

Registered pharmacy inspection report

Pharmacy Name: Harris Pharmacy, 372 Baring Road, Grove Park,
LONDON, SE12 0EF

Pharmacy reference: 1085519

Type of pharmacy: Community

Date of inspection: 24/06/2019

Pharmacy context

This is a community pharmacy on a busy intersection opposite a railway station. It serves a mainly local population although it is also used by people passing through. It offers a range of services including travel vaccinations, Medicine Use Reviews (MURs), and onsite cholesterol testing. It provides several people with multi-compartment compliance packs to help them take their medicines.

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 largely keeps the records it needs to by law. And it asks people for their views and keeps people's private information safe. Team members know how to protect vulnerable people. The pharmacy generally manages its risks appropriately and provides its services safely. But team members do not always record mistakes that happen during the dispensing process. This could mean that they may miss out on opportunities to learn and make the services safer.

Inspector's evidence

A range of standard operating procedures (SOPs) was present but they had been due for review in 2017. They were in paper format. The owner came in part-way through the inspection to show the new electronic versions he was in the process of working on. Staff had generally read and signed the paper versions but one of the newer members of the team was in the process of going through them.

Forms were available to record near misses, but the last records found were from 2010. The pharmacist accepted that they had not been recording them recently. The owner gave an example of a near miss between amlodipine and amitriptyline and explained that had checked that the medicines were kept separately. He believed it had occurred because the team member had been focussing on something else and he had discussed the near miss with them.

The pharmacist said that dispensing errors would be recorded on the same form as near misses. He was not aware of any recent incidents and said that he would review the system to ensure that the way of recording and learning from future events was robust.

The owner said that they only did a small number of deliveries to people. The dispenser said that he obtained signatures from recipients on pieces of paper but shredded these at the end of the day or the end of the week. None were found in the pharmacy. The owner said that he would review the system to help them show that the medicines had been safely delivered.

The medicines counter assistant (MCA) was clear about her own role and responsibilities and could explain what she could and couldn't do if the pharmacist didn't turn up in the morning. She described what she did when selling medicines that could be abused.

The pharmacy did an annual survey of people who used the pharmacy. The results from the latest one were positive, with 99% of respondents rating the pharmacy as very good or excellent overall. Team members were not aware of any recent complaints. There were no signs or leaflets found in the public area which would explain to people how they could provide feedback or make a complaint. The owner said that they had put out feedback slips in the past for people to fill in and would do this again.

A current indemnity insurance certificate was displayed.

The wrong responsible pharmacist (RP) notice was displayed, but this was immediately changed when it was highlighted. The RP log, controlled drug (CD) registers, and private prescriptions records examined complied with requirements. CD running balances varied in frequency, and some medicines had not received a recorded check since November 2018. The pharmacist said that he would ensure they were

checked more regularly in the future. Two random checks of CD medicines showed the same amount in the register and in stock. Most emergency supply records were complete, but some did not include the nature of the emergency. This could make it harder for the pharmacy to show why a supply was made if there was a query. Specials records seen included the required information.

No confidential information was visible to the public. A shredder was used to destroy confidential waste. Staff had individual smartcards to access the electronic NHS systems. The owner showed that they had a new information governance policy, and said he was in the process of working through it before asking the staff to read it. Computer screens were turned away from people using the pharmacy and the terminals were password protected.

The pharmacist confirmed that he had completed the level two safeguarding training and was able to describe what he would do if he had any concerns. Other staff said that they had done some training around safeguarding and said they would refer any concerns to the pharmacist. Team members were not aware of any recent safeguarding concerns where they had needed to contact an external agency. There were contact details of local safeguarding agencies, but these were from 2008 and it was not clear if they were still current. The owner said that he would check and obtain the current contact details.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They undertake some ongoing training to help them keep their knowledge and skills up to date. They can raise concerns and make suggestions. And they can take professional decisions to help keep people safe.

Inspector's evidence

At the time of the inspection there was a pharmacist (regular locum), two trained dispensers, one trained MCA, and a work experience student who was doing an adult nursing course. One of the dispensers was training to become a pharmacy technician. The owner of the pharmacy came in part-way through the inspection. The pharmacy also employed another part-time MCA and the owner confirmed that they had completed the accredited training.

Team members were largely up-to-date with dispensing. The owner felt that they had enough staff to cope with the workload currently and was intending to employ an additional dispenser. He explained how he was reviewing team member's job specifications to make it clearer what their responsibilities were, such as opening and closing the pharmacy.

The pharmacist felt able to comply with his own professional and legal obligations. He gave an example of a person who had been prescribed two different strengths of the same medicine on a prescription. This was queried with the person collecting the medicine, who confirmed that they were only expecting the lower of the two strengths.

The pharmacy received various magazines, leaflets, and training packages from manufacturers, wholesalers, and other third parties. Team members said that they read through them when they arrived, but they did not generally record when they had done this. They said that they were given time set aside for this training where possible, but sometimes the pharmacy was too busy for them to do this in work.

Team members felt comfortable about raising concerns or making suggestions. The owner often worked in the pharmacy and was easily contactable.

Staff did not have any targets set for them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure, and generally suitable for the pharmacy's services.

Inspector's evidence

The pharmacy was generally clean and tidy, but some areas were cluttered. The consultation room had piles of paperwork and other material, and staff started to clear some of this away during the inspection. The owner said that the pharmacy had obtained another room upstairs for storage and would clear the consultation room and keep it tidy. The room allowed a conversation to take place inside which would not be overheard, and it was locked from the shop side when not in use.

The dispensary was relatively small, but there was an adequate amount of clear workspace. Multi-compartment compliance packs were dispensed on the dispensary worktop, which left only a small space for dispensing other prescriptions. Around 30 people received their medicines in the packs.

The floor in the dispensary was heavily marked and the owner said that he was trying to obtain new flooring. There was a sink available, but the area was messy, and the sink was stained. The owner said that it would be cleaned and tidied.

The room temperature was suitable for the storage of medicines. But there was no air conditioning. Team members said that they used fans in the summer. The owner said that he had enquired about getting air conditioning fitted but was unable to do it due to the layout of the shop. He said that he would monitor the room temperature during the summer months and take action if it became too high.

The pharmacy was secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally manages its services well and delivers them safely. It largely manages its medicines appropriately to ensure that they are safe for people to use. But it could do improve how it manages date-expired medicines.

Inspector's evidence

The pharmacy had step-free access from outside through a wide entrance. There were some leaflets on display to help people find out more about various medical conditions and services. A seat was available for people who waited for their prescription to be dispensed. The owner said that he was looking at an online system that people could use to order their repeat prescriptions. And was hoping to start using a text-based reminder system to help people remember when to pick up their medicines.

Baskets were used during the dispensing process to help prevent people's medicines becoming mixed up.

Dispensed multi-compartment compliance packs examined were labelled with a description of the tablets and capsules to help people identify their medicines. The labels had an audit trail to show who had dispensed and checked the packs. Patient information leaflets were routinely supplied. The dispenser was seen dispensing medicines into the packs without wearing gloves but said that he usually wore them and would do so in the future. People receiving the packs were first assessed by the Lewisham Integrated Medicines Optimisation Service (LIMOS). After the assessment, people could receive their medicines in packs or receive other support such as an administration chart. LIMOS monitored how well people were taking their medicines and could make changes as appropriate. The dispenser showed how they recorded changes in medicines or communications with the prescriber on the electronic patient medication record. The example seen was clear and comprehensive.

The owner gave an example of a person who had cardiovascular problems and had received a Medicine Use Review. He said that he had advised them about their diet and checked their cardiovascular risk.

The pharmacy had the equipment for the Falsified Medicines Directive (FMD), but the team members said that only a few medicine packs worked with the system. The owner said that he was in the process of updating the SOPs to reflect the requirements for FMD.

Team members were aware of the additional guidance to be given to patients who were taking valproate and in the 'at-risk' group. The owner had done an audit and found they had no people in the at-risk category. The pharmacy did not have the additional literature such as cards or leaflets, and the owner said that he would order these in. The owner explained how they offered additional advice to people who received higher-risk medicines such as methotrexate or warfarin. But the prescriptions were not always highlighted, which could make it harder for the person handing out the medicine to know when to refer to the pharmacist. The owner said that they used a stamp to highlight prescriptions for Schedule 3 and 4 CDs, although no prescriptions of this type were found in with the medicines awaiting collection.

A selection of patient group directions (PGDs) was examined. Some had expired, and the owner said

that he would look online for the latest versions. He said that they still had current PGDs to cover the services such as vaccinations.

Medicines were obtained from licenced wholesale dealers and specials suppliers. The medicines were mostly stored in an orderly manner in the dispensary. Team members described how they regularly date-checked the stock but were unable to locate the records. A small number of date-expired medicines were found in with current stock. This might increase the change that people receive medicines which are past their 'use-by' date. The owner found a new template during the inspection and said that team members would record the checks. Two packs of medicines contained loose tablets in the outer box. These were removed, and the owner said that they would ensure that medicines were stored properly in the future. Medicines for destruction were segregated from current stock and placed into designated bins and sacks for offsite destruction.

Medicines requiring cold storage were stored in a suitable fridge and the temperatures were recorded daily. Records seen were within the correct temperature range. CDs were kept securely.

The owner explained how they received drug alerts and recalls via email, but there was a problem with the internet access on the day of inspection and he was unable to access any previous emails. He said that they had received a recent recall for chloramphenicol eye drops but had found no affected stock. The pharmacy was not signed up to the MHRA email alert system, but the owner did this during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities for its services and generally maintains them properly.

Inspector's evidence

A range of calibrated measuring cylinders was available, with separate measures used for liquid methadone to avoid cross-contamination. Empty dispensing bottles were capped to prevent contamination. Tablet counting triangles were clean, with a separate marked one used for cytotoxic medications.

The pharmacist said that the blood pressure machine was over a year old, but he was unsure. He said that he would obtain a new one and keep records of when it had been replaced. The Cobas machine (used for checking blood glucose and cholesterol) was calibrated twice a month using a control solution from an external agency; these checks were recorded.

There was an anaphylaxis kit available in case it was needed during vaccinations.

The phone was cordless and could be moved somewhere more private to protect people's personal information. The fax machine was away from the public area.

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.