

# Registered pharmacy inspection report

**Pharmacy Name:** Shri Pharmacy, 511 Kingsbury Road, Kingsbury,  
LONDON, NW9 9EG

**Pharmacy reference:** 1040663

**Type of pharmacy:** Community

**Date of inspection:** 16/08/2019

## Pharmacy context

This is a community pharmacy located along a busy shopping area and close to an underground station in Kingsbury, North West London. The pharmacy dispenses NHS and private prescriptions. It provides advice about over-the-counter (OTC) medicines, delivers medicines to people's homes and supplies medicines inside multi-compartment compliance aids if people find it difficult to take their medicines on time.

## 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

Overall, the pharmacy manages most risks in an appropriate manner. It has written instructions to help with this. Pharmacy team members deal with their mistakes responsibly. And, they understand how to protect the privacy of people. But, the pharmacy does not hold guidance information or contact details for the local safeguarding agencies. This could mean that the team may not know how to respond to concerns appropriately.

### Inspector's evidence

The pharmacy's dispensing business was predominantly through electronic prescriptions. The retail side was busier, and a steady stream of people were seen during the inspection to purchase medicines and sundries. This was managed well. The pharmacy was organised and clear of clutter. The responsible pharmacist (RP) explained that the pharmacy had been sold and was due to fully change ownership soon.

The RP was dispensing and self-checking. He explained that the pharmacy mostly dispensed collection prescriptions, this meant that he could work at his own pace and take his time when dispensing. This helped to reduce errors. There were processes available to capture near misses and incidents. Medicines with similar packaging or those that were similar sounding were separated and other stock was placed in between them. This helped to differentiate and identify medicines more clearly and reduced the likelihood of mistakes happening. There was information available to inform people about the pharmacy's complaints process.

A notice was on display to inform people about how their privacy was maintained. Sensitive details from assembled prescriptions awaiting collection could not be seen from the retail space and confidential waste was shredded. The pharmacy held an information governance policy and was registered with the Information Commissioner's Office (ICO). Summary Care Records were accessed for emergency supplies or for queries about people's medicines. The RP obtained consent to access this record verbally from people. The RP described reading relevant literature about safeguarding vulnerable people and trained his team about this. They could describe signs of concern and groups of vulnerable people who could be in need of safeguarding once they were prompted. There were no local contact details or policy information present that could provide additional guidance to the team.

A range of documented standard operating procedures (SOPs) were present to support the provision of services. The SOPs were last reviewed in 2017 and staff had read and signed them. They understood their roles and responsibilities and the tasks that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

A data logger was used to record the minimum and maximum temperatures of the fridge. This showed that temperature sensitive medicines were stored within the correct temperature range. The pharmacy maintained a complete record for the receipt and destruction of controlled drugs (CDs) brought back by people for disposal. The pharmacy's professional indemnity insurance arrangements were through Numark and this was due for renewal after March 2020.

In general, the pharmacy's records were maintained in line with statutory requirements. This included emergency supplies, records of unlicensed medicines, records of private prescriptions, the RP record

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 occasional crossed out entries seen within the RP record and incomplete addresses recorded for wholesalers when CDs were received. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. And they have access to ongoing training to help keep their skills and knowledge up to date.

### Inspector's evidence

During the inspection, the owner who was also the RP and a trained medicines counter assistant (MCA) were present. There was also another trained MCA and a locum pharmacist who worked in the afternoons. Certificates to verify the team's qualifications obtained were seen.

Staff asked relevant questions before selling over-the-counter (OTC) medicines and referred to the RP appropriately. The team's progress was monitored informally by the RP every month. To assist with their training needs, the RP provided instruction and guidance, staff had access to trade magazines, reference sources that were present in the pharmacy and modules that were provided through Numark.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean and provide an adequate environment to deliver its services.

### Inspector's evidence

The pharmacy premises consisted of a spacious and a medium sized retail area with a smaller dispensary at the rear. There was an adequate amount of workspace here for assembling medicines. The pharmacy was clean, this included the staff WC. The retail space was appropriately presented, and the pharmacy was suitably lit. Pharmacy (P) medicines were stored behind the front counter and staff were always within the vicinity to restrict their access by self-selection.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely and effectively. It sources its medicines from reputable suppliers. And, it stores and manages its medicines appropriately. But, team members don't always keep or record information when people receive higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. The pharmacy delivers prescription medicines to people's homes. But its records for this are limited. This means that team members may not have all the information they need in the event of future queries. And, they don't always provide medicines leaflets with compliance aids. This means that people may not have all the information they need to take their medicines safely.

### Inspector's evidence

Entry into the pharmacy was at street level. The pharmacy's opening hours were on display along with some leaflets inside the pharmacy to provide information about other services. There were two seats 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 physically assisted people who were visually impaired and they spoke Gujarati and Hindi to assist in communicating with some people whose first language was not English. There was also documented information available to signpost people to other local organisations if required. The pharmacy was currently only providing the Essential Services.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, Phoenix and AAH. Unlicensed medicines were obtained through Sigma. There was equipment present to assist the pharmacy to comply with the European Falsified Medicines Directive (FMD), this was not currently being used or set up to meet the requirements for this.

The pharmacy's stock holding was very well organised. Medicines were date-checked for expiry every few months and upon receipt of stock from the wholesalers. A book was used to capture information about medicines approaching expiry and they were removed from stock when identified. There were no date-expired medicines or odd mixed batches of medicines 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.

Medicines requiring disposal could be stored within appropriate receptacles. People bringing back sharps for disposal were referred to the local GP surgery or council and CDs returned for destruction were brought to the attention of the RP. Relevant details were entered into a CD returns register.

The pharmacy supplied 10 to 15 people with their medicines inside multi-compartment compliance aids. They were provided to people after their GP initiated this. Prescriptions were ordered by the pharmacy for some people and when they were received, details were cross-referenced against records on the pharmacy system to help identify changes or missing items. Queries were checked with the prescriber and audit trails were maintained to verify this. Compliance aids were not left unsealed overnight and all the medicines were de-blistered into them with none left within their outer packaging. Descriptions of the medicines that were supplied within the compliance aids were routinely provided.

Mid-cycle changes involved them being retrieved and new compliance aids being supplied. Patient information leaflets (PILs) were not routinely supplied.

The RP delivered medicines to people's homes and called beforehand to inform them of the attempt to deliver. Failed deliveries were brought back to the pharmacy. Other than the records on the pharmacy system, the pharmacy was not keeping records of when and where medicines were delivered. Implementing appropriate audit trails were discussed with the pharmacist at the time. The RP did not obtain signatures from people once they were in receipt of their medicines, this included CDs. There was a delivery book available for this purpose and the RP was advised to start using this.

The RP was aware of risks associated with valproates, there had been no prescriptions for females at risk, according to him and there was relevant literature available that could be provided upon supply of this medicine. People prescribed higher-risk medicines were asked about relevant parameters and about the frequency of their blood tests. According to the RP, this included routinely asking people prescribed warfarin about the International Normalised Ratio (INR) as this was required before repeat prescriptions from the GP surgery could be released. However, this information was not retained at the pharmacy.

Once dispensed, prescriptions awaiting collection were attached to bags. Fridge items and CDs (Schedules 2-3) were assembled when people arrived to collect them, and uncollected prescriptions were checked every six months. Identifying Schedule 4 CDs as good practice and their 28-day prescription expiry was discussed at the time. A dispensing audit trail through a facility on generated labels was being used and this identified staff involvement in processes.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely.

### Inspector's evidence

The pharmacy held current versions of reference sources and necessary equipment. This included counting triangles, a medical fridge, a legally compliant CD cabinet and one 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 was a cordless phone present. This meant that conversations could take place away 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. The RP used his own NHS smart card to access electronic prescriptions and this was 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.