

Registered pharmacy inspection report

Pharmacy Name: H C Heard Pharmacy, 94 Brent Street, Hendon,
LONDON, NW4 2ES

Pharmacy reference: 1097201

Type of pharmacy: Community

Date of inspection: 30/08/2024

Pharmacy context

This pharmacy is located on a high street in the town of Hendon. It dispenses NHS and private prescriptions. And it sells medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to some people. And it provides some services such as the NHS Pharmacy First service and a private travel vaccination service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.2	Standard not met	The pharmacy offers a private travel vaccination service but has been administering vaccinations using expired patient group directions (PGDs).
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Pharmacy team members ensure they keep people's personal information safe. And they understand their role in protecting vulnerable people. The pharmacy largely keeps the records it needs to by law. And it has a set of written procedures, but these have not been reviewed recently so may not reflect how the pharmacy is currently operating. Team members respond appropriately when mistakes happen during the dispensing process. But they do not always make records of these so may miss opportunities to learn from them.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) however these had not been reviewed since 2015. This meant they may not reflect current practice in the pharmacy. The responsible pharmacist (RP) confirmed she had read them, although there were no signature sheets available to show this. The superintendent pharmacist (SI) explained that he was in the process of reviewing the SOPs.

The pharmacy did not record near misses (mistakes picked up and rectified before being handed out). The RP said if a near miss was identified, they would correct the mistake and try and put actions in place to prevent a similar mistake happening again. An example was given where medicines which looked similar or sounded alike were highlighted on the shelves. But as near misses were not recorded, the team may miss opportunities to identify trends and learn from them. Dispensing errors (mistakes that reached a person) were investigated and dealt with appropriately. The pharmacy made a record of the mistake and what action was taken. The RP said that the team would discuss the dispensing error to take any learnings from it.

The correct RP notice was displayed prominently in the pharmacy. And the RP record was generally completed as required. Some finish times were missing but the RP said that she would ensure these were filled in. Private prescription records were kept electronically; however, some were seen to contain the incorrect prescriber details and dates. And the pharmacy provided emergency supplies of medicines to some people when needed, however the nature of the emergency was not always clear on the record. The importance of maintaining accurate records was discussed with the RP during the inspection and she said she would ensure these were kept appropriately going forward. The CD register was in order and kept electronically. A random check of two CDs showed the physical quantity matched the balance in the register.

The pharmacy had a complaints procedure. People could give feedback to the pharmacy in person, via phone or email. Feedback would normally be dealt with by the SI. The pharmacy had appropriate indemnity insurance in place. Confidential waste was stored separately to normal waste. And it was collected by a third-party to be suitably disposed of. Assembled prescriptions which were awaiting collection were stored in the dispensary and were not visible to people using the pharmacy. The medicines counter assistant (MCA) explained how he might identify a safeguarding concern and refer it to the pharmacist. The RP had completed level 2 safeguarding training and was aware of who to contact should a referral be needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely and effectively. And team members have completed training relevant to their role. They are comfortable about giving feedback or raising concerns about the pharmacy if they need to.

Inspector's evidence

During the inspection there was the RP and an MCA present. A second pharmacist and the SI arrived part-way through the inspection. The RP and MCA were observed to be working well together and supporting people visiting the pharmacy. The MCA had completed accredited training relevant to their role. He kept his knowledge up to date through 'Training Matters', leaflets, and training material delivered to the pharmacy via industry publications. The RP would also provide any relevant updates. The MCA was clear about his role and explained how he would make an appropriate sale of a medicine. And he was aware of medicines which are liable to misuse and knew when to refer to people the pharmacist.

The RP said there was sufficient staff to manage the pharmacy's workload. And there was enough support available to manage any staff absence. All the pharmacists had completed the necessary training to provide the NHS Pharmacy First service. The pharmacy also offered a private travel vaccination service but only the SI had completed training to provide this.

Team members felt comfortable to give feedback or raise any concerns they may have. For example, the RP had suggested a more efficient way to store assembled medicines awaiting collection, which was implemented. Team members had annual appraisals to discuss their performance, but they were not set targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and secure. And they provide a suitable environment for providing healthcare services. The pharmacy has appropriate facilities for people to have a private conversation if needed.

Inspector's evidence

The pharmacy was clean and bright, and the front fascia projected a professional appearance. The premises consisted of a small retail space and pharmacy counter. And there was a relatively spacious dispensary with a storeroom located to the rear of it. The storeroom contained staff facilities, including a small kitchen and WC. And it was used to store excess retail and dispensary stock.

The dispensary had enough space for storing medicines. And the fixtures and fittings were fit for purpose. The lighting was appropriate for working and the temperature was maintained at a comfortable level. Pharmacy medicines were stored behind the counter. Team members were responsible for cleaning the pharmacy.

The consultation room was located to the side of the pharmacy counter. It was clean and had a small sink. And it provided a suitable space for people to have a private conversation without being overheard. No confidential information was visible in the room.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not have valid patient group directions (PGDs) for its travel vaccination service. However, it provides its other services in a generally safe way and, it makes its services accessible to people with different needs. It obtains its medicines from reputable sources and stores them appropriately. Team members do not routinely highlight higher-risk medicines. So, this could make it harder for them to provide additional advice about how people can take them safely.

Inspector's evidence

The pharmacy had step-free access via a large manual door. The opening times and available services were not displayed; however, the pharmacy had a website which included this information. There was enough space for those with wheelchairs or pushchairs to access the pharmacy's services. And there was seating available for those people who wanted to wait. There was a range of leaflets available about various health conditions available in the consultation room. And team members could print large font labels if required.

The pharmacy provided the NHS Pharmacy First service but did not have the relevant, signed PGDs available during the inspection. A copy of these were sent to the inspector following the inspection. The SI had completed training to provide a private travel vaccination service but the PGDs for these had expired in Feb 2024. But the SI confirmed that he had administered some vaccinations since then. And there were consultation records showing this. The SI explained that the uptake for the service was quite low.

The pharmacy used baskets to separate prescriptions. This helped prevent medicines for different people being mixed up. Labels on assembled prescriptions were seen to contain the initials of the dispenser and checker. This ensured an audit trail was maintained. The pharmacy also supplied medicines in multi-compartment compliance packs to some people. The RP explained these people were usually assessed by their GP for their suitability to receive their medicines in these packs. Prepared packs had information about the medicines and how to take them but the sheets were not attached to the packs so there was a risk they could be separated from them. The packs were also missing drug descriptions which may make it harder for people to identify the medicines. This was discussed with the RP. The RP also said they did not routinely supply patient information leaflets with the packs which meant people may not have access to up-to-date information about the medicine they are taking. The RP said she would ensure these were supplied with packs going forward.

The pharmacy received its medicines from licensed wholesalers and stored them appropriately. Medicines requiring cold storage were kept in the dispensary fridge. Fridge temperatures were taken daily and were seen to be in range. CDs were stored securely. The RP explained that the dispensary was date-checked every three months, although no records were kept. And short-dated stock was marked with a sticker. A random check of medicines on the shelves showed no date-expired medicine. Waste medicine was stored in the storeroom and collected every two weeks.

The RP was aware of the risks associated with dispensing valproate containing medicines. These medicines were dispensed in their original packs and team members ensured they did not cover safety

information on the packs with dispensing labels. The RP said they did not routinely highlight higher-risk medicines such as warfarin. So people receiving these medicines may not always receive additional safety advice. The RP said she would start to highlight these prescriptions. The pharmacy received drug alerts and recalls via the shared mailbox. And these were actioned appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. Team members maintain the equipment, so it is safe to use. And they use it in a way which ensures people's privacy is protected.

Inspector's evidence

Team members were able to access the internet to view any online resources they may need. All computers were password protected to prevent unauthorised access. And monitors were positioned so they were not visible to people using the pharmacy. The pharmacist was seen to be using their own NHS smartcard to access electronic prescriptions. All electrical equipment appeared to be in good working order.

The pharmacy had a suitably sized fridge for storing medicines which required cold storage. And the CD cupboard was secured as required. There were calibrated, glass measures in a range of sizes for measuring liquid medicines. And there were tablet and capsule counters available. All equipment was kept clean. The pharmacy had a calibrated blood pressure monitor and there was also an otoscope available to use for the Pharmacy First service. There was a cordless phone in the pharmacy which meant 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.