

Registered pharmacy inspection report

Pharmacy Name: Chase Lodge Hospital Pharmacy, Chase Lodge Hospital, Chase Lodge, Page Street Mill Hill, LONDON, NW7 2ED

Pharmacy reference: 1092311

Type of pharmacy: Community

Date of inspection: 21/01/2020

Pharmacy context

This is a pharmacy linked to a private hospital which provides GP services, consultant out-patient clinics and has on-site dentists. The pharmacy provides private prescription dispensing mainly to users of the hospital services. There is no NHS provision. The owners also have a wholesale supply department which has a separate 'responsible person'.

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 pharmacists work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. They log any mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date which show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The pharmacists also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The superintendent pharmacist usually worked alone in the pharmacy with another regular locum covering the extra hours. The pharmacy had standard operating procedures (SOPs). The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and these had been reviewed within the last two years. They were signed by the pharmacists working regularly to indicate they had been read. The written procedures said the staff should log any mistakes in the process in order to learn from them. The pharmacists regularly logged any issues and had discussed any learning from them with the regular locum. Due to the low volume of dispensing there were not many near misses recorded. Before starting any new process, the superintendent pharmacist ensured that she looked at the risks and the management in order to protect both the business and those people using their services.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. Feedback from people using the pharmacy was sought using feedback forms on the pharmacy counter. There was a high approval rate for the pharmacy from the people giving feedback. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy recorded private prescriptions and emergency supplies on the computer and the details of the prescriber and the date of the prescription were usually recorded accurately. The controlled drugs registers were up to date and legally compliant. The pharmacy did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range. There was a 'wholesale' fridge in the dispensary for which the pharmacist also recorded temperatures.

Confidential waste was shredded before disposal. The pharmacist had undertaken some training on the General Data Protection Regulation (GDPR) and ensured that confidentiality agreements were signed by the regular pharmacists. There was a file regarding information governance in the pharmacy which was kept up to date.

There was a safeguarding policy which had been signed by both pharmacists. They had also both done level 2 training on the subject and there was easy access to the telephone numbers for the local safeguarding boards, in case of need.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. The regular pharmacists are able to pass on information to each other which ensures good communication about prescriptions and other matters in the pharmacy.

Inspector's evidence

There was just the superintendent pharmacist present during the inspection. A regular locum pharmacist worked at times when the superintendent was not on duty. The volume of prescriptions meant that no other staff were necessary. The pharmacist used the locum pharmacist as a sounding board when new services were proposed, and also took advice from the company's insurers and her own professional indemnity insurance providers.

The two pharmacists used a communication book to give each other information about any issues regarding prescriptions. They received training from pharma company representatives about new products used in the hospital, and they also undertook their own continuing professional development. The superintendent pharmacist was given an annual appraisal by the management team of the hospital. She said that she was able to use her professional judgement. In the past there had been times when she had had to explain to the management team that their ideas had to be adjusted in order to comply with the rules around registered pharmacies.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy premises were clean, tidy and bright. The premises consisted of the dispensary and the counter, with the rest of the room being used as a corridor. It could be secured from unauthorised access by means of a roller shutter along the front of the counter. There was adequate space for the volume of prescriptions dispensed. The counter was well stocked with pharmacy and over-the-counter medicines.

There was a sink in the dispensary with potable water. There was no specific consultation room, but the low volume of prescriptions meant that most people could have a quiet conversation, without interruption or being over heard. It was possible to use a separate room for consultations, if needed, but this was not on the registered premises. The staff had access to toilet facilities close by.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. Pharmacy team members are helpful and routinely give advice to people about their medicines. There is a small risk that some prescriptions may be handed out after their expiry date.

Inspector's evidence

The main access to the hospital was up some steps or a ramp into the hallway of the building. From there the pharmacy was accessible on a level floor. Services were advertised on a sign in the pharmacy and the pharmacy was signposted from outside with directional signage for access.

Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. This happened even though there was only a pharmacist present, as she separated the two tasks of dispensing and checking. Some controlled drugs were dispensed, and these were prescribed on FP10PCD and the forms sent for monitoring in the appropriate way. Every person who collected a prescription during the duration of the inspection was observed to be counselled about their medicine, to ensure that they made the best use of it. The pharmacist said that she gave advice to the prescribers about medicines shortages. She had offered alternatives to the supply problems with Evorel (an HRT product) giving the options to the patient and the prescriber.

The pharmacy had not dispensed any warfarin prescriptions since the superintendent pharmacist had been appointed. There was one person taking methotrexate. He was always asked about whether he had had blood tests and his results. There were also no one being supplied with sodium valproate, although the pharmacist was aware of the new restrictions, and had all the educational literature about pregnancy prevention available for use, if needed. Schedule 4 controlled drug prescriptions were not always highlighted, and this could increase the chance of these items being supplied more than 28 days after the date on the prescription. Prescriptions were filed by month and the box with prescriptions from more than 28 days prior to the inspection had a schedule 4 controlled drugs in it. But as the prescriptions were only handed out by pharmacists this reduced the risk considerably.

As well as dispensing prescriptions for people using the private GP service, the pharmacy also dispensed prescriptions from around three veterinary practices. These were mostly for controlled drugs in Schedules 2, 3 and 4. The superintendent pharmacist said that the volume had increased since gabapentin had moved to be a Schedule 3 controlled drug as it could no longer be wholesaled to the practices. The dispensed medicines were sent to the practice to be supplied to the owner of the animal for whom it had been dispensed. The superintendent pharmacist had checked with the practice managers how the prescriptions would be stored until collection. There was no audit of collection so the pharmacist could not say to whom the medicines had been supplied. Checks were made to ensure that prescribing under the cascade was done appropriately.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. The pharmacy was able to use the equipment and software provided to comply with the Falsified Medicines Directive. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination.. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.