

Registered pharmacy inspection report

Pharmacy Name: Angie's Pharmacy, 96 Craven Park, Harlesden,
LONDON, NW10 4AG

Pharmacy reference: 1040675

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

The pharmacy is located on a busy high street in a residential area of Harlesden, North London. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health and travel advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, travel medicines including travel vaccinations, substance misuse and needle exchange and seasonal flu vaccination. The pharmacy has healthy living status.

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 generally safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines in the right way. The pharmacy manages risk and it has written procedures which tell staff how to complete tasks effectively. It generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team keeps people's information secure and understands its role in protecting vulnerable people.

Inspector's evidence

Near misses were recorded and reviewed. 'Lookalike and soundalike' 'LASA' medicines had been separated to minimise risk of picking errors and included Stexerol-D3 1000 and Stexerol-D3 25000 packs which had very similar packaging. Different strengths of co-codamol were well spaced to minimise picking errors. Amlodipine was located with fast moving medicines, so it was separated from amitriptyline.

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 during the clinical check of the prescription. As the pharmacist was working alone, taking a mental break was discussed. 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.

Multi-compartment compliance aids were prepared for a number of patients on a rolling basis. If the surgery permitted, the pharmacy managed prescription re-ordering on behalf of patients. The pharmacist 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 did not include a description to identify individual medicines and patient information leaflets (PILs) were not always supplied with each set of compliance aids but moving forward the pharmacist gave an assurance that PILs would be supplied with each set of compliance aids. Including information such as tablet or capsule markings to make the description more comprehensive was discussed.

High-risk medicines such as alendronate and sodium valproate were supplied separately from the compliance aid. The dates of controlled drug (CD) prescriptions were managed to ensure supply within the 28-day validity of the prescription. If levothyroxine and lansoprazole were supplied in a compliance aid, the patient or carer was counselled on taking before food or other medication if possible.

The practice leaflet and details of how to comment or complain were displayed. The annual patient questionnaire had been conducted and had resulted in positive feedback. The results were displayed. There was a set of standard operating procedures (SOPs) which were due for review. Staff had trained

in SOPs and when asked said a prescription would not be given out or pharmacy only medicines sold if the pharmacist were not on the premises.

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 and 'specials' supplies were generally complete although some prescriber details were missing. The patient group directions (PGDs) were not seen during the visit but the regular pharmacist later confirmed that they were provided via the National Pharmacy Association (NPA) and were up to date.

The CD registers were mostly complete, and the balance of CDs was audited every two or three months. Increasing the frequency of audit was discussed as discrepancies would be detected earlier. A random check of the actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not always signed and dated. Supplier name and address and invoice number were recorded for receipt of CDs. Methadone registers were generally complete and methadone was audited regularly. FP10MDA prescriptions were endorsed at the time of supply. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed a confidentiality agreement and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection (DSP) toolkit had been completed. 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. Staff had undertaken safeguarding and dementia friends training and the pharmacist was in the process of completing level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained team members to deliver its services safely. 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, one full-time dispenser enrolled on training and accredited as a medicines counter assistant (MCA), one newly recruited full-time MCA and one delivery person. Ongoing training was provided via industry publications and training topics included eye and ear, personal hygiene and winter health.

A sale of medicines protocol was on display for staff reference when selling over-the-counter medicines. The regular pharmacist was currently undertaking safeguarding training and planning to undertake sepsis, LASA and risk management training. There was an annual appraisal with the owner of the pharmacy to monitor staff performance. Staff felt able to provide feedback and had suggested stocking a new variety of cough mixture which was popular with customers. There was a whistleblowing policy. Staff said that targets and incentives were not set in a way that affected patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of its services. The pharmacy prevents people accessing the premises when it is closed to keep medicines and information safe.

Inspector's evidence

The pharmacy premises were clean, tidy and well presented. The dispensary was on the same level as the public area. From the public area, double gates restricted access to behind the medicines counter and a pull across strap restricted access to the dispensary. The consultation room was along a corridor towards the back of the pharmacy. Patient privacy was protected. Lavatory facilities were clean and handwashing equipment was available. There was sufficient lighting including natural light and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources to protect people from harm. It makes sure that medicines are stored securely at the correct temperature so that medicines it supplies are safe to use. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. They make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team members give advice to people about where they can get other support.

Inspector's evidence

There was a wide door but slight step at the entrance. Large font labels could be printed to assist visually impaired people. Staff could converse in Gujarati, Polish, Italian, Romanian and Russian to assist patients whose first language was not English. Patients were signposted to other local services including a dentist, other pharmacies and nearby doctor's surgeries. The needle exchange sharps bin was taken to the person accessing the service on request to dispose of used needles safely in the pharmacy.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) was explained to people in the at-risk group. Recording the intervention on the patient medication record (PMR) was discussed. The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. Isotretinoin should be prescribed by a specialist and supplied within seven days following a negative pregnancy test. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. CD prescriptions were highlighted with a warning sticker, and the date checked to ensure supply within the 28-day validity period.

Warning stickers were attached to prescriptions for high-risk medicines to indicate counselling may be appropriate. The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. The INR was not always recorded on the PMR. Side effects of bruising and bleeding were explained. Advice was given about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded to have regular blood tests, about the weekly dose and when to take folic acid. People were advised to seek medical advice if they developed an unexplained fever.

An audit was being conducted to identify people for referral for a prescription of a proton pump inhibitor for gastric protection while taking a non-steroidal anti-inflammatory drug (NSAID) and of owing medication. The pharmacy had raised public awareness of stopping smoking through a Stoptober poster and there were leaflets on display with information about reducing the use of antibiotics and raising bacterial resistance. Medicines and medical devices were delivered outside the pharmacy by a delivery person. A drop sheet was prepared and where possible a patient signature was recorded indicating a successful delivery. A more robust audit trail may make it easier to deal with queries about failed deliveries.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix, Sigma, and Colorama. Floor areas were clear and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded. Short-dated medicines were removed during the annual stocktake. Medicines were generally

stored in original manufacturer's packaging and liquid medicines were marked with the date of opening. Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval monthly. Waste medicines were stored separately from other stock. Falsified medicines directive (FMD) hardware and software was operational at the time of the visit. Drug alerts were received, actioned and a record of the action was maintained on the pharmacy computer.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

Current reference sources included BNF. The dispensary sink was clean and there were clean stamped measures to measure liquids. A cylindrical measure was in use for methadone and a conical measure for water. The fridge monitor battery was replaced during the visit. Minimum and maximum temperatures were monitored daily and found to be within the range two to eight Celsius. The CD cabinet was fixed with bolts. There was stop smoking service equipment supplied and calibrated by Brent NHS but the service was no longer offered. The sharps bin for vaccination service sharps disposal was retained in a plastic bag in the consultation room which was not accessible to the public. Sharps bins for the needle exchange service were located in the storage area away from the public area. The regular pharmacist said the pharmacy was liaising with the disposal contractors to have the full bins removed. 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.