

# Registered pharmacy inspection report

**Pharmacy Name:** Charles Sampsons Pharmacy, 800 High Road, North Finchley, LONDON, N12 9QU

**Pharmacy reference:** 1084068

**Type of pharmacy:** Community

**Date of inspection:** 30/09/2024

## Pharmacy context

The pharmacy is located on a busy high street in North Finchley in London. The pharmacy dispenses NHS and private prescriptions. And it provides health advice and sells medicines over the counter. It supplies medicines in multi-compartment compliance packs to some people. And it delivers prescriptions to some people. The pharmacy provides the NHS Pharmacy First service.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	A pharmacy team member has not been enrolled on a required training course to ensure they have the right skills and qualifications for their role. And they have not read the pharmacy's standard operating procedures (SOPs) to ensure they are working safely to the standards in the pharmacy.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages the risks associated with its services. And it keeps the records it needs to by law. Team members have some understanding about their role in safeguarding vulnerable people. The pharmacy has written procedures for team members to follow. But not all team members have read them which means they may not always be following the correct processes in the pharmacy. The pharmacy reviews its mistakes to try and prevent similar mistakes happening again. But it does not always make records of these which means it may be harder for the pharmacy to identify trends to improve its services.

### Inspector's evidence

The pharmacy had a written set of standard operating procedures (SOPs) for team members to follow. The SOPs were last reviewed by the superintendent pharmacist (SI) in August 2022. Signature sheets showed which team members had read them. However, not all team members were seen to have read them all, and team members had not re-read them since they had been reviewed. This meant that it was not always clear whether they were following the current SOPs. Team members were aware of what activities they could and could not do in the absence of the responsible pharmacist (RP).

The pharmacy did not always make records of near misses (mistakes that were picked up and corrected during the dispensing process). This meant it could be more difficult for it to identify any patterns or trends. But team members were alerted if they made a near miss and asked to correct it. They would discuss the mistake and try and take action to prevent similar mistakes happening again. For example, a team member explained they put red dots next to medicines which had a higher chance of getting mixed up to highlight them to the person dispensing. If the pharmacy made a dispensing error (a mistake that was handed out), they would record these and have a team discussion about the mistake. This provided the team with an opportunity to understand the cause and learn from it.

The incorrect RP notice was displayed at the start of the inspection, but this was promptly changed when the RP was made aware. The RP record was completed correctly with start and finish times. Private prescription records were kept and contained all the necessary information. The pharmacy did not routinely make emergency supplies to people and generally referred them to NHS 111 if they needed a prescription medicine urgently. The controlled drugs (CD) registers were kept according to legal requirements. But the pharmacy could not demonstrate it had completed balance checks regularly as per the SOP. The SI said he would review how this was done going forward. A balance check of two randomly selected CDs was carried out and the physical stock matched the balance in the register.

The pharmacy had a complaints procedure. People could give feedback over the phone, via email or in person. Complaints were generally handled by the pharmacist. The pharmacy had valid indemnity insurance for the services it provided. Confidential waste was kept separate from normal waste in the dispensary. It was then transferred to be collected by a third-party waste supplier for safe disposal. Assembled prescriptions were stored behind the pharmacy counter. There was a chance some sensitive information on assembled bags could be seen by people using the pharmacy so this was discussed with the SI who said he would address this.

Team members were aware of the actions they should take if they suspected a safeguarding concern. The RP and trainee pharmacy technician had completed safeguarding training. And contact details for the local safeguarding team were on display in the dispensary.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough staff members to manage its workload. However not all team members have completed or are completing the required training for their roles. Team members work well together and feel comfortable about raising concerns they may have.

### Inspector's evidence

The RP was a regular locum pharmacist and the SI arrived part way through the inspection. There were also two dispensing assistants, a trainee pharmacy technician and one medicine counter assistant (MCA) present during the inspection. The pharmacy also had a delivery driver who was not seen during the inspection. One of the dispensing assistants generally worked on the medicines counter. And the MCA was completing dispensing tasks but was not enrolled on a dispensing course. He had also not read the SOPs so there was a risk that he was not working safely or to the standards required in the dispensary. There were enough team members to manage the workload in the pharmacy and there was no backlog of work observed. The dispensing assistant working on the medicines counter correctly described how she would make an appropriate sale of a pharmacy medicine. And she knew which medicines were liable to misuse. She would ensure repeat requests for higher risk medicines were dealt with appropriately by referring people back to their GP or the pharmacist.

Team members did not generally receive formal ongoing training. But they explained they would keep their knowledge up to date by reading pharmacy magazines or counter medicines updates that were sent to the pharmacy. One of the dispensing assistants had started the pharmacy technician course and was working through the training for this. And she said she felt supported to by the SI to complete this. Team members said they completed some training about data protection and confidentiality although they could not provide documentary evidence of this. But team members could explain how they kept people's personal information confidential.

The pharmacy's team members did not have regular, formal appraisals. However, they explained they received feedback and any updates, informally whilst working. Team members said they felt comfortable about raising any concerns and that concerns would be responded to appropriately.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for providing pharmacy services from. And they are kept secure from unauthorised access. The pharmacy is generally kept clean and tidy. And it has a suitable consultation room so people can have a private conversation if needed.

### Inspector's evidence

The pharmacy fascia was in an adequate state of repair and the premises were secured. The premises consisted of a small retail area, a pharmacy counter, the dispensary, and a consultation room. And there were stock rooms and staff facilities, including WCs and a staff kitchen, on the ground and basement floors of the premises. Some of these areas were less well maintained. The pharmacy also had a treatment room in the basement which could be accessed via stairs from the retail area where podiatry services were delivered from.

Pharmacy medicines were kept behind the pharmacy counter. The dispensary was small and had limited workbench space. But team members kept the workspaces clear. Fixtures and fittings were suitable for storing medicines. And there was a sink in the dispensary for preparing liquid medicines. The pharmacy had good lighting and the room temperature was maintained adequately. Team members kept the pharmacy clean.

The consultation room was clean and professional in appearance. And it allowed people to have a private conversation without being overheard. It had dual entry from the dispensary and the public area of the pharmacy. No confidential information was visible in the room. And there was a separate sink for use during consultations.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people with different needs. And it provides its services safely. It obtains its medicines from licensed wholesalers and stores them appropriately. Team members carry out the necessary checks to ensure medicines are suitable for supply. Prescriptions for higher-risk medicines are not routinely highlighted. And so, the pharmacy may miss opportunities to provide additional advice to people receiving these medicines.

### Inspector's evidence

The pharmacy had step-free access from the high street. And there was adequate space for people with wheelchairs or pushchairs to access the pharmacy's services. There was also seating available. The dispensing assistant explained they were able to print large font labels for people with visual impairment. The pharmacy had a wide range of information leaflets for people about various health topics. Team members were observed sign-posting people to other nearby services if they were unable to help them. The pharmacy provided a delivery service from Monday to Friday to people who could not get to the pharmacy. A record was kept of deliveries and any CDs or fridge items were flagged. The driver would check people's identification when delivering CDs. Any failed deliveries would be brought back to the pharmacy. And a note was left so people could contact the pharmacy to arrange another delivery if needed.

The pharmacy had the necessary, signed patient group directions (PGDs) to provide the NHS Pharmacy First service. And the RP had completed the necessary training to provide the service safely.

Team members used baskets to separate prescriptions for dispensing. This helped prevent different people's medicines becoming mixed up. Labels on assembled prescriptions were seen to contain the initials of the dispenser and checker. This helped maintain a clear dispensing audit trail. The team did not routinely highlight prescriptions for higher risk medicines. This meant there was a risk people may not always receive the additional safety advice when being supplied these medicines. But the pharmacist did generally highlight prescriptions, when they were completing the check, if they needed to speak to the person about their medicines. Team members were aware of the guidance on supplying medicines containing valproate. Team members ensured they only dispensed these medicines in their original packs. And they provided additional information leaflets to people taking these medicines.

The pharmacy provided multi-compartment compliance packs to some people, including to some people in care homes. The packs were dispensed in a separate room in the basement area. The SI generally managed these prescriptions and ordered them the week before they were due. If there were any queries, the pharmacy team would contact the surgery. And any changes to medicines were noted on the patient record. The packs were generally prepared by one dispensing assistant, but the trainee pharmacy technician explained that they could also prepare them if needed. Prepared packs were sealed and contained the required labelling information, as well as a description of the medicines. And patient leaflets were supplied to people each month.

The pharmacy obtained its stock from licensed wholesalers and stored it appropriately. Medicines requiring cold storage were kept in one of two fridges. Fridge temperatures were recorded daily, and

records showed them to be in range. CDs requiring safe custody were stored securely. Stock was date checked every three months and a record was made of stock due to expire in the next three months. And these medicines were then removed from the shelf when they were due to go out of date. A random check of medicines on the shelves found no date-expired products. Waste medicines were stored in designated bins away from the main dispensary.

The pharmacy received drug alerts and recalls via NHS mail and sometimes via wholesalers. And a recent recall was seen to have been actioned appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses the equipment in a way that maintains people's privacy.

### Inspector's evidence

Team members had access to online resources they required such as the British National Formulary via the computers in the pharmacy. The computers were password protected to prevent unauthorised access. And monitors were positioned so that information on them could not be seen by people using the pharmacy. Team members had their own NHS smartcards to access electronic prescriptions. This ensured they only accessed information they needed for their roles. The pharmacy had a cordless phone which meant phone calls could be taken in private if needed. All electrical equipment appeared to be in good working order. The pharmacy had three fridges, two of which were used for storing medicines and one which was for staff use. And the fridges had adequate space for storing medicines. CD cupboards were secured as required.

The pharmacy has a range of calibrated, glass measures for measuring liquid medicines. And there were tablet and capsule counters available, all of which were kept clean. The pharmacy had suitable equipment to provide the NHS Pharmacy First service, such as an otoscope and disposable earpieces.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.