

Registered pharmacy inspection report

Pharmacy Name: Prince, 486 Harrow Road, LONDON, W9 3QA

Pharmacy reference: 1041476

Type of pharmacy: Community

Date of inspection: 21/08/2020

Pharmacy context

This is an independent retail pharmacy located on a main road alongside other local shops in North West London. It has been under the same ownership since 1981. People who use the pharmacy live locally and many are elderly. The local area is culturally diverse. The pharmacy mainly supplies NHS prescriptions and sells a small range of over-the counter medicines and other retail products. It also provides treatment for substance misuse and flu vaccinations during the relevant season.

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 manages most of the risks associated with its services and it keeps the records required by law. Team members know how to protect people's private information and they have a basic knowledge of how to safeguard and support vulnerable people. The pharmacy has written procedures explaining how tasks should be completed. But these are not necessarily followed in practice, and the pharmacy could do more to make sure the team always works safely and learns from its mistakes.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the main tasks and activities but these were overdue review. The pharmacist had made a record indicating current team members had read the SOPs but the individuals hadn't signed to confirm this. SOPs were not always followed in practice.

A responsible pharmacist (RP) notice was displayed and was visible from the retail area. Other team members' roles were not immediately clear, but they could explain their responsibilities and they worked under the supervision of the pharmacist during the inspection.

The superintendent said individual staff COVID risk assessments had been completed for all team members. Pharmacy team members had access to personal protective equipment (PPE). The pharmacist and dispenser wore visors when they worked in close proximity, but other team members were not wearing PPE. It was difficult for team members to socially distance all the time. The superintendent said it had been busy at the start of the pandemic, but things had settled down. Fortunately, all team members had remained fit and well. There was no formal contingency plan. But he said the staff knew not to mix extensively outside of work, to stay at home if they felt unwell and to request a COVID test if necessary. Staff members had access to locum agency details and knew what to do if the pharmacist wasn't able to work. The superintendent was reminded of his obligations as an employer about reporting of exposure to Covid-19 in the workplace.

A dispenser worked part-time but the pharmacist often worked alone in the dispensary and so frequently assembled and self-checked prescriptions, which introduced an element of risk. The dispenser said they would usually discuss any errors or near misses, and the pharmacist usually asked her to identify her own mistakes. They had sometimes separated different strengths on the shelves to prevent further picking errors. Near misses were not necessarily recorded and there were no formal patient safety reviews identifying patterns or trends, but the pharmacist said he would record any dispensing errors. He explained how he would resolve them, including contacting the person's doctor if they had taken any of the incorrect medication.

Details of the pharmacy owner were displayed in the retail area. The superintendent pharmacist dealt with any concerns and issues raised by people using the services and these were usually resolved informally. The pharmacist said people's behaviour was sometimes challenging but he was used to this, and he was usually able to deal with it.

The pharmacy had professional indemnity insurance with the NPA, and a copy of the current insurance certificate was displayed in the dispensary. A recognised patient medication record (PMR) system was

used to document prescription supplies and the team maintained all the records required by law, including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were generally in order and a single CD balanced was checked and found to accurate. Prescriptions registers were in order and prescriptions were suitably filed and retained. However, RP cease times were not routinely recorded which could make the record ambiguous and make it more difficult to explain who was responsible in the event of a query.

Team members understood about data protection and the importance of maintaining patient confidentiality. There was an information governance folder containing the company's policies and a confidentiality agreement. Copies of the current team members agreements could not be located. Confidential material was generally stored out of public view. Confidential paper waste was segregated and shredded although this had accumulated. The pharmacist and dispenser used individual NHS smartcards for accessing the NHS data.

The pharmacist was level 2 safeguarding accredited and could access local safeguarding contacts via the internet if needed. SOPs covered the main principles, but team members had not received any formal safeguarding training so, they may be less confident identifying issues or raising concerns. The superintendent was unaware of the Safe Space initiative for those victims of domestic abuse and was signposted to information on the GPhC website.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. There is an open culture. Team members work under supervision and they work well together. They have access to appropriate training courses, but they sometimes delay completing these, so there might be gaps in their skills and knowledge.

Inspector's evidence

The superintendent worked as the regular responsible pharmacist six days a week. At the time of the inspection the pharmacist was supported by two team members; a dispenser and a medicines counter assistant (MCA). A second MCA arrived towards the end of the inspection. The team greeted customers promptly and managed the workload without any major issues during the inspection. Most patients were regular and known to the team.

The dispenser was NVQ2 qualified and her certificate was available. The pharmacy did not have comprehensive records or documentation relating to staff training. One of the MCAs had worked at the pharmacy for many years. y, the superintendent confirmed Both MCAs had been enrolled on a Buttercups accredited healthcare course following the previous inspection eight months ago, but they had not made much progress completing this. The superintendent pharmacist was a qualified chiropodist but was not offering this service during the pandemic.

The MCA understood the difference between General Sales List (GSL) and Pharmacy only (P) medicines and knew what types of query should be referred to the pharmacist. She was aware that some medicines could be abused and could explain the restrictions on codeine-based painkillers.

Team members spoke openly about their work and felt confident raising issues with the pharmacist. But there was no formal appraisal process or whistleblowing policy in place, so they may be less confident raising formal concerns. No specific targets were set for the team, so team members were able to use their professional judgement without feeling influenced.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy has enough space for the delivery of healthcare services. But the generally tired appearance detracts from the overall professional image.

Inspector's evidence

The pharmacy was situated in a traditional retail unit. It has a spacious retail area and the medicines counter was situated next to a small open plan dispensary. A screen had been fitted to the counter to help with infection control, and access to the pharmacy was limited to help with social distancing. Work areas were reasonably clear, but the dispensary had less than two metres of bench space, so it was quite cramped which made the working environment challenging.

A small basic consultation room was located next to the dispensary. It was being used for the assembly of compliance packs at the time of the inspection, so it was cluttered. The pharmacist said that medicines and packs were removed when the room was used by members of the public. The pharmacy's décor and fittings were old, worn and tired in appearance. There was no air conditioning. The pharmacy had a large basement accessed by stairs from the retail area. It had a staff kitchen and WC facilities, as well as storage and office space. Access to this area was restricted to staff only. The pharmacy was appropriately secured overnight.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well and supplies medicines safely. It gets its medicines from reputable sources, stores them safely, and the team makes some checks to make sure they are suitable to supply.

Inspector's evidence

There was a non-automated single door at the entrance and a small ramp. The pharmacy provided ad-hoc home deliveries for a few housebound patients, and these were usually done by the superintendent. The pharmacy's services and contact details were available on the nhs.uk website but opening hours needed updating. Not all members of the public wore face coverings when visiting the pharmacy, but the staff felt they couldn't enforce this. There was a small sign in the window reminding them of the requirement to do this as well as one reminding them not to enter if they had the symptoms of coronavirus.

Medicines were suitably labelled, and patient information leaflets were usually supplied. The pharmacy dispensed some medicines in multicompartiment compliance packs for some of their more vulnerable patients. Packs were usually requested by the doctor and most were supplied a week at a time to prevent patients becoming confused. Disposable packs were used, and these were labelled in accordance with the regulations. They included medication descriptions to help people identify their individual medicines, and patient information leaflets were usually supplied. Gloves were not worn when assembling trays but the dispenser said she sanitised her hands frequently, including between each new set of compliance packs. The pharmacist was aware of the risks of supplying valproate-based medicines and that patients should be counselled. Regular patients in the at-risk group had been counselled and provided with the relevant information. The pharmacist was able to access Summary Care Records and had completed the relevant training to administer flu vaccinations under PGDs.

Pharmacy medicines were stored behind the counter, so sales could be supervised. The pharmacist could easily supervise and intervene as the dispensary and counter were close to each other.

Stock medicines were sourced through a range of licensed wholesalers. There was no clear stock control system and the pharmacy was not currently compliant with the requirements of the European Falsified Medicines Directive (FMD). Stock medicines were stored in the manufacturer's packaging on open shelves in the dispensary and these were untidy in places. A random check of the shelves found no expired items, mixed batches or offcuts. Some medicines which had been put aside for use in compliance packs had been left in baskets in the consultation room which risked unauthorised access. The pharmacy fridge had a digital maximum and minimum thermometer and temperatures were monitored and recorded on a daily basis; recent records were seen to be in range.

Most of the pharmacy's CD stock was stored in a cabinet located in the basement. Obsolete CDs were segregated. The pharmacy had a CD destruction register for patient returns. CD stock balances audits were intermittent. Other expired medicines, patient returned medicines and used sharps were placed in appropriate designated waste containers, prior to collection by waste contractors. Alerts and recalls for faulty medicines and medical devices were received via email. These were checked by the

pharmacist and actioned if necessary. Some copies of alerts were seen indicating they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And the pharmacy team stores and uses equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and pharmaceutical reference sources. Glass calibrated measures were available for measuring liquids when dispensing. Separate measures were marked for use with CDs. Counting triangles were available for counting loose tablets. Hand sanitiser, disposable face masks, visors and gloves were available for staff to use to help with infection control during the COVID pandemic.

The pharmacy had disposable medicine containers for dispensing purposes, and these were stored appropriately. There were two CD cabinets in use and these were large enough for the volume of stock. Electrical equipment appeared to be in working order. A domestic fridge in the basement was used to store cold chain medicines. Computer systems were password protected and screens were located out of public view.

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.