

Registered pharmacy inspection report

Pharmacy Name: Douglas Pharmacy, 34 Ritchie Street, LONDON, N1
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Pharmacy reference: 1101625

Type of pharmacy: Community

Date of inspection: 29/04/2022

Pharmacy context

The pharmacy is in the same building as a surgery in a largely residential area. It provides a range of services including, the New Medicine Service and needle exchange service. It also provides medicines as part of the Community Pharmacist Consultation Service. And it receives around 90% of its prescriptions electronically. The pharmacy supplies medications in multi-compartment compliance packs to a large number of people who live in their own homes to help them manage their medicines. And it provides substance misuse medications to a small number of people. The inspection was carried out during the Covid-19 pandemic.

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 pharmacy adequately identifies and manages the risks associated with its services to help provide them safely to people. It records and regularly reviews any mistakes that happen during the dispensing process. And it uses this information to help make its services safer and reduce any future risk. It protects people's personal information. People can feedback about the pharmacy's services. The pharmacy largely keeps its records up to date and accurate. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had carried out workplace risk assessments in relation to Covid-19. The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. These included documented, up-to-date standard operating procedures (SOPs), and reporting and reviewing of dispensing mistakes. Team members had signed to show that they had read, understood, and agreed to follow the SOPs. Near misses, where a dispensing mistake was identified before the medicine had reached a person, were highlighted with the team member involved at the time of the incident. Team members identified and rectified their own mistakes. Near misses were recorded and reviewed regularly for any patterns. Items in similar packaging or with similar names were separated or highlighted where possible to help minimise the chance of the wrong medicine being selected. And the outcomes from the reviews were discussed openly. Dispensing errors, where a dispensing mistake had reached a person, were recorded on a designated form and a root cause analysis was undertaken. The pharmacist said that she was not aware of any recent dispensing errors.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The pharmacy would remain closed if the pharmacist had not turned up in the morning. One of the dispensers was not sure of the tasks which should not be carried out if there was no responsible pharmacist (RP) signed in. The inspector reminded the team about what they could and couldn't do if there was no RP. Team members were aware of what they could do if the pharmacist was absent from the pharmacy.

The pharmacy had current professional indemnity and public liability insurance. The right RP notice was clearly displayed, and the RP record was completed correctly. All necessary information was recorded when a supply of an unlicensed medicine was made. The nature of the emergency was routinely recorded when a supply of a prescription-only medicine was supplied in an emergency without a prescription. This made it easier for the pharmacy to show why the medicine was supplied if there was a query. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals. And any liquid overage was recorded in the register. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. The private prescription records were mostly completed correctly, but the correct prescriber details were not always recorded. This could make it harder for the pharmacy to find these details if there was a future query. The pharmacist said that the necessary information would be recorded in future.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. The pharmacist and one of the dispensers used their own smartcards to access the NHS electronic services. One other dispenser was waiting for her card to be linked to the system and the other dispenser was in the process of applying for a card. Bagged items waiting collection could not be viewed by people using the pharmacy. Team members had completed training about the General Data Protection Regulation.

The pharmacy had carried out yearly patient satisfaction surveys, but because of the pandemic it had not carried one out for 2021 to 2022. The complaints procedure was available for team members to follow if needed. The pharmacist was not aware of any recent complaints.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. Other team members had received some safeguarding training provided at the pharmacy. One of the dispensers described potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacist said that there had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They are provided with some ongoing training to help maintain their knowledge and skills. They can raise any concerns or make suggestions and have regular meetings. Team members can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There was one locum pharmacist and three trained dispensers working during the inspection. Team members had completed an accredited course for their role. They worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed.

The dispenser appeared confident when speaking with people. She was aware of the restrictions on sales of products containing pseudoephedrine. And she explained that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. She explained the questions used to establish whether the medicines were suitable for the person.

The pharmacist said that team members were not provided with ongoing training on a regular basis, but they did receive some. And staff training was monitored by the superintendent pharmacist (SI). Training could be completed at work during quieter times. And team members could access the training at home if needed. They also had regular reviews of any dispensing mistakes and discussed these openly in the team.

The pharmacist felt able to take professional decisions. The inspector discussed with the pharmacist about the reporting process in the event that a team member tested positive for the coronavirus. She explained that cover could be provided where needed. The pharmacist was aware of the continuing professional development requirement for the professional revalidation process.

The team said that the SI carried out appraisals and performance reviews every six months and these were documented. Team members had to undertake a self-evaluation before meeting with the SI. Team members felt comfortable about discussing any issues with the pharmacist or the SI. The team explained about informal daily meetings which were held to discuss any issues and allocate tasks for the day.

Targets were not set for team members. The pharmacist said that the services were provided for the benefit of the people using the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean, and tidy throughout which presented a professional image. And pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. Air conditioning was available, and the room temperature was suitable for storing medicines.

There was a clear screen at the counter to help minimise the spread of infection. People were able to maintain a suitable distance from each other in the pharmacy's waiting area. There were several chairs in the waiting area which was opposite the medicines counter. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard.

The pharmacy's consultation room was accessible to wheelchair users and was located in the in the surgery. It was suitably equipped, well-screened, and kept secure when not in use. Conversations at a normal level of volume in the consultation room could not be heard from the shop area.

Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. People with a range of needs can access the pharmacy's services. It gets its medicines from reputable suppliers and stores them properly. And it responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance with automatically opening doors. Services and opening times were clearly advertised, and a variety of health information leaflets was available. The pharmacy could produce large-print labels for people who needed them.

The pharmacist said that she checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. But a record of blood test results was not kept. This could make it harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Prescriptions for higher-risk medicines were not highlighted. So, opportunities to speak with these people when they collected their medicines might be missed. The pharmacist said that she would ensure that these were highlighted in future. Prescriptions for Schedule 3 and 4 CDs were not routinely highlighted. This could increase the chance of these medicines being supplied when the prescription is no longer valid. Team members were aware that prescriptions for these medicines were only valid for 28 days. The pharmacist said they checked CDs and fridge items with people when handing them out. The pharmacy supplied valproate medicines to a few people. But there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme. The pharmacy did not have the relevant patient information leaflets or warning cards available. The pharmacist said that they would ensure that these were ordered from the manufacturer.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Stock due to expire before the end of the year were marked. There were no date-expired items found in with dispensing stock.

Part-dispensed prescriptions were checked daily. 'Owings' notes were provided when prescriptions could not be dispensed in full, and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. Uncollected prescriptions were checked monthly. Items left uncollected after around two months were returned to dispensing stock where possible and the patient's medication record was updated. Uncollected prescriptions were returned to the NHS electronic system or to the prescriber.

The dispenser said that people had assessments carried out by their GP to show that they needed their medicines in multi-compartment compliance packs. Prescriptions for people receiving their medicines in multi-compartment compliance packs were ordered in advance so that any issues could be addressed before people needed their medicines. Prescriptions for 'when required' medicines were not routinely requested. The dispenser said that the pharmacy contacted people to see if they needed them when their packs were due. The pharmacy kept a record for each person which included any changes to their medication, and they also kept any hospital discharge letters for future reference. Packs were suitably

labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied. Team members wore gloves when handling medicines that were placed in these packs.

CDs were stored in accordance with legal requirements, and they were kept secure. CDs that people had returned, and expired CDs were clearly marked and segregated. Denaturing kits were available for the safe destruction of CDs.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. The pharmacist explained the action the pharmacy took in response to any alerts or recalls. Any action taken was recorded and kept for future reference, which made it easier for the pharmacy to show what it had done in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Some equipment was available measuring liquids, but these were not suitable for pharmacy use. The pharmacist said that she would ensure that suitable measures were ordered and used in future. Separate liquid measures were used to measure certain liquids. Triangle tablet counters were available and clean. A separate counter was marked for cytotoxic use only, which helped avoid any cross-contamination. Tweezers were available so that team members did not have to touch the medicines when handling loose tablets or capsules.

Up-to-date reference sources were available in the pharmacy and online. The weighing scales and the shredder were in good working order. The phone in the dispensary was portable so it could be taken to a more private area where needed. There was personal protective equipment available to help minimise the spread of infection.

Fridge temperatures were checked daily with maximum and minimum temperatures recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

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.