

Registered pharmacy inspection report

Pharmacy Name: Haria Pharmacy, 356-358 Coombe Lane, West Wimbledon, LONDON, SW20 0RJ

Pharmacy reference: 1041261

Type of pharmacy: Community

Date of inspection: 06/09/2022

Pharmacy context

This community pharmacy is part of a locally owned group of pharmacies. It is on a small row of shops in West Wimbledon, very close to a junction with the A3. The pharmacy opens six days a week, selling a range of over-the-counter medicines and some health and beauty products. It dispenses people's prescriptions and offers seasonal influenza (flu) vaccinations in the autumn and winter months. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medicines. And it delivers medicines to those who can't visit the pharmacy themselves.

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	1.2	Good practice	Records of errors and near misses are detailed and regularly reviewed. The responsible pharmacist shares the results of the monthly patient safety review with his team as well as with the superintendent. Those briefings are documented and attendees sign to show they were present. There are also regular audits to make sure that team members are following the correct procedures, and the pharmacist makes sure that his own activities are audited by someone else.
2. Staff	Standards met	2.2	Good practice	Team members receive an induction when they join and are given protected time to continue with their training. There are records to show that staff complete ongoing training and keep themselves up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	There are rigorous checks to make sure that people only order what they need, and that only the required medicines are prescribed.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy satisfactorily manages the risks associated with providing its services. The pharmacy has detailed written procedures which tell staff how to carry out their tasks safely. It regularly reviews those processes to make sure they stay up to date. It also carries out regular checks to make sure all its team members are following those processes properly. It has suitable processes for learning from mistakes and effectively shares what it has learned. Members of the team communicate well with each other so that every understands what they need to do. The pharmacy manages and protects confidential information well and its team members understand their role in helping to protect the welfare of vulnerable people. The pharmacy has suitable insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) in place which had been last reviewed in August 2022. There was a signature page for each individual SOP which had been signed and dated by each member of the team. This showed that they had read and understood the SOPs, and that they would follow them. A workplace risk assessment had been carried out and a number of changes had been made to help protect people from the coronavirus. Most team members were no longer wearing face masks having discussed the risks involved, but they still maintained a safe distance from each other and were frequently cleaning down all work surfaces. There was a business continuity plan on display for members of the team to read and know what to do. It was there to ensure people could still access the pharmacy's services if it had to close for any reason. The plan also covered a number of other eventualities such as a power cut or the computers not working.

There were several hanging files on the noticeboard for the team to read and use. They included one for recording their near misses and errors showing the nature of the incident, who had made it and what had been learned as a result. The responsible pharmacist (RP) explained how he would discuss them individually with each team member and the team as a whole. They had monthly team meetings which were documented and signed by all attendees. The RP also reviewed all near misses and errors every month for the monthly patient safety review which was submitted to the superintendent pharmacist (SI).

Audits of the pharmacy's procedures were carried out twice a year and the results submitted to the SI. The RP highlighted that his own activities were also audited by one of the other pharmacists who worked at the pharmacy regularly.

There was a chart on the dispensary wall setting out some of the key tasks for each member of staff to complete. They were all clear about their own responsibilities and knew when to ask for help. There was a notice on display to show people the name and registration number of the responsible pharmacist who was on duty that day. There was also a daily RP record kept on the pharmacy computer system. Those members of the team questioned were able to explain what they could and could not do in the absence of RP. Prescription labels were initialled to show who had assembled and checked the prescriptions.

There was a complaints procedure in place with a notice on display for people to see. There was a

current certificate available showing that the pharmacy had valid professional indemnity insurance in place.

Private prescription records were maintained using the pharmacy's patient medication record (PMR) system. Those records examined were complete. The technician explained how she would refer people to their GP surgery if they requested an emergency supply during surgery opening hours. If they had run out and the surgery was closed, then a supply was made using the appropriate function on the pharmacy's patient medication record (PMR) system, quoting a valid reason for the supply. The controlled drugs (CD) register was on the PMR system, and those records examined were in order. Any alterations were made with the name and the pharmacist's registration number recorded with the date and a reason. The RP had created a specific tab on the PMR system for recording all deliveries of CDs. Entries in the CD register were balanced against the items held in stock once every month. This had been done weekly but was recently changed to monthly as there had been no discrepancies. The technician explained how she would resolve any discrepancies that may arise. Invoices for all CD deliveries were also filed separately so that they could be easily found if required. There was a record of CDs returned by people who no longer needed them. The pharmacy had no kits available for denaturing and disposing of the unwanted CDs, but the SI was sourcing some for them. Certificates of Conformity (CoCs) for unlicensed medicines (specials) were all in order.

There was an information governance (IG) file containing the pharmacy's IG policy together with confidentiality agreements signed by each member of staff. There was a privacy notice on display by the consultation room, and another by the prescription reception for people to read. Team members were able to describe how they would protect people's confidential information. There were separate bins with sacks for confidential waste. There were a number of sealed sacks full of confidential waste awaiting collection and safe disposal by a suitably licensed contractor.

The manager was the pharmacy's safeguarding lead. There was a safeguarding folder containing local safeguarding policies and contact details of local safeguarding agencies. All registrants had been accredited to level 2 in safeguarding, and other team members had been briefed to raise any concerns either with the RP or the manager. Those asked were able to describe some of the warning signs which may indicate a safeguarding concern. There was a copy of the pharmacy's chaperoning policy in a hanging file on the noticeboard, and a notice by the consultation room for people to read.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. It makes sure its team members have sufficient time to complete their training and keep themselves up to date. They have a clear understanding of their roles and responsibilities. They work well together as a team and can make suggestions to improve safety and workflows as required.

Inspector's evidence

At the time of the inspection there was one pharmacist (the RP), a registered technician, two medicines counter assistants (one of whom was a medical student) and pharmacy student awaiting her final results before starting as a trainee pharmacist at the pharmacy. This appeared to be sufficient for the workload and they were working well together. The RP explained that part-time staff could increase their hours if needed to cover staff shortages. He could also call upon their other local branches for help if required.

There were files for each member of the team containing their training records and certificates. They also contained copies of some company policies which they had been required to read and sign to say that they accepted them. Some certificates were also on display. The pharmacy provided everyone with 30 minutes of protected training time each week.

Staff were seen to be asking appropriate questions when selling medicines and were aware of which medicines may be liable to abuse. They knew when to refer to the pharmacist and which products they couldn't sell. There was a whistleblowing policy in place and staff knew who they could speak to if they had any concerns. There were targets in place but they were managed sensibly.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are welcoming and provide a suitably professional setting for the service it delivers. They are bright, clean and easily accessible. The pharmacy has made some sensible adjustments to its premises to help reduce the spread of airborne viruses.

Inspector's evidence

The premises were very clean, tidy and in good repair. There was plenty of space to work safely and effectively with what appeared to be a logical workflow. There was a separate room at the rear of the dispensary where multi-compartment compliance aids were assembled. Work areas and public areas were well organised and uncluttered.

There were two consulting rooms, one with access from the retail salesfloor and the other behind the medicines counter. The door to the room behind the counter was closed and locked with a coded keypad when the room wasn't in use. There were storage cupboards inside and no confidential information was visible. There was a sink with hot and cold running water, sanitiser and hand towels. The second room, which was used only when two pharmacists were on duty, was also locked and a retail display unit placed in front of it.

The dispensary sink was clean and free of limescale. Hot and cold water, soap and drying facilities were present. All worksurfaces were frequently cleaned and this was recorded on a cleaning matrix. There was a Perspex screen at the medicines counter to help reduce the spread of the coronavirus. Markings on the floor helped encourage people to stand back from the counter and maintain a safe distance.

Room temperatures were maintained by combined heating and air-conditioning units to keep staff comfortable and suitable for the storage of medicines. The layout was arranged to allow effective supervision of the retail sales area, which was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its service in an easily accessible, safe and effective manner. It has some suitable procedures to help minimise waste and protect the environment. Team members routinely identify those supplied with high-risk medicines, so that they can be given extra information to help them take their medicines safely. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take.

Inspector's evidence

There were wide, step-free automatic doors into the pharmacy from the pavement outside, making it easily accessible for people using wheelchairs or mobility scooters. There was a sign just inside the door highlighting the services on offer at the pharmacy.

There were controls in place to minimise errors such as separating those items which looked alike or whose names sounded alike (LASAs) and a LASA notice as a reminder. For example, amitriptyline tablets were kept well away from amlodipine tablets. Shelves were also marked with the names of LASA items as an additional reminder to staff. The technician explained that they didn't automatically re-order people's prescriptions. They encouraged people to contact them seven days in advance and then only request the items they needed. The technician kept a record of what had been requested and cross-checked this against the prescriptions when they arrived from the GP three days later. The RP explained that this had resulted in a significant reduction in returns of unwanted medicines.

Baskets were used to keep all the items for a prescription together while they were being assembled and then awaiting a final check. The baskets were stored tidily to help prevent any mix ups. The pharmacist explained how every prescription was triple checked to further minimise the risk of error. There was a separate area for baskets containing prescriptions with missing items. There was a documented owings process for them.

There were separate baskets for those prescriptions awaiting delivery. The pharmacy used an online delivery app linked to the drivers' mobile phones so they could keep a record of each delivery. The app also enabled the pharmacy to locate the driver at all times. People signed for their deliveries using the phone touch screen, and the driver could sign on behalf of those who were reluctant to sign themselves.

Compliance aids were managed in a dedicated area away from distractions. They were assembled offsite at the company's automated central hub. Team members checked the prescriptions to make sure everything they were expecting was present. They prepared those items which wouldn't be in the compliance aid, and everything was then checked again to make sure it was correct. Compliance aids were supplied to people on either a once weekly basis or every four-weeks depending upon their needs. Any changes to people's medicines were recorded on the PMR system so that there was an audit trail. They were assembled on a four-week cycle and there was a checklist matrix to show when each stage of each person's compliance aid had been completed. Patient information leaflets (PILs) were supplied with the first delivery of each cycle and spare copies were kept at the pharmacy if they needed

more. There were descriptions of the medicines included within the compliance aids and an indication of which medicines were supplied separately.

There were prompt cards and an information pack for supplies of valproates to women or girls who could become pregnant. Team members described how they ensured people understood the risks and that they were using long-term contraception in accordance with the pregnancy prevention programme (PPP). The RP couldn't demonstrate records of any of valproate interventions as the only people they supplied a valproate to were outside of the at-risk group. But there were records of other interventions. The RP explained that they always asked people for their blood test results before dispensing other high-risk medicines such as warfarin, lithium and methotrexate, which were then recorded on the PMR. These high-risk medicines were kept together on a separate shelf in the dispensary. The pharmacy also had the recently issued warning cards for people taking amiodarone.

The pharmacy offered a flu vaccination service in the autumn and winter months. There was a valid patient group direction (PGD) as the legal mechanism for doing so. Online training records were available, and certificate of competency for the pharmacist. There were adrenaline ampoules and an auto-injector in the consultation room for use in an emergency. The pharmacy also offered the community pharmacy consultation service (CPCs) but had only received one referral to date. The hypertension case finding service was proving equally difficult to get established.

The pharmacy obtained its medicines from appropriately licensed wholesalers and stored them in the manufacturer's original containers. There was a matrix to record the date checks carried out each month, showing which items were approaching their expiry date. Fridge temperatures were monitored daily and recorded on the PMR system.

Prescriptions awaiting collection were stored out of sight of people waiting at the medicines counter. Any prescriptions for CDs (all schedules) were marked with their expiry date and highlighted with a 'CD' sticker so that staff would know to look in the CD cabinet and check that it could still be handed out. Prescriptions for items that needed to be stored in the fridge were highlighted in a similar way with a 'fridge' sticker. Team members checked the prescription retrieval shelves every three weeks and removed any CDs approaching their expiry date, and other items that remained uncollected after three months. Uncollected items were moved to a separate storage area and staff either phoned or sent text reminders sent to the people concerned. If they remained uncollected, the items were returned to stock and the prescription tokens returned to the NHS spine.

There was a tray kept in the dispensary for medicines returned by people who no longer needed them. There was a laminated checklist in the bottom of the tray, and a separate list on the wall to help staff identify any hazardous medicines which would need to be disposed of separately. There were suitable containers for storing unwanted medicines, including a separate container for hazardous medicines. Controlled drugs were brought to the attention of the RP and appropriately recorded before being denatured and safely disposed of. The RP pointed out that they were encouraging people to return all their empty inhalers so that they could be recycled. There were several posters around the pharmacy highlighting this.

There was a file containing copies of alerts received from the Medicines and Healthcare products Regulatory Authority (MHRA). Those alerts were annotated to show what action had been taken in response, when and who by. There was also a summary sheet at the front of the file so that anyone could quickly see which alerts had been received and the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable facilities and equipment for the services it provides, and it makes sure that they are used appropriately. It also ensures that people's private information is kept safe and secure.

Inspector's evidence

There was a set of standard conical measures available to use with liquid medicines. There was also equipment available for counting loose tablets and capsules. One counting triangle had been marked as only to be used with methotrexate tablets.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use, and individual passwords were not shared. The pharmacy had access to a range of online resources, and also had the British National Formulary (BNF) for reference.

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.