

# Registered pharmacy inspection report

**Pharmacy Name:** Islington Pharmacy, Unit A, 31 North Road,  
Islington, LONDON, N7 9GL

**Pharmacy reference:** 1105708

**Type of pharmacy:** Community

**Date of inspection:** 21/05/2021

## Pharmacy context

This pharmacy is situated in a parade of shops in a residential area. It mainly dispenses NHS prescriptions. And supplies some medicines in multi-compartment compliance packs to people who need help managing their medicines. The inspection was undertaken during the Covid-19 pandemic.

## Overall inspection outcome

✓ **Standards 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. The pharmacy largely keeps its records up to date and accurate. It records and reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information and people are able to provide feedback about the pharmacy's services. Team members understand their role in protecting vulnerable people.

### Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles. Team member's roles were defined within the SOPs. The responsible pharmacist (RP) was in the process of updating some SOPs. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE). The RP explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). The RP recorded near misses on a log, but the log could not be located during the visit. The RP had completed an annual review of near misses the previous year which had resulted in changes being made to the relevant SOP. The findings had been presented to the team. Dispensing errors were discussed with the team and a record was made. As a result of past errors sertraline and sildenafil had been separated on the shelves as had amitriptyline and atenolol. The RP had also stuck labels on the edges of the shelves of where these medicines were stored to prompt staff to take care when picking these items.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. And a complaints procedure. Most complaints were resolved in the pharmacy. The RP said that there had not been any complaints recently and feedback was generally positive.

Records for unlicensed medicines and private prescriptions were well maintained. However, RP records were kept on a spreadsheet and it was unclear whether the system recorded who had made any amendments if changes were made. So, this could make it harder for the pharmacy to show if there had been any changes to the record if there was a future query. Emergency supply records were generally well maintained but some supply records did not have the nature of the emergency recorded. The RP gave an assurance that he would request all pharmacists to ensure records were fully completed in the future. Controlled drug (CD) registers had a number of missed headers. Due to the pandemic and staffing issues, entries into two of the CD registers seen had not been made for several months, and instead these had been entered onto a spreadsheet. But other CD registers seen on the day had been up to date. Following the inspection, the superintendent pharmacist (SI) confirmed that all CD registers had been brought up to date. Other CD registers seen on the day had been up to date. The pharmacy was planning to switch to electronic CD registers. CDs that people had returned were recorded in a

register as they were received.

An information governance policy was available and all team members had completed training covering the General Data Protection Regulation. Pharmacists had access to Summary Care Records (SCR) and consent to access these was gained verbally or in writing.

The RP had completed level three safeguarding training as part of his role as a prescriber elsewhere. Other pharmacists had completed level two safeguarding training and other team members had completed level one training. Contact details for safeguarding boards were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to dispense and supply its medicines safely, and they work effectively together and are supportive of one another. They do the right training for their roles. And they are provided with some ongoing training to support their learning needs and maintain their knowledge and skills.

### Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP (a regular locum pharmacist), a registered pharmacy technician (undergoing an accuracy checker course), a trainee counter assistant. Another trainee counter assistant started work later in the visit. Team members had either completed accredited training or had been enrolled on accredited training courses. The RP said the pharmacy was not at full staffing capacity and needed to recruit additional team members. Due to the extended opening hours he had discussed recruiting between two to three additional pharmacists and a full-time dispenser. The RP explained that the pharmacy had faced staffing issues during the pandemic as a pharmacist had left and a number of team members had been unwell.

The trainee counter assistant asked appropriate questions before recommending treatment. He was aware of the maximum quantities of some medicines that could be sold over the counter. He checked with the RP before selling most medicines. Performance of team members was managed informally. Team members were given feedback verbally by the pharmacists. Team members said that they felt able to discuss any issues or raise concerns with the SI and RP. Team members had the opportunity to progress in their roles.

The team did not hold formal meetings but discussed things as they arose. And all team members were part of a group chat on a digital messaging application. There was no formal process in place for completing ongoing training. Pharmacists completed their learning independently. Information was shared on the group chat with updates from the NHS or the PSNC. Pharmacists also shared learning from any courses that they had attended. The RP passed on information to team members when medication was reclassified such as from prescription-only to pharmacy-only or general sales list. Team members did not get any regular times set aside for ongoing training. The SI supported team members who were completing their accredited training courses. Time was provided during working hours for team mates to complete their formal training. There were no numerical targets set for the services offered.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are secure and are suitable for the pharmacy's services. People can have a conversation with a team member which would not be overheard.

### Inspector's evidence

Due to the layout of the dispensary, space was limited. Since the last inspection a separate area had been created for the management and preparation of multi-compartment compliance packs. Workbench space was limited but there was adequate space for dispensing and checking prescriptions. A contracted cleaner came in three times a week and team members cleaned up on a daily basis. A sink was available at the back of the dispensary. Some larger assembled prescription bags were stored on the floor in the dispensary. This was discussed with the pharmacy team during the inspection. The RP explained that the dispensary was due to be refitted in the near future, as the refit had been delayed due to the Covid-19 pandemic. To maintain social distancing a screen had been fitted at the counter and the pharmacy had stuck markings on the floor. Team members had been provided with PPE and hand gel. Only one person was allowed into the pharmacy at any given time.

A consultation room was available and this had adequate audible and visual privacy. The room had been built following the previous inspection. Due to the Covid-19 pandemic the pharmacy was not using the room for services and it was being used as a storeroom. Not all the items inside were stored securely. The RP gave an assurance that the room would be kept locked when not in use. As the pharmacy were restricting the number of people allowed into the pharmacy it was possible to hold private conversations without them being overheard.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

### Inspector's evidence

There was step-free access to the premises. Team members helped people who required assistance. There were a range of posters on display advertising pharmacy services. The pharmacy had the ability to produce large-print labels. Team members were multilingual, but majority of the local population spoke English. Team members were aware of the need to signpost people to other providers and were familiar with services provided locally.

Most prescriptions were received electronically. These were dispensed by the dispensers and checked by the RP. The RP needed to self-check if he was working on his own and described working at a slower pace. Baskets were used to separate prescriptions. Dispensed and checked-by boxes were available on labels and these were routinely used by the team.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. The pharmacy had completed an audit on the use of sodium valproate and people identified as being in the at-risk group were counselled by the pharmacist. For medicines such as warfarin which required ongoing monitoring, pharmacists checked yellow books and recorded the INR results on the electronic record. The pharmacy had also completed an audit on lithium medications.

The RP was a locum pharmacist, who worked at the pharmacy regularly and an independent prescriber, and also worked at a GP practice. On rare occasions he issued prescriptions for people using the pharmacy, usually when surgeries were closed, or people couldn't get to their GP. Approximately eight prescriptions were seen issued by the RP in a period of a year. The RP's personal indemnity insurance covered his prescribing activity. Prescriptions issued included medicines for urinary tract infections, minor ailments and a single insulin pen. The RP said he only prescribed for people who used the pharmacy regularly as it meant he had access to medical records. On some occasions he also referred to people's SCR. Consultation notes were made on the prescription and transferred to the person's electronic record. When antibiotics were prescribed for people, they were also referred to their GP.

Multi-compartment compliance packs were prepared in a designated area. Prescriptions were requested a week before the packs were due to go out. Once received, the prescriptions were printed by the technician and the next reorder scheduled. Changes were queried with the prescriber. Due to the staffing levels at the time of the inspection packs were being prepared one or two days before they were due. Assembled multi-compartment compliance packs seen were labelled with product details and mandatory warnings. Information leaflets were supplied monthly. Previously the pharmacy had supplied compliance packs supplied to a nearby assisted accommodation. However, due to a change in their policy medicines were now supplied in original packs and Medication Administration Records

(MAR charts) were given with the dispensed medicines.

Deliveries of medicines to people's home were carried out by a designated driver. To help with infection control the pharmacy had stopped obtaining signatures when medicines were delivered during the pandemic. There had been an increase in the number of deliveries carried out since the start of the pandemic. In the event that someone was not home, medicines were returned to the pharmacy. The pharmacy had used a volunteer service at the start of the pandemic to assist with deliveries.

Medicines were obtained from licensed wholesalers and most were stored appropriately. However, some medicines were not stored securely, and this was rectified during the inspection. Fridge temperatures were monitored daily and recorded and these were seen to be within the required range for the storage of medicines. Expiry-date checks were carried out every two to three months by the dispensers. A rubber band was tied around short-dated stock. Prior to December 2020 team members had made a record of any short-dated stock. No date-expired medicines were observed on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors. Waste medicines were stored in the staff toilet. Drug recalls were received electronically and checked by the RP or technician. These were printed, actioned and then filed.



## 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

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was mainly clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines to avoid cross-contamination. A large fridge of adequate size and a legally compliant CD cabinet were available. Up-to-date reference sources were available including access to the internet.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were separated from general waste and shredded.

### 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.