

Registered pharmacy inspection report

Pharmacy Name: Canons Pharmacy, 11 Station Parade, Whitchurch Lane, EDGWARE, Middlesex, HA8 6RW

Pharmacy reference: 1087662

Type of pharmacy: Community

Date of inspection: 15/07/2019

Pharmacy context

An independent pharmacy located on a busy parade of shops in Edgware, London, serving a diverse community. It is a family run business and has been owned by the regular pharmacist for about 11 years. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), the New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes, supervised consumption, flu jabs and travel vaccinations.

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

Overall, the pharmacy's working practices are safe and effective. Team members record and review their mistakes to help reduce the risk of them happening again. The pharmacy keeps all the records that it needs to by law, but team members do not regularly check the stock levels of some of its medicines. This means that mistakes could occur and may not be identified easily. The team could do more to keep people's information safe, but team members know how to help protect vulnerable people.

Inspector's evidence

The pharmacy team recorded near misses in a log held in the dispensary and the incidents would be discussed with the dispenser at the time the incident is identified. The pharmacist explained that since the pharmacy team had started discussing the incidents, he felt the team members took more accountability for their mistakes and would reflect on them regularly. At the end of each month, the team reviewed all the near miss incidents and would have an informal meeting to discuss any learning they could take forward. The technician explained that the team had recently discussed the accuracy of counting tablets or capsules when whole packs were not prescribed and ensuring all short-dated stock was highlighted effectively. The pharmacist explained that if the pharmacy made a dispensing error, it would be highlighted to everyone in the team and reported to the patient's GP. The incident would also be reported on the NRLS website with a copy of the report retained in the pharmacy.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared at the back of the pharmacy to reduce distractions. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the dispensing tasks. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs and they were reviewed every October by the pharmacist. A certificate of public liability and professional indemnity insurance from Numark was on display and was valid until 11 October 2019.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual Community Pharmacy Patient Questionnaire (CPPQ) survey and the results of the latest one were seen to be very positive and displayed on the nhs.uk website. The pharmacist explained that the team would take on board any verbal feedback from anyone who visits the pharmacy and they would try to change things where possible. For example, he explained that they had a lot of comments about staying open longer hours, and so they changed the pharmacy closing time from 6pm to 7pm.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of a random CD was checked for record accuracy and was seen to be correct. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy where patients could see it. However, the pharmacist had not signed in as responsible on the day of the inspection. The maximum and minimum fridge temperatures were

recorded electronically daily and were in the 2 to 8 degrees Celsius range. However, when inspected, the maximum fridge temperature was noted at 8.7 degrees Celsius during the inspection. The private prescription records were seen to be completed appropriately and the specials records were all seen to be complete with the required information documented accurately.

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 clearly. There were cordless telephones available for use, but confidential information was found in a waste paper bin in the dispensary. The team explained they would hand-shred confidential information and dispose of it in this bin. But when examined, the confidential information was still legible.

The pharmacists and technician had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. The team were happy to refer to the pharmacist if they suspected a safeguarding incident and the contact details for the local safeguarding contacts were held in the SOPs.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have easy access to training materials to ensure that they have the skills they need. Pharmacy team members feel able to make their own decisions and frequently use their professional judgement to help people.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ level 3 registered technician and one medicines counter assistant. The staff were seen to be working well together and supporting one another.

The team had access to the Numark training programme which they would complete regularly. Staff would receive training packs every month and they all had their own usernames and passwords to access online training modules. The pharmacist explained that the team had all completed online GDPR and safeguarding training recently.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which was causing concern or anything which they believed would 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 is clean, tidy, well maintained and secure when closed. The pharmacy has a private consultation room which is used regularly. But it is not completely soundproof so some private conversations could be overheard.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, stock room and staff area. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The pharmacy was professional in appearance and clean. The team explained that they would clean the pharmacy between themselves every day. Medicines were stored on the shelves in a suitable manner and the pharmacist explained that the shelves would be cleaned when the date checking was carried out.

The dispensary was suitably screened to allow for the preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. However, the consultation room did not have a roof and conversations going on inside could be overheard if other customers were present at the counter area. The consultation room included seating, a computer and storage. However, the room could not be locked, and private prescriptions were found in the room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Staff members provide the pharmacy services safely and can identify patients on high-risk medicines. The pharmacy sources and stores medicines appropriately.

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 in the retail area of the pharmacy near the waiting area.

There was step-free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services. The pharmacy served a diverse local population and explained that they would use their own language skills when dealing with patients who may not be able to communicate well in English.

The pharmacy team prepared multi-compartment compliance aids for patients in their own homes. The compliance aids were seen to include accurate descriptions of the medicines inside. The technician explained that they would provide patient information leaflets (PILs) with every supply. The team explained that they were all aware of the requirements for patients in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any affected patients. The team explained that they had received the information pack from Sanofi (the manufacturer) which included information leaflets and cards which the team would include with any prescriptions for valproates dispensed to the at-risk group.

The pharmacist explained that the local surgeries would only generate prescriptions for warfarin if they received the blood test information from patients. As a result of this, the pharmacy would get patients to email their warfarin blood test results to them and they would then attach the results to the request forms before ordering from the surgery. This information would also be stored on the PMR and the pharmacist explained that he would target warfarin patients for MURs to ensure the patients were taking it properly and in accordance with their anti-coagulant monitoring book. The PGDs for the travel vaccinations were complete and included information such as the service specification, training materials and completed patient forms. Service delivery forms were seen to be complete and stored in the dispensary. The pharmacist explained that he completed annual training for travel vaccinations.

The team were compliant with the European Falsified Medicines Directive (FMD). They had compatible scanners in place, were registered with SecurMed and the pharmacist explained how the team were using this to decommission medicines. The pharmacy obtained medicinal stock from Phoenix, Alliance, Colorama, Sigma, Doncaster, Trident. Invoices were seen to demonstrate this. Date checking was carried out every three months and the team highlighted items due to expire with stickers. There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste.

The fridge was in good working order and the stock inside was stored in an orderly manner but there was milk kept in the fridge risking contamination. The CD cabinet was appropriate for use and secured to the wall of the dispensary. 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 phenobarbital injections. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure that it works properly.

Inspector's evidence

There were clean crown-stamped measures available for use, including a 100ml measures. Amber medicines 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, a BNF for Children, and a Drug Tariff 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 Numark Information Service. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines.

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.