

Registered pharmacy inspection report

Pharmacy Name: Highlands Pharmacy, 4 Florey Square, Winchmore Hill, LONDON, N21 1UJ

Pharmacy reference: 1085637

Type of pharmacy: Community

Date of inspection: 18/10/2024

Pharmacy context

This community pharmacy is located next to a surgery in a retail park. It dispenses NHS and private prescriptions. And supplies medicines in multi-compartment compliance packs to some people. The pharmacy offers some NHS services such as the flu vaccination and Pharmacy First service. And it provides a prescription delivery service for people who cannot get to the pharmacy.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy cannot show which standard operating procedures (SOPs) the pharmacy team members have read. And not all team members are clear about what they can and cannot do when there is no pharmacist present. This could increase the chance that services are not always provided safely or legally.
		1.6	Standard not met	The pharmacy does not maintain its responsible pharmacist (RP) record as required. And so the pharmacy cannot show who the RP has been when it has provided services to people.
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 not all met	4.2	Standard not met	The pharmacy does not have the necessary signed patient group directions (PGDs) for the treatments it has provided under the NHS Pharmacy First service. And it cannot demonstrate that the pharmacist providing the service has completed adequate training to offer this service safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not keep complete records about the responsible pharmacist (RP) as required by law. And so it cannot always show reliably which pharmacist has been overseeing activities and services when the pharmacy is open. The pharmacy has a set of written procedures to help team members work safely. But it cannot show which team members have read and understood them. And they are not always being followed in practice. The pharmacy has appropriate insurance to cover its activities. And people can give feedback to the pharmacy. Team members protect people's confidential information. And they generally understand their role in safeguarding vulnerable people.

Inspector's evidence

The correct RP notice was on display in the pharmacy. However, the RP, who was also the superintendent pharmacist (SI), explained he had not been keeping a complete RP record. He said there had been different pharmacists working in the pharmacy over the past few months, some of which had made an electronic record. However, it was not clear who the RP was each day the pharmacy had been open. The SI said he would ensure the RP record was kept complete going forward.

The pharmacy had a set of standard operating procedures (SOPs). These had last been reviewed in February 2022 by the company who had produced them. The SI said he had reviewed them himself but had not signed them to demonstrate this. And so there was no evidence to show they had been tailored to this location. He said he would ensure this was done. Staff signature sheets were available but had not been signed. And when asked, team members were not clear on when they had read SOPs. The SI said he would make sure these were read and signed also. The team was not completely clear about what it could and could not do in the absence of the RP. For example, a team member said they could hand out assembled and checked prescriptions with the exception of those that contained controlled drugs (CDs) while the RP was absent. The inspector clarified this as something they could not do in the absence of the RP.

The pharmacy did not record near misses (mistakes that were picked up and rectified before being handed out). The pharmacy manager, who was a dispensing assistant, said that the pharmacy had not had any near misses and so there had been no mistakes to review. There had also been no recent dispensing errors (mistakes that were not spotted before being handed out). But the SI explained the actions he would take if a dispensing error was brought to his attention.

Private prescription records were kept electronically and generally contained the required information. However, some prescriber details did not match the prescriptions. The SI said he would make sure the details were entered correctly going forward. The pharmacy kept its CD registers electronically. However, CD balance checks were not completed as per the SOP. A balance check was carried out of two randomly selected CDs and a discrepancy was found for one of the CDs checked. The SI said he would investigate this and report it to the CD Accountable Officer if he could not resolve it.

People could make a complaint about the pharmacy or give feedback to the pharmacy in person or over the phone. Complaints were generally dealt with by the pharmacy manager but could be escalated to the SI if needed. But the pharmacy manager said the pharmacy had not had any recent complaints. The pharmacy had indemnity insurance to protect people using its services. Confidential waste was stored

separately awaiting safe disposal. And sensitive information on assembled prescription bags could not be seen by people using the pharmacy.

Team members could describe how they would manage a safeguarding concern. The SI said he had completed level 2 safeguarding training but was not clear about where he would escalate a concern if the need arose. This was discussed during the inspection and the inspector highlighted to the SI further information about reporting avenues for safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, appropriately trained team members to manage its workload safely. Team members feel comfortable about giving feedback or raising any concerns they might have.

Inspector's evidence

During the inspection, the SI and two dispensary assistants were present. One of the dispensary assistants, who was also the pharmacy manager, was completing her accuracy checking dispensing course. A new team member who had started the previous week, joined part way through the inspection. The SI said he had not yet been enrolled onto a training course. But he was looking at doing this in the next few weeks. The team was observed to be working well together and managing the workload in the pharmacy. The SI said he felt the staffing level was appropriate, but he could bring team members from his other pharmacy to cover any absence if needed.

When asked, a team member correctly explained how she would make a safe sale of a pharmacy-only (P) medicine. And she was aware of which medicines were liable to misuse. She said she would refer any repeat requests for these to the pharmacist. Team members did not receive any formal training time but received updates from the SI about new services. They said they used pharmacy publications and information from medical representatives who visited the pharmacy to help keep their knowledge up to date. Team members said they felt comfortable to give feedback or raise any concerns. They did not have formal appraisals but received informal feedback while working. And they were not set targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises is clean and secure. And there is enough space for team members to provide the pharmacy's services safely. The pharmacy has a suitable consultation room so people can have a private conversation if needed.

Inspector's evidence

The overall appearance of the pharmacy was quite dated; however, it was generally kept clean and tidy. And the premises were kept secure. They consisted of a retail area, a relatively large dispensary, and a consultation room. There was a small room at the rear of the dispensary which was used as additional storage space. Staff facilities included a WC and a small kitchen area.

There were some boxes of stock and assembled prescription bags which had been removed from the shelves and placed on the floor to the side of the dispensary awaiting dis-assembly. But as the area was quite large, these did not pose a significant tripping hazard. Pharmacy only medicines were stored securely behind the pharmacy counter. The room temperature and lighting were at a comfortable level for working and storing medicines. And team members kept the pharmacy clean.

The consultation room was an adequate size and was generally tidy. The room was unlocked at the time of the inspection. There was no confidential information visible. But there was a sharps bin containing used sharps. The SI was advised to remove the sharps bin to prevent any risk to people using the consultation room, which he did during the inspection. The consultation room was suitably private so conversations could not be heard from outside.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not have the relevant signed patient group directions (PGDs) for the NHS Pharmacy First service. And it cannot show that the pharmacists providing the service have completed adequate training for the parts of the service they offer. So, it cannot show that pharmacists are always providing this service safely. Or that they have the necessary legal authority to make supplies of prescription only medicines. The pharmacy generally makes its services accessible to people. And it obtains its medicines from licensed wholesalers. Team members do not always highlight prescriptions for higher-risk medicines so they may miss opportunities to provide additional advice to people who receive these medicines. The pharmacy receives drug alerts and recalls but it does not keep a record about what it has done with these. This makes it harder for the pharmacy to demonstrate it has taken the necessary action to make sure medicines and medical devices its supplies are fit for purpose.

Inspector's evidence

The pharmacy had step free access from the pavement. This allowed people with mobility issues access into the pharmacy. There was seating available for people to use while they waited. And there was a range of healthcare leaflets available to people for a variety of health topics. The pharmacy offered a delivery service to people who could not get to the pharmacy.

The pharmacy offered the NHS flu vaccination service and the NHS Pharmacy First service. The pharmacy did not have signed patient group directions (PGDs) for either service available during the inspection. The SI contacted his other pharmacy and was sent over a copy of his signed PGD for the flu vaccination service. However, he could not provide evidence of signed PGDs for the NHS Pharmacy First service. The SI explained he had read the PGDs but had not completed any other training for the Pharmacy First service. He had not completed training on the use of an otoscope but he explained he was not offering this element of the service.

Team members used baskets to separate prescriptions and reduce the chance of prescriptions getting mixed up. Assembled bags awaiting collection, were stored in the dispensary. Dispensed medicines did not always contain the initials of the dispenser and checker. This meant there was not always a clear audit trail, and it was not always clear if the prescription had been checked by the pharmacist. The SI said that he did not sign his initials when he checked prescriptions but said he would start doing so going forward. Dispensing assistants were seen initialling labels while dispensing prescriptions for people who were waiting. The pharmacy dispensed medicines in multi-compartment compliance packs for some people. Packs were sealed and labelled correctly including a description of the medicines inside which helped people identify their medicines. Patient information leaflets were supplied with the packs each month. The pharmacy routinely ordered prescriptions for people requiring these packs. And they contacted the surgery if there were any queries. All team members were trained to prepare the packs in case of absence.

The pharmacy did not have a process to identify people taking higher-risk medicines such as lithium or warfarin. This meant there was a risk people did not always receive the right information or advice to ensure these medicines were taken safely. The pharmacy manager said she would review this going forward. The team was aware of the risks in pregnancy associated with valproate containing medicines. And these medicines were supplied in their original packs with relevant safety information.

The pharmacy obtained its medicines from licensed wholesalers. The medicines were generally stored in a tidy way in the dispensary. The pharmacy manager said that the stock was date checked regularly and short-dated medicines were highlighted so they could be identified and removed when appropriate. A random check of stock on the shelf found no date expired medicines. There were two fridges for medicines which required cold storage, the temperatures of which were seen to be in range. Temperature checks were carried out daily. But there were only records for one fridge available. The records for this fridge showed the temperatures were maintained in the required range. CDs requiring safe custody were stored securely as required. Waste medicines were stored in designated bags in the staff WC. The SI said these were transported to his other pharmacy where they were collected by a third-party waste provider for disposal.

The pharmacy received MHRA drug alerts and recalls via NHS mail. But there was no evidence to show that any recent safety alerts had been actioned. The team said it would keep records of follow up actions undertaken going forward.

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 which protects people's privacy.

Inspector's evidence

The pharmacy had clean, calibrated glass measures for measuring liquid medicines. And it had clean tablet counting triangles.

Team members had access to any online resources they needed. And computers were password protected to prevent unauthorised access. The pharmacy had two fridges which were being used to store medicines. However, one was seen to also have food in it. The pharmacy manager explained the staff fridge had recently broken down, so the team was using one of the medical fridges temporarily. There was enough space in the other fridge to store the medicines from this fridge, so she transferred them across during the inspection. The CD cupboard was secure. The pharmacy had a cordless phone so phone calls could be taken in a private area if needed.

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.