

Registered pharmacy inspection report

Pharmacy Name: Brights Dispensing Chemists, 118 Craven Park Road, Harlesden, LONDON, NW10 8QD

Pharmacy reference: 1040673

Type of pharmacy: Community

Date of inspection: 14/01/2020

Pharmacy context

This is a community pharmacy located along a busy High Street in Harlesden, North west London. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter (OTC) medicines, provides a delivery service, offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu as well as travel vaccinations. The latter includes vaccinations for yellow fever. The pharmacy also supplies multi-compartment compliance aids to people if they find it difficult to manage their medicines.

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

Overall, the pharmacy has safe working practices. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. Team members generally understand how to protect the welfare of vulnerable people. And the pharmacy maintains most of its records appropriately in accordance with the law. But it does not always formally review its internal mistakes or record enough information in its private prescription records. This makes it harder for them to spot patterns to help prevent the same mistakes happening again. And they may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy's workload was predominantly through prescriptions that were for collection or to be assembled as multi-compartment compliance aids. Some walk-in trade was seen at the inspection, this was manageable, and staff were up to date with the workload. The pharmacy was organised. The dispensary's workspaces were clear of clutter. Compliance aids were processed on a segregated workstation and the responsible pharmacist (RP) conducted the final accuracy-check on a separate bench. This helped to reduce errors from distractions.

Staff routinely recorded their near misses, they were collectively reviewed every month and details were shared with the team. The RP described separating medicines that had been involved in mistakes, but the review process was informal and there were no details seen recorded about this. Details about the pharmacy's complaints procedure were on display. The RP handled incidents and her process was in line with the company's expectations.

The pharmacy held a range of documented standard operating procedures (SOPs) to support the provision of its services. They were due for review and the superintendent was in the process of completing this. Staff had signed to confirm that they had read the SOPs. Team members understood their roles and responsibilities and knew the activities 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 of operational activities, on the day.

The pharmacist was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE) and her certificate to verify this was seen. Staff were in the process of being trained to safeguard the welfare of vulnerable people through CPPE to level 1. They held some understanding and would inform the RP in the event of a concern. Relevant local contact details for the safeguarding agencies were readily available. There was no confidential material left within areas that faced the public. Confidential waste was segregated before being shredded and dispensed prescriptions awaiting collection were stored in a location where sensitive information could not be seen. Summary Care Records had been accessed for queries or where discharge information from hospitals had not been received for people with compliance aids. Consent was obtained verbally from people for this. However, there was no information on display to inform people about how their privacy was maintained,



Records relating to the pharmacy's services were mostly compliant with statutory requirements. This included most of the RP record, records of unlicensed medicines, emergency supplies and a sample of registers seen for controlled drugs (CDs). Balances for CDs were checked every week and month and details were seen recorded to verify this. On randomly selecting CDs held in the cabinet, their quantities matched the balances that were recorded in the corresponding registers. Occasionally, there were gaps seen in the RP record where pharmacists had not recorded the time that their responsibility ceased, and incomplete prescriber details had been recorded in the electronic register for supplies made against private prescriptions. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA) and this was due for renewal after 31 October 2020.



Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably trained for the tasks they undertake. They understand their responsibilities. And keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

Staff present at the inspection included the regular pharmacist, a trained dispensing assistant and a medicines counter assistant (MCA). The owner, who was also a trained MCA, was present and assisted on the counter. Staff described seeing him daily and his wife was the superintendent pharmacist. Staff covered each other as contingency for annual leave or absence. They had the confidence to raise any concerns that they might have had and were long-standing members of the team. Their certificates of qualifications obtained were not seen. They were a small team; hence any updates or relevant details were discussed verbally. Their progress was described as monitored annually. Staff asked relevant questions to obtain necessary information before selling over-the-counter (OTC) medicines and they checked sales with the RP when required. Ongoing training for the team was through taking instructions from the pharmacists, reading trade publications as well as using online resources such as CPPE to keep their knowledge current. The pharmacist had not been set any formal targets to complete services.



Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and secure. The pharmacy provides an appropriate environment to deliver healthcare services.

Inspector's evidence

The pharmacy premises consisted of a spacious and elongated retail space, with a medium sized dispensary at the rear. The pharmacy was clean, professional in appearance, suitably lit and appropriately ventilated. Pharmacy (P) medicines were stored behind one of the counters and there was gated access into this area. This helped prevent people from self-selecting these medicines. A sign-posted consultation room for services and private conversations was located to one side of the medicines counter. The door was closed but kept unlocked. Free access into this space was restricted because of the room's location and there was no confidential information present.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely. The pharmacy's team members ensure that their services are accessible to people with different needs. The pharmacy obtains its medicines from reputable sources, it stores and generally manages them appropriately. Team members identify prescriptions that require extra advice. But they don't always record enough information to show that they have considered the risks when some medicines are supplied inside compliance aids. This makes it difficult for them to show that they provide appropriate advice when these medicines are supplied.


Inspector's evidence

Entry into the pharmacy was via a slight step from the street. This was not enough to prevent people with wheelchairs using the pharmacy's services. Staff described using written details, representatives and physically assisting people with different needs. They contacted the company's other pharmacy to ask staff who spoke different languages to help communicate with people whose first language was not English, if this was required.

The pharmacy's opening hours were listed on the front door and there was one seat available for people waiting for prescriptions. The pharmacist's declaration of competence and paperwork for the Patient Group Directions (PGDs) provided were readily available and had been signed by the authorised pharmacists. This included the influenza vaccination service and travel vaccinations. The RP was not accredited to offer yellow fever vaccinations. The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to offer this and another pharmacist administered the vaccinations on an appointment basis. The pharmacy also provided a delivery service and records were kept to verify this. The driver ticked details when people were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and staff called people to inform them of this. Medicines were not left unattended.

Compliance aids were supplied to people after the GP initiated them. Prescriptions were ordered by the pharmacy and when they were received, details were cross-referenced against records on the pharmacy system to help identify any 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. All medicines were de-blistered and removed from their outer packaging before being placed into the compliance aids. Mid-cycle changes involved the aids being retrieved, amended, re-checked and re-supplied.

However, patient information leaflets (PILs) were not routinely provided, nor were there descriptions of the medicines. This meant that people may not have received all the relevant information about their medicines. In addition, staff were dispensing sodium valproate inside the compliance aids. This was described as required to ensure that people took their medicines as prescribed. Staff had some awareness of the potential risks of supplying it in this way and stated that people had been counselled about the stability concerns, but there were no details documented to confirm this. Nor was there any evidence that the pharmacy had carried out any risk assessment, checked with the manufacturer or discussed the situation with the prescriber.



Staff were aware of risks associated with valproates, they had not seen any prescriptions for people at risk and the team was advised to ensure that educational literature was readily available to provide upon supply of these medicines. Prescriptions for higher-risk medicines were routinely identified to enable routine counselling and relevant parameters to be checked. This included people prescribed warfarin being asked about the International Normalised Ratio (INR). Details about this were not always being documented to verify that this had happened. The pharmacy team used baskets to hold each prescription and associated medicines. This prevented any inadvertent transfer. Dispensed prescriptions awaiting collection were held within a retrieval system. Staff could identify fridge items and CDs (Schedules 2 to 4) as they were highlighted.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. This included AAH, Alliance Healthcare, Colorama and Sigma. Unlicensed medicines were obtained through Alliance Specials. The pharmacy was in the process of complying with the European Falsified Medicines Directive (FMD). The pharmacy's system had been updated but the pharmacy was not yet complying with the decommissioning process.

Medicines were stored in an organised manner and were date-checked for expiry every few months. There was a schedule in place to verify the process for medicines stored in the dispensary but not for those in the retail area. The latter limited the ability of the pharmacy to verify that this process had been taking place. Staff were advised to implement this going forward. There were no date-expired medicines seen or mixed batches. Short-dated medicines were identified. In general, CDs were stored under safe custody. The CD keys were maintained in a manner that prevented unauthorised access during the day. Medicines were stored evenly and appropriately within the pharmacy fridge. Drug alerts were received by email. The team checked for stock and acted as necessary. An audit trail was present to help verify the process.

Medicines returned by people for disposal were stored within designated containers prior to their collection. However, there were no separate containers to store hazardous and cytotoxic medicines or a list available for staff to identify these medicines. People returning sharps for disposal were referred to other pharmacies in the local area who could accept them. Details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.



Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy held necessary equipment and current versions of reference sources. Equipment included counting triangles, a large fridge, legally compliant CD cabinets and a range of clean, crown-stamped conical measures for liquid medicines. Computer terminals were positioned in a way that prevented unauthorised access and the team used cordless phones. This meant that conversations could take place in private if required. A shredder was available to dispose of confidential waste. The dispensary sink used to reconstitute medicines was clean. There was hand wash here as well as hot and cold running water available. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight.

What do the summary findings for each principle mean?

✓ 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.