

Registered pharmacy inspection report

Pharmacy Name: Cadge Pharmacy; The, 105 Philip Lane, Tottenham, LONDON, N15 4JR

Pharmacy reference: 1073553

Type of pharmacy: Community

Date of inspection: 14/04/2021

Pharmacy context

The pharmacy is located on a busy main road and co-sited with two GP practices. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people. It also provides the New Medicine Service (NMS), HIV testing, Chlamydia testing and treatment and Emergency Hormonal Contraception (EHC). The inspection was undertaken during the Covid-19 pandemic.

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 raise concerns. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members generally respond appropriately when mistakes happen during the dispensing process. But they don't consistently record or review near misses. So, this may mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

Standard operating procedures (SOPs) were available and one of the pharmacists had uploaded a new version to the NHS OneDrive and was in the process of reviewing these. The pharmacy used standardised SOPs which had been tailored. Team members who had been with the pharmacy for some time had read and signed SOPs which were relevant to their roles. However, due to the pandemic a number of staff had left and new staff had been recruited. The pharmacist gave an assurance that he would ensure all team members had read and understood the SOPs. Team roles were defined within the SOPs. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE). The superintendent pharmacist (SI) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

The pharmacy recorded dispensing mistakes which were identified where the medicine was handed to a person (dispensing errors). Dispensing mistakes identified before the medicine was handed out (near misses) were not always recorded except when they were deemed serious. The pharmacists said that mistakes were pretty rare, particularly dispensing errors as a second check was obtained for nearly all medicines dispensed. As the trainee accuracy checking technician (ACT) was soon due to start checking the pharmacists agreed that it would be helpful to record near misses. They gave an assurance to start recording near misses on an electronic system which was available. Dispensing errors were reported on The National Reporting and Learning System (NRLS). There had been no recent errors.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the Responsible Pharmacist (RP). The pharmacy had current professional indemnity insurance. There was a complaint procedure for team members to follow. The pharmacy had not encountered an issue which team members had not been able to resolve. The pharmacy also completed an annual patient satisfaction survey, however, due to the Covid-19 pandemic one had not been needed to be completed for 2020 to 2021. The pharmacy also took part in a mystery shopper programme and usually scored over 90% and scored 100% on one occasion.

Records for private prescriptions, emergency supplies, unlicensed specials and RP records were well maintained. CDs that people had returned were recorded in a register as they were received. Entries seen in the controlled drug (CD) register were up to date.

The pharmacy had an information governance policy. An information governance audit was submitted annually but due to the Covid-19 pandemic there had been an exemption. Relevant team members who accessed NHS systems had smartcards with the functionality set to that required by their roles. At least two of the regular pharmacists had access to Summary Care Records (SCR); consent to access these was

gained verbally.

The pharmacists and team members had completed safeguarding training. Team members referred any concerns to one of the pharmacists. As the pharmacy provided sexual health services, clear pathways for referral were available. Contact details were available for local safeguarding leads.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services provided, and they generally do the right training for their roles. They work effectively together and are supportive of one another. The pharmacy supports its team members with ongoing training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy was a family-run business since 1968. Four of the pharmacists were family members, this included the SI and the responsible pharmacist (RP). Work and responsibilities were split between each of the pharmacists. On the day of the inspection the pharmacy team comprised of the RP, three other pharmacists, a trainee ACT, two dispensers, and two medicine counter assistants (MCA), one of whom was on the training programme. The pharmacist said that due to the pandemic there had been a number of staff changes and new recruits were enrolled on appropriate training. However, one of the team members who helped to put dispensary stock onto the shelves and had not completed the relevant formal accredited training. The pharmacists gave an assurance that he would not be asked to put stock on the shelf in future. A registered pharmacist also volunteered at the pharmacy when she was available. The pharmacists felt that there were an adequate number of staff and the team were able to manage the workload.

The pharmacy was a member of a company which provided support to pharmacies. As part of this membership the pharmacy was supplied with a mentor who came in and helped with reviewing and auditing processes and coaching pharmacists.

Prior to the Covid-19 pandemic, team members had a performance review with one of the pharmacists and a representative from the company supporting them. However, since then a number of staff had left. The pharmacy was currently holding informal one-to-ones and team members were given verbal feedback. There was an opportunity for team members to progress in their roles and the current trainee ACT had started off working in the pharmacy as an apprentice. The pharmacy had completed an anonymised survey through an external company which asked team members to complete a questionnaire on the management. The data was then analysed by the external company with feedback sent to the owners.

The trainee MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Team members used electronic tablets for training. When team members first started, they were required to complete a range of training modules which consisted of videos. Team members were provided with the training materials they required including laptops. Time was set aside for any tests which needed to be completed and team members were able to approach any of the pharmacists for help. Team members who were enrolled on formal accredited courses completed training both at home and at work.

The pharmacy team had a group chat on an electronic messaging application. The pharmacist

demonstrated that this was used to pass on information to the team. Information regarding training courses, new services, or changes to guidance were all shared via this. The group chat was strictly used for sharing information relating to the pharmacy. One of the pharmacists worked from home on one of the days. He had planned to hold meetings with team members over 'Zoom' to cover new training modules that needed to be completed by June. Due to the different shift patterns he had intended to hold a few sessions with three to four team members at a time. There were no targets set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and are suitable for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean and generally tidy, since the last inspection cleaning was carried out by a contracted cleaner. Some areas of the pharmacy were cluttered but these were not used for the storage or preparation of medicines. Team members also cleaned surfaces in the morning. The shop-floor had been rearranged following recommendation from a representative from an external company. The pharmacist had been asking this representative to also come in and review the dispensary and give recommendations on how it could be more organised. There was limited workspace in the dispensary and a clean sink was available for the preparation of medicines. Medicines were arranged on the shelves in a tidy and organised manner. Team members were able to maintain distance from each other. And members of the team were observed to use face coverings. The retail area of the pharmacy allowed people waiting to be able to maintain distance from other people. Screens had also been fitted at the counter. Hand sanitiser was also available for team members and people to use. The consultation room was large enough to maintain distance and provide face-to-face services. The pharmacy had purchased a fogger disinfectant machine which was used each morning in the consultation room.

A large consultation room was available for use and the room was also used by the chiropodist twice a week. The room allowed for people to have a conversation inside with a team member which would not be overheard. Following recommendations from an external company representative, the room had been decluttered and refurbished.

The room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available to regulate the temperature. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources, and manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access to the premises through a wide door. Team members helped people who required assistance. The pharmacy had widened the aisles to ensure there was easy access to the medicines counter. There was also flat access to the consultation room. Some team members were multilingual, one of the team members spoke Turkish which was useful as there was a large Turkish population locally. Occasionally the GP practice asked for assistance with translation. The pharmacy had the facilities to produce large print labels.

The pharmacy's services were advertised and there was a wide range of leaflets throughout the pharmacy. Team members were aware of the need to signpost people to other providers. The pharmacy had displayed signs in other languages to help local residents. One of the pharmacists was an independent prescriber but was not providing any prescribing services from the pharmacy.

Pharmacists described how they tried to link services particularly sexual health services. People using the EHC service were also informed of the Chlamydia and HIV testing services. People accessing the service were made aware of the chaperone policy and a team member would accompany the pharmacist if required. The pharmacy had found that people were more comfortable with the condom supply and demonstration with the female team members and counter assistants had been trained to provide the service.

The pharmacy team had a good working relationship with the GP practices. The pharmacist had regular meetings with the GPs to discuss local clinical needs. The pharmacy and surgeries worked together to ensure services provided did not collide. The GPs had requested the pharmacy to provide the travel health and vaccination service. As the GP surgeries were providing flu vaccinations the pharmacy had not offered the NHS service.

Most prescriptions were received electronically. These were dispensed by one of the dispensers and checked by the pharmacists. In the event that pharmacists dispensed they asked another pharmacist or team member to check their work. Baskets were used to separate prescriptions and to help manage the workflow. Dispensed and checked by boxes were available on labels; these were routinely used by the team.

The pharmacists were aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. Warning labels and cards were placed on the shelves where the medication was stored. The pharmacy did not have anyone collecting sodium valproate who fell in the at-risk group.

Monitoring books were checked for people on warfarin. Occasionally electronic records were made. Team members verbally checked with people when they were handing out their medication and the pharmacy had a good working partnership with the pharmacist based at the practice.

Prescriptions for people who were supplied their medicines in multi-compartment compliance packs were ordered by the pharmacy. Individual master sheets were in place for each person which had a record of all their current medicines and was checked against the prescription. Any changes were confirmed and updated on the records. The pharmacy received a discharge summary via email when people were admitted and discharged from hospital.

Assembled packs observed were labelled with mandatory warnings and product descriptions and patient information leaflets were supplied monthly. There was an audit trail in place to show who had dispensed and checked the packs.

Deliveries of medicines to people's home were carried out by the pharmacists. During the Covid-19 pandemic volunteers had helped to deliver medication. In the event that someone was not home, medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers and were stored appropriately. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. CDs were kept securely.

Expiry-date checks were carried out on a regular basis. Labels were used on shelves to indicate areas which had been checked. No date-expired medicines were observed on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

Drug recalls were received via email. The alerts were filed electronically to provide an audit. One of the pharmacists was also a member of the Royal Pharmaceutical Society and received alerts from them.

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 a range of clean glass calibrated measures available. Tablet counting trays were available. A separate tray was used for cytotoxic medication to avoid contamination. Up-to-date reference sources were available including access to the internet. The pharmacy had three fridges of adequate size. Two legally compliant CD cabinets were also available. The blood pressure monitor and weighing scales had been calibrated in 2020. A defibrillator was also available which had also been tested. The equipment used by the chiropodist was serviced by them independently.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were segregated and shredded.

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.