

Registered pharmacy inspection report

Pharmacy Name: Harleys Chemist, 35-37 Old Brompton Road,
LONDON, SW7 3HZ

Pharmacy reference: 1041070

Type of pharmacy: Community

Date of inspection: 26/07/2022

Pharmacy context

This pharmacy is located on a local high street in an affluent area in West London. The pharmacy serves people of all age ranges and backgrounds, including many tourists. It provides flu vaccine and medicine delivery services. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 adequately manages the risks associated with its services. People who use the pharmacy can provide feedback and the pharmacy team have received training to help protect the welfare of vulnerable people. When a dispensing mistake occurs, team members generally react appropriately.

Inspector's evidence

The superintendent pharmacist (SI), who was also the regular responsible pharmacist (RP) said that there had been very few changes to NHS services provided at the pharmacy during the pandemic. The pharmacy had dispensed fewer private prescriptions during the height of the pandemic as many people had moved out of the area and into their second homes. Footfall had reduced and the delivery service had been more in demand, though this had since returned to normal. Team members wore PPE including face masks, gloves and aprons and continued to wear face masks. A staff risk assessment had been carried out, and as a result, two members of the team who were living with higher-risk people had been furloughed.

The pharmacy's standard operating procedures (SOPs) were reviewed every two years, most recently in 2020. Current procedures had been signed by all members of the team to confirm they had been read and understood. The SI said that there had been minimal changes to procedures as services generally continued as normal. The SOP folder also contained information for locum pharmacists, as well as details of other local healthcare providers. The pharmacy's business continuity plan was held electronically and contained team members contact details, key holders' details, and emergency contacts. The SI said he had a pool of locum pharmacists that he could call for cover.

Near misses, or dispensing mistake identified before the medicine was handed to a person, were seen to be routinely recorded. The SI said he encouraged team members to focus on one task at a time and assigned tasks, such as answering the telephone, to designated members of the team. He had reviewed the labelling procedure and briefed team members to always label the medicine without covering its name on the pack. The pharmacy had procedures in place for dealing with dispensing mistakes which had reached a person, or dispensing errors. The SI said there had not been any for some time. The pharmacy had current indemnity insurance cover.

The correct RP notice was displayed, and samples of the RP record were seen to be well maintained. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for private prescriptions, emergency supplies and unlicensed medicines. A sample of controlled drug (CD) registers was inspected, and these were generally filled in correctly but some headers were missing. The SI said these would be filled in. The physical stock of a CD was checked but did not match the recorded balance as some recent supplies had not been entered, some of which were three days old. This was rectified during the inspection and the SI said that supplies would be entered on the same day or the following day.

People were able to give feedback or raise concerns online or verbally. The pharmacy normally conducted annual patient satisfaction questionnaires but had not done these since the start of the pandemic. The complaints procedure was outlined in the pharmacy's practice leaflet, and this was displayed in the retail area. The SI added that the pharmacy had received positive feedback from people

who were grateful that they could access its services during the pandemic.

Members of the team had not completed training on the General Data Protection Regulation but had been briefed about protecting peoples' confidentiality. The SI said he would provide them with some formal training. Confidential waste was collected in a basket and shredded on site, computers were password protected and smartcards were used to access the pharmacy's electronic records. Team members were observed confirming people's names and addresses before handing out dispensed medicines.

The SI, trainee pharmacist and regular locum pharmacist had completed an online course on safeguarding children and vulnerable adults. The rest of the team had been briefed on the subject and said they would speak to the pharmacist if they had any safeguarding concerns. There had not been any safeguarding incidents at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. They feel comfortable about raising concerns and complete ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

During the inspection there was the SI, a trainee pharmacist, two qualified dispensers and three medicine counter assistants (MCAs). All members of the team had completed suitable courses for their role. Most had been working for over 20 years at the pharmacy and had very good rapport with each other and with people. Work appeared to be managed effectively by the team. The SI said that annual and emergency leave was covered by regular locum pharmacists. The SI said that, thankfully, the pharmacy had not experienced major shortages during the height of the pandemic.

The MCA described her role which mainly involved covering the cosmetics counter. She helped cover the medicines counter in the mornings or during busier periods. A dispenser covered the medicines counter and helped in the dispensary as and when needed. Both members were observed asking questions and providing advice before selling Pharmacy-only medicines (P-medicines). They said they referred to the pharmacist at times, for example, if they were not familiar with a condition or to confirm their recommendation was the correct one. They were aware of the RP guidance and said they would not hand out dispensed medicines or sell P-medicines in the absence of the RP. They were also familiar with medicines which were open to abuse, such as codeine-containing medicines and sleeping tablets, and described additional measures they would take before selling these.

Members of the team had access to online training modules and tried to do a module every month. A representative from a skincare company was observed training a member of the team about skincare products during the inspection. Team members were provided with time to do ongoing training. They also regularly discussed new products and said they could ask each other for advice and support as and when needed. The trainee pharmacist also attended sessions by an external training provider every two to four weeks. He regularly discussed his progress with the SI, who was his tutor.

Performance was discussed informally. Team members worked well together and were happy to communicate any issues or concerns to the SI. Targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure, clean and maintained to a level of hygiene appropriate for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was spacious, bright, and well maintained. There was ample space to support safe distancing measures. The dispensary was located at the back of the premises and had sufficient work and storage space. There were designated areas for tasks, such as assembling multi-compartment compliance packs. A small staff room and staff toilet were located near the dispensary. The retail area was clean and well organised. A spacious consultation room was available, and this was fitted with a desk, therapy chair and sink.

Cleaning was done by a cleaner twice a week. Additional cleaning tasks were completed by team members throughout the week. A clean sink was available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. The ambient temperature and lighting were suitable for the services provided. Plastic screens were fitted at the front counter.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy has some systems in place for making sure that its services are organised. It orders its medicines from reputable sources and largely manages them properly. But it could do more to ensure they were stored in an organised manner. Some team members may benefit from additional training to help ensure that people taking higher-risk medicines are identified and provided with up-to-date advice on their medicines.

Inspector's evidence

Access into the pharmacy was step-free and via a wide automatic door. There was ample space in the retail area, and this assisted people with restricted mobility or using wheelchairs. Opening hours were displayed on the window and services were promoted in store. Some leaflets were also available in the retail area and team members described signposting to other service providers. The SI said that the pharmacy team worked closely with other local pharmacies and had good working relationships with them.

Dispensed and checked-by boxes were generally used by team members to ensure that there were dispensing audit trails. Baskets were used to separate prescriptions and prevent transfer between patients. The pharmacy did not routinely highlight prescriptions for Schedule 3 and 4 CDs where additional checks may be required. A prescription for zopiclone tablets which had been dispensed was found in the retrieval system although it was no longer valid. This was removed during the inspection.

The dispenser was not fully aware of the valproate guidance about pregnancy prevention and was not entirely sure of the checks to make and advice to provide. The SI said he would ensure that all team members were up to date on the valproate guidance. The trainee pharmacist said he would check if people in the high-risk group were on the Pregnancy Prevention Programme or were aware of the risks associated with the medicine. The SI described some checks that he would make when dispensing higher-risk medicines, for example, ensuring that people taking lithium were aware of the signs of toxicity. He checked INR levels of people taking warfarin, but the pharmacy team did not maintain records of these checks.

The multi-compartment compliance pack service was well organised. People were synchronised to receive their packs the same week and this helped the team manage their workload. Multi-compartment compliance packs were assembled in the dispensary, on a designated work bench. Prepared packs observed were labelled with product descriptions and mandatory warnings, but patient information leaflets were not supplied regularly. The dispenser in charge of managing the service said he would start supplying these routinely. The pharmacy had clear audit trails for the service to help keep track of when people were due their packs, when their prescriptions were ordered and when the packs had been delivered.

The travel vaccine service was provided via Patient Group Directions (PGDs). These were seen to be in-date and signed by the SI. Questionnaires were completed electronically with the person and involved gathering information about the trip, as well as medical and vaccine history of the person. The SI checked various websites, including NaTHNaC, Fit for Travel and Travax for up-to-date vaccine recommendations. Audit trails of vaccines supplied, including batch numbers and expiry dates, were

maintained at the pharmacy. The SI said that he had access to GP support should he have a query and was regularly sent updates from the PGD providers.

Stock was stored untidily on the shelves which could increase the likelihood of picking errors. The SI said that the team were in the process of organising the medicines storage better. Team members carried out expiry-date checks regularly and records were maintained. Short-dated medicines were highlighted. No expired medicines were found on the shelves in a random check in the dispensary. The fridge temperatures were monitored and recorded daily. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received electronically and were seen to be actioned and retained for reference.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had several clean, glass measures and a tablet counting triangle. There were two fridges in the dispensary. A new blood pressure monitor was available. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.