

Registered pharmacy inspection report

Pharmacy Name: Browns Pharmacy, 195 Shirland Road, LONDON,
W9 2EU

Pharmacy reference: 1041480

Type of pharmacy: Community

Date of inspection: 11/01/2023

Pharmacy context

This traditional community pharmacy is located alongside other local shops in a residential area of Northwest London. Most people who use the pharmacy are from the local area. The pharmacy mainly supplies NHS prescriptions, and it sells a range of over-the-counter medicines. It supplies some medicines in multi compartment compliance packs, to help make sure people take them at the correct time. And the pharmacy supplies medicines to people who need support with drug and alcohol misuse.

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's working practices are generally safe and effective. It keeps the records it needs to by law, and it has appropriate insurance for the services it provides. The pharmacy has some written procedures, so the team members know what to do and how to complete tasks. But procedures are not regularly reviewed and updated so they may not always reflect current practice. Members of the team keep people's information safe, and they have a basic understanding of their role in protecting vulnerable people. They discuss any errors so they can learn from them. But they don't usually record or review their mistakes, so they may miss further opportunities to improve.

Inspector's evidence

One of the directors of the company which owned the pharmacy acted as the pharmacy manager. There was a regular locum pharmacist who worked as the responsible pharmacist (RP) four days a week. The superintendent (SI) was relatively new to his role. Very occasionally he worked as the RP, but he did not usually work at the pharmacy. Pharmacy activities and sales of medicines were supervised by the RP. An RP notice identifying the pharmacist on duty was not visible from the retail area, but this was rectified when it was pointed out during the inspection. Team members could clearly explain their individual roles and responsibilities and were working within their capabilities.

The pharmacy had basic standard operating procedures (SOPs) which covered the main dispensing and stock management activities. The pharmacy team members understood the purpose of SOPs and some procedures had been annotated to show staff had received training on them. But the SOPs had not been reviewed and updated by the new SI since he started in his role in March 2022. And SOPs did not cover some of the pharmacy's governance arrangements such as safeguarding. This meant team members may not know how they were expected to complete certain tasks and the pharmacy might not always be able to demonstrate how it operates safely.

Dispensing labels usually included an audit trail which identified the team members involved in the assembly and checking process when the pharmacy supplied prescription medicines. The pharmacy had an incident reporting SOP. But the team could not provide any recent records relating to near misses or dispensing errors. And the SI could not recollect any dispensing incidents being reported to him. The team members discussed any mistakes with each other, so they knew to be more vigilant in future. But they didn't record or complete a proper analysis of errors. A notice was displayed in the retail area explaining the pharmacy's complaints procedure. Complaints were usually handled by the pharmacy manager.

The pharmacy had professional indemnity insurance with a recognised provider. It used a standard patient medication record (PMR) system to record and label prescriptions supplies. The RP log was kept electronically, and records were in order. The pharmacy had controlled drug (CD) registers and the team kept running balances of the CDs it stocked and supplied. Balances were audited infrequently. A random CD balance checked was found to be accurate. Private prescription records were kept electronically; they were generally in order although prescriber details were sometimes incomplete. Appropriate records were kept when unlicensed medicines were supplied on prescription.

The team members confirmed they had received training on confidentiality and information governance. Confidential waste was segregated and shredded. A privacy notice was not displayed in the retail area, so people might not be easily able to access information about how the pharmacy handles their personal data. Members of the team were aware of their safeguarding responsibilities. The SI confirmed he had completed level 2 safeguarding training and he understood the basic principles. Other team members hadn't completed any specific training. And the pharmacy did not have a formal safeguarding procedure or policy. So team members may be less confident identifying and escalating potential safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to effectively manage the workload. The pharmacy team members receive the appropriate training for their roles. The team works well together. But the pharmacy does not have a structured approach to training, so the team members may delay developing the skills and knowledge needed for their roles and miss additional opportunities to learn.

Inspector's evidence

At the time of the inspection, the SI was working as the RP, alongside the pharmacy manager, a qualified dispenser and a trainee dispenser. The pharmacy also employed a part-time pharmacy technician (PT), but he was not present. Locums provided cover when the regular pharmacist was not working. And the team members worked flexibly to make sure there was enough staff cover to provide the pharmacy's services. The team members worked well together, and they managed the workload effectively. They communicated openly and were responsive to people's requests and queries.

Copies of some training certificates were displayed in the dispensary, but the pharmacy did not have comprehensive training records or formal performance reviews. The trainee dispenser had completed her MCA training and was enrolled on a dispensing course. But she did not usually get opportunities to complete her training time during work hours, so she hadn't made much progress with her course work.

The qualified dispenser had completed her training at the pharmacy. She said she sometimes read pharmaceutical publications available in the pharmacy and the PT sometimes shared topical pharmacy related information with the team. Team members could raise issues informally with the pharmacy owner or SI or PT if needed. The pharmacy did not have any specific performance targets relating to professional activities.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, bright and professional in appearance. It provides a suitable environment for healthcare services.

Inspector's evidence

The pharmacy was decorated and fitted to a suitable standard and it was professional in appearance. It was bright, clean and tidy.

The dispensary was small with a limited amount of bench space considering the volume and nature of the workload. The lack of space for assembly of compliance packs meant these had to be stacked prior to checking and sealing. But the dispensary was reasonably well organised with separate areas allocated to different activities. A small consultation room was accessible from the retail area. It was used for storage, so it wasn't being used for its intended purpose. The pharmacy manager explained the pharmacy was not providing any additional services such as flu vaccinations which required dedicated consultation facilities, and the team used a quiet area of the shop to talk to people privately if needed.

Stairs led to a basement which was used for storage. There was a staff toilet and separate sink for handwashing. The pharmacy did not have air conditioning, but the room temperature was appropriate. The premises was suitably secured overnight.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers basic healthcare services which are easy for people to access. Services are generally well managed, so that people receive their medicines safely. It sources and stores medicines appropriately, and the team carries out some checks to help make sure that they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open 9am to 6pm Monday to Friday, and 9am to 5pm Saturday. There was a small step at the pharmacy' entrance and a manual door but the staff could offer people assistance if needed. Opening times were displayed. The pharmacy offered an occasional ad-hoc delivery service.

Dispensing baskets were used to keep individual prescriptions separate to prevent these being mixed up during dispensing. Dispensed medicines awaiting collection were bagged and kept in the dispensary. People were usually asked to confirm their name and address before prescription medicines were handed out, to make sure the correct prescription had been selected. The trainee dispenser was observed taking time to explain which medicines were which when handing out a prescription.

The team members were aware of the types of prescription only medicines which would be considered high-risk. The team knew about the risks associated with the use of valproate during pregnancy. All stock packs of valproate contained suitable warning cards, and the pharmacy had additional supplies of educational material so these could be provided if needed.

The dispenser managed the compliance pack service and audit trails were in place to help with efficiency and so any changes to medication could be identified and queried. Packs were prepared in advance, so they were ready in good time. Packs were clearly labelled and included a description of the medicines it contained so that people could identify them, and manufacturer's packaging leaflets were supplied, so people had all the information they needed to take their medicines safely. Packs could be supplied on a monthly or weekly basis depending on which was more suitable for the patient. The pharmacy supported a number of substance misuse patients. The pharmacist managed the substance misuse service. The pharmacy supplied instalment doses for both supervision and collection. The pharmacy manager explained they were in regular contact with the local drug and alcohol team and any concerns about people receiving treatment, or more than three missed instalment doses were reported to the key worker. The pharmacy also offered needle exchange and the team operated a system allowing people to deposit used sharps themselves to minimise handling.

Pharmacy medicines were stored behind the counter so sales could be supervised. The team members were aware of which over the counter medicines were prone to abuse and alerted the pharmacist if people were buying these medicines repeatedly. The pharmacy did not normally sell codeine linctus or Phenergan Elixir because of the potential for misuse.

Stock medicines were obtained from licensed wholesalers and suppliers. Medicines were stored in a reasonably organised manner in the dispensary. Excess stock was stored in the basement. Expiry date checks were included in the assembly and checking process. A random check of the shelves found no

expired items. A fridge in the basement was used to store cold chain medicines. Fridge maximum and minimum temperatures were checked daily and recorded. Recent records showed the temperature was within the required range. CDs were stored in appropriate cabinets. Obsolete CDS were segregated but these had accumulated, and an authorised destruction was needed. The team could not demonstrate how it recorded the receipt and destruction of patient returned CDs as the book used for this could not be located. Other waste medicines were disposed of in dedicated bins that were kept in the basement, and these were collected periodically by a waste contractor. Drug alerts were received by e-mail and checked by the pharmacy manager who notified the team if there was anything relevant. Alerts were usually saved in an email folder once they had been reviewed, but this did not always happen so the pharmacy may not always be able to clearly demonstrate that alerts were actioned promptly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services safely. Equipment is appropriately maintained and used in a way which protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and appropriate reference sources. The dispensary sink was reasonably clean. The pharmacy had a range of clean glass liquid measures for preparing medicines, with separate ones for measuring methadone to avoid contamination. It had equipment for counting loose tablets and capsules as well as disposable containers for dispensing medicines. Perspex screens had been fitted to the medicines counter to help prevent the spread of covid infection.

CD cabinets were suitably secured. The pharmacy had two computer terminals in the dispensary, so sufficient for the volume and nature of the services. Computer screens were not visible to members of the public. Access to computer systems was password protected and team members used individual smartcards to access NHS data. Team members could take telephone calls away from the counter so they could not be overheard. All electrical equipment was in working order.

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.