

Registered pharmacy inspection report

Pharmacy Name: Wise Pharmacy Ltd, 93 Fore Street, LONDON, N18
2TW

Pharmacy reference: 1110947

Type of pharmacy: Community

Date of inspection: 04/06/2021

Pharmacy context

The pharmacy is in a high street setting and provides services to the local population. The pharmacy provides general dispensing services, as well as supplying medicines in multi-compartment compliance packs to some people. It provides medicines to some people who receive support from the drug and alcohol team. It has treatment rooms which it hires out to beauticians and some medical providers.

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

Members of the pharmacy team usually work to professional standards and identify and manage risks effectively. They discuss mistakes they make during the dispensing process with the regular pharmacist. But they don't record these events, making it harder for them to learn from these to avoid problems being repeated. The pharmacy generally keeps its records up to date although some of the written records are very difficult to read, meaning it could be hard to refer to the information recorded in future. Its team members understand how they can help to protect the welfare of vulnerable people. And the pharmacy team members keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the services that the pharmacy offered. They were being reviewed to make sure that they reflected the changes in processes caused by COVID-19 and the move towards more electronic record keeping. The written procedures said the team members should log any mistakes they made in the dispensing process in order to learn from them. They discussed any issues when discovered but they had not recorded them for more than two years. So, the pharmacy may be missing opportunities to find any patterns or trends and learn from these to improve their processes.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in on the computer, but the time of leaving each day was not recorded. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when they were unsure of the information to give to people. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber and the date of the prescription were not always recorded. The controlled drugs registers were up to date but very difficult to read. Fridge temperatures were recorded and showed that the medicines in the fridge had been consistently stored within the recommended range.

The pharmacy team members were observed to only use their own NHS smart cards to access NHS records. They had undertaken some training on confidentiality. The pharmacist had completed safeguarding training, and the dispenser said that he had done some in his dispensing training. There were telephone numbers for the local safeguarding boards available, if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together. The pharmacy is however struggling to find cover to enable the pharmacist to take time off away from the pharmacy.. The team has the appropriate skills, qualifications and training to deliver services safely and effectively. Team members are given some ongoing training. But this is not very structured, and they are not given time set aside for training. This could make it harder for them to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection there was the owner-pharmacist, his mother who is a qualified counter assistant, and a dispenser working in the pharmacy. There were also some beauticians using the consultation rooms; these people had no input into the pharmacy side of the business. The pharmacist said that he worked all the hours the pharmacy was open (60 hours) as he was having difficulty finding locums to give him any time off.

The pharmacist had completed COVID-19 risk assessments for all the staff. The staff on the counter usually wore face masks and tried to maintain social distancing as far as their work permitted. However the staff in the dispensary did not wear masks, and did not always put them on when they went to the counter. During the inspection none of the team members were observed to wash their hands either in hot water and soap or hand-sanitiser gel which increased the risk of passing on infections. Some of the staff had been vaccinated against COVID-19 and had completed the two-vaccination course. Staff had access to lateral-flow tests (LFTs) but were not routinely reporting the results of them to the official website.

The staff present had completed their formal accredited training, and the pharmacist had enrolled them onto a training programme from the local buying group which was a web-based programme with on-going training for the staff. The owner said that he did not check whether or not the staff accessed it. There was no time set aside for training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a separate private area. Some areas of the premises could be tidier.

Inspector's evidence

The pharmacy was generally clean and tidy. There were space markings on the floor to help people know how far apart to stand to maintain social distancing. The doors were automatic, so that people did not have to touch them. There were signs to remind people to use hand-gel on entering. The shop area was fairly tidy. The staff said that they cleaned the pharmacy every day, but the team did not clean touch-points more frequently, for example the counter. There was no screen to separate the public from the staff and staff did not always use the personal protective equipment available to them, increasing the risks of infection transmission.

The dispensary had clear dispensing benches, but other areas were quite untidy. At the time of the inspection, there was no consultation room free to use for private consultation with the pharmacist, as the three rooms were in use for the beauticians and other non-pharmacy services. The pharmacist said that if he needed to, he could use one of the rooms, or if they were in use, he could have a quiet conversation at the end of the counter.

The stock room was cramped with stock. The fire exit to the rear was fairly clear. Access to the rear controlled drugs cabinet was cluttered and there was a large quantity of plastic medicines bottles in that area which also housed electrical equipment, which might have reduced air-flow around them causing an overheating risk.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy delivers its services in a safe and effective way and it gets its medicines from reputable sources. Pharmacy team members are generally helpful. They try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently. The pharmacy must make sure that people get all the necessary safety information when it supplies higher-risk medicines including valproate. And the pharmacy could improve how its staff hand out prescriptions to prevent mistakes from happening..

Inspector's evidence

Dispensed medicines were labelled with computer-generated labels which included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. The pharmacy used baskets to help ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. In this pharmacy prescriptions were dispensed as the person came in for it, so there were very few prescriptions awaiting collection. Medicines were handed out without any wrapping. This meant details of the medicines being supplied were visible to others in the shop. And if the person was known to the pharmacist or counter assistant, the address of the patient was not checked. This was not what the standard operating procedures said should be happening and could lead to mistakes. occurring.

Some people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines contained in the packs. No patient information leaflets (PILs) were supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. There was a summary sheet in the pharmacy for each person receiving these packs showing any changes to their medicines and where the medicines were to be placed in the packs. People ordered their own prescriptions for the packs and were supplied four weeks of packs at once.

Prescriptions for higher-risk medicines (warfarin, lithium or methotrexate) were sometimes flagged by the pharmacist, and then staff would ask about any recent blood tests or the person's current dose which was sometimes recorded on the patient's medication record (PMR). The pharmacy only recorded the month of the last recorded dose and not the year, meaning the records were less helpful when completing a clinical check. So, there was some risk that the pharmacy wasn't always able to monitor the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention. And appropriate warnings stickers were not available for use if the manufacturer's packaging could not be used. The pharmacist said that he would try to obtain some from the manufacturer and implement a system so that all people in the at-risk group would be counselled appropriately.

The pharmacy got its medicines from licensed wholesalers and stored them in drawers in a tidy way. There were coloured dots on boxes to indicate items which were short dated. Regular date checking was done and no out-of-date medicines were found in the drawers checked. 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

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. These were not all as clean as they could have been. 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.

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.