

Registered pharmacy inspection report

Pharmacy Name: Osbon Pharmacy, 39 South Parade, Mollinson Way,
EDGWARE, Middlesex, HA8 5QL

Pharmacy reference: 1085129

Type of pharmacy: Community

Date of inspection: 10/02/2020

Pharmacy context

An independent pharmacy located on a parade of shops in the Edgware area of North London. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes, flu jabs and a delivery service.

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 team identifies and manages risks in the pharmacy appropriately. Team members sometimes record their mistakes, but they do not do this regularly and so may miss out on learning from all their mistakes. The team members are clear about their roles and responsibilities and work in a safe and professional way. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

There were risk management procedures in place including a dispensing audit trail on pharmacy labels, and baskets being used to segregate assembled prescriptions. The pharmacist demonstrated a near miss log which she had recently introduced. However, it appeared that this was not used often. The pharmacist explained that the pharmacy had recently undergone new ownership and during this transition period, the near misses were not being completed as regularly as they had been previously. The pharmacist explained that near misses would be discussed with the dispenser who made the mistake and they would put actions into place to prevent similar incidents from happening again. Dispensing errors were recorded in more detail and dealt with by the pharmacist and the superintendent.

There were standard operating procedures (SOPs) in place which had been created under the previous company's ownership. The team had all read and signed them. However, these had recently expired. The pharmacist explained that when she noticed that they had expired, she contacted the superintendent from the new company to send new SOPs which he did, but these could not be found during the inspection. The pharmacist explained that she would get the team to read through the new SOPs before signing them off. Staff roles and responsibilities were described in the SOPs and job descriptions were present in the pharmacy. A certificate of public liability and professional indemnity insurance from the NPA was available in the pharmacy. There was a complaints procedure in place in the Clinical Governance folder in the pharmacy and the staff appeared to be clear on the processes they should follow if they received a complaint. Complaints were usually resolved at a local level but could be dealt with more formally by the superintendent pharmacist if needed. The team carried out a community pharmacy patient questionnaire (CPPQ) but the results of the 2019 survey were not available on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Shortec 5mg capsules was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked quarterly with a visual check of each drug after each entry. The pharmacist explained that if the pharmacy started dispensing more controlled drugs, she would implement a more frequent balance check. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed electronically, and the specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was shredded regularly. The team had an information governance and GDPR policy in place which they had signed. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and team members were aware of things to look out for which may suggest a safeguarding issue. The contact details for the local safeguarding authorities were available to the team online. The pharmacist explained she had previously had to contact the local safeguarding authorities to protect people and would do so again if necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure that its team members are appropriately trained for the jobs they do. And they complete additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there was one pharmacist who worked in the pharmacy regularly, two NVQ Level 2 dispensers, two trainee medicines counter assistants and a delivery driver. Certificates of completed training for the dispensers were displayed by the medicines counter. The staff were seen to be working well together and referring to one another for advice. The pharmacist explained that she had a lot of faith in her team and trusted they would always ask if they were unsure of anything. She explained that if she was busy with a patient and a member of the team had a query, they would often refer to the most experience dispenser and if he could not help, they would wait for her.

The trainee counter assistants were undertaking the NPA training module and although the team did not have a formal on-going training programme, they explained that the head office team would often send them information and updates they should be aware of. The pharmacist demonstrated new updates the team had recently received concerning the Wuhan Coronavirus spread. One of the dispensers explained that he often spent any free time in the pharmacy on the Training Matters website to learn more. The pharmacist explained that the new company was also willing to upskill and train staff further and had recently asked the team members if they wanted to do this. As a result of this, the more experienced dispenser was due to start the Buttercups NVQ Level 3 course with the aim of becoming a registered pharmacy technician.

The medicines counter assistant was observed using an appropriate questioning technique to find out more information when someone presented in the pharmacy asking for something for a chesty cough. She obtained information using the questioning technique before informing the pharmacist who then went to the patient to recommend suitable products and counsel them. The team were clear on what they could and could not do during the absence of the pharmacist. At the start of the inspection, the responsible pharmacist was not on the premises for about six minutes as she had gone to the surgery with a query. During this time, the counter assistants were observed informing patients they could not hand out prescriptions and to wait for her return.

The team were able to raise anything with one another whether it was something which caused concern or anything which they believed could improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a spacious retail area, medicine counter, dispensary, consultation room, a small staff kitchen, an office and a staff bathroom. At the back of the building was a large stock room where the team also stored multi-compartment compliance aids. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy. The pharmacy was slightly dated in appearance but was clean and presented professionally.

The pharmacist explained that when the superintendent visited the pharmacy, he spoke about refitting the pharmacy to update its appearance and to bring the consultation room away from the front of the retail area and closer to the medicines counter. The consultation room was locked when not in use and included seating, a table and a sharps bin for the flu jab service. There was also a variety of health promotion leaflets in the consultation room which the pharmacist explained she would often use during an MUR.

The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily and they also had an external cleaner who would come in on Saturdays to clean the pharmacy.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of services. Medicines were stored on the shelves in a suitable manner and the shelves were cleaned when the date checking was carried out. The dispensary was screened to allow for the preparation of prescriptions in private and conversations in the consultation room could not be overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion on a leaflet stand by the front door of the pharmacy. There was step-free access into the pharmacy and seating was available should people require it when waiting for services. There was also a delivery service available for house bound patients.

The team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids examined included accurate descriptions of the medicines inside and they were always supplied with the packaging of the medicines inside and the Patient Information Leaflets (PILs). The pharmacist explained that she would supply the packaging as it included the batch numbers in case there was a recall. Each patient supplied with compliance aids had a file held in the pharmacy which contained all information about their compliance aids including the times they took their medicines and any changes that had been made. The pharmacy team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the PMR to see if they had any patients in the at-risk group. The team had a pack about the risks of valproate and explained they would use the materials inside the pack when dispensing valproates to ensure that their patients were aware of the risks too. The pharmacist explained that she would ask patient taking warfarin for their blood test information and demonstrated how she created a record for each patient electronically where she could record their INR level, their warfarin dose, the date of their last blood test and the date of their next blood test. The paperwork for the flu vaccinations provided from the pharmacy was kept appropriately and the PGDs were complete and included service specifications, naming the pharmacist who could deliver them and exclusion criteria. The consultation forms and consent forms were stored securely in the dispensary.

The pharmacy team was aware of the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed and had the ProScript FMD program, but the pharmacist explained they were waiting for an IT update before they started decommissioning medicines. The pharmacy obtained medicinal stock from AAH, Alliance, DE and B&S. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire. There were denaturing kits available for the destruction of controlled drugs. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner with items due to be picked up by patients stored in clear plastic bags to allow for a visual check on hand out. The CD cabinets were appropriate for use and correctly secured to the wall of the pharmacy in accordance with

regulations. Expired, patient-returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for ranitidine 150mg and 300mg tablets. The recall notices were printed off in the pharmacy and annotated to show the action taken. The pharmacist explained that due to the recalls, she had been advising the surgery on those products available which they could switch patients to.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure its equipment is kept clean.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and facing away from the public and conversations going on inside the consultation room could not be overheard.

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.