their original packaging. Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval every three months. CD prescriptions were highlighted and endorsed with the last date for collection to ensure they were not given out after the 28-day validity period. Waste medicines were stored separate from other stock and there was no patient information visible on any waste medicines which may have been patient returned medicines. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. The drug alert folder was not available, but the SI explained the procedure and drug alerts and recalls were printed, actioned and annotated before being filed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities needed for the services provided. It uses these appropriately to protect people's private information.

### Inspector's evidence

Current reference sources included BNF. The dispensary sink was clean and there were clean stamped glass measures to measure liquids including a separate measure marked 'CD'. There was one medical fridge. Minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius. The CD cabinet was fixed with bolts. 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.