

Registered pharmacy inspection report

Pharmacy Name: Doorstep Pharmacy, 106 High Street, Harrow On The Hill, HARROW, Middlesex, HA1 3LP

Pharmacy reference: 1114125

Type of pharmacy: Internet / distance selling

Date of inspection: 01/07/2019

Pharmacy context

This is a pharmacy located in the centre of Harrow-on-the-Hill. It has an NHS distance selling contract for supplying medicines to care homes and provides NHS flu jabs. The pharmacy also operates a private travel clinic providing a full range of vaccinations. The pharmacy has a small retail area and sells a limited range of over-the-counter medicines. Public access to the pharmacy is restricted to the the vaccination services, travel clinic and sales of medicines. The pharmacy has a relationship with two private providers offering treatments for hair loss; they prepare unlicensed external preparations which are prescribed for patients for use on an on-going basis. The pharmacy website www.doorsteppharmacy.com offers pharmacy-only medicines for sale.

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 not all met	1.3	Standard not met	The responsible pharmacist is not always present as required by law meaning staff members will be working unsupervised.
2. Staff	Standards not all met	2.1	Standard not met	A dispenser working in the pharmacy is not suitably qualified or on an approved training programme.
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 not all met

Summary findings

The pharmacy has adequate systems in place overall. But the pharmacy does not record near misses in detail, so they may be missing opportunities to prevent similar mistakes happening in future. The team keeps most records it needs to by law. But the pharmacy does not always check some of its stock balances regularly. This means that mistakes may not be easily detected and corrected. The team protects people's personal information and understands how to protect vulnerable people.

Inspector's evidence

The pharmacy manager explained that the team kept a near miss log to record any incidents they may come across. However, the entries in the log were minimal and did not include much detail. The manager described an incident where a care home had recently contacted them to say they had been supplied an extra nutritional drink for a patient. This was shared with the team to ensure they were checking prescription quantities carefully when supplying them.

There was a workflow in the dispensary where labelling, dispensing and checking were all carried out at different areas of the work benches. Standard Operating Procedures (SOPs) were in place for the dispensary tasks. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs and they had been last reviewed in 2018. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the 18th December 2019.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The website for the pharmacy also had a section for comments and complaints and included information about the NHS complaints procedure, Patient Advice and Liaison Service (PALS) and Independent Complaints Advocacy Service ICAS. The manager explained that she had produced a feedback form which she would include in the prescription bags for delivery.

Records of controlled drugs and patient returned controlled drugs were available in the pharmacy. A sample of MST 15mg tablets was checked for accuracy and was correct, but there was no evidence to show the running balance was checked regularly.

The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. However, on entry to the pharmacy, the pharmacist was not present. The manager explained that they would not complete any pharmacy activities if he wasn't present and he would always be there when services are provided. Some entries in the RP log showed the pharmacist would only be present for a few hours every day which would mean that the staff would be working unsupervised. This is not in accordance with the law. The superintendent pharmacist later explained that the pharmacy had changed their software recently and there have been many times where it has had to be rebooted which has resulted in the responsible pharmacist log showing several entries in a day with large gaps.

The private prescription records were completed electronically. The specials records were all seen to be complete with the required information documented accurately. Extemporaneous preparations in the

pharmacy were seen recorded appropriately and the manager explained how they could trace batches if there was a recall.

The computers were all password protected, confidential information in the consultation room was stored away from the public and conversations inside the consultation room could not be overheard clearly. The manager explained that they had completed and submitted the Information Governance Toolkit, and confidential waste was collected in baskets on the workbenches to be shredded.

The pharmacist explained he had completed the CPPE Level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. The manager explained that they were happy to refer to the pharmacist if they suspected a safeguarding incident. The contact details for the local safeguarding authorities were displayed in the dispensary.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough staff to provide its services safely. But the dispenser is not suitably qualified and team members do not have a formal training programme, which could affect how well they care for people and the advice they give. Pharmacy team members can make decisions to help people.

Inspector's evidence

On entry to the pharmacy, there was one unqualified member of staff who was the manager and was the daughter of the Superintendent pharmacist. The Superintendent pharmacist came into the pharmacy later during the inspection. The team explained that they also had a European qualified dispenser who had been working with them for about a year and was due to be put onto an NVQ Level 2 dispensing course. The manager explained that although there was no formal training programme for the staff, they would receive training material from Training Matters and they would also have reps who would come into the pharmacy and train them on new products like CBD oil. The pharmacy team explained that they were always happy to raise anything with one another whether it was something which was concerning them or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are adequate for services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy. But the dispensary is very cluttered, which poses a possible increased risk of contamination when preparing medicines.

Inspector's evidence

The pharmacy was located in a listed building and included a retail area, consultation room and office on the ground floor, and a dispensary and staff bathrooms in the basement. The waiting area of the pharmacy on the ground floor was presented professionally and was clean and tidy. However, the dispensary in the basement was cluttered, untidy and disorganised. The team explained that they had a cleaner who would clean the pharmacy every Thursday and a window cleaner would clean the front windows every fortnight.

Medicines were stored on the shelves in a suitable manner and the lack of patient access allowed for privacy and confidentiality in the dispensary. The consultation room was adequately sound proofed and could be locked. The consultation room included seating, a computer with the PMR system, a sink for the provision of services and storage.

The pharmacy was very warm on the ground floor but the team had a portable air conditioning unit which they kept in the consultation room. Lighting throughout the store was appropriate for the delivery of pharmacy services. The pharmacy shared the hall and stairways with a first-floor office suite for use by a separate business. The different areas of the pharmacy could be closed off from the shared space.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy services are accessible to people with different needs. Generally, the pharmacy team provides safe services and provides people with information to help them use their medicines. The pharmacy gets medicines from reputable sources and knows what to do if medicines are not fit for purpose. But the team do not regularly record the fridge temperatures. This means the team cannot guarantee the quality of fridge medicines.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy near the waiting area.

The main entrance of the pharmacy was kept locked and the pharmacy could be accessed by steps from street level. There was a buzzer in place to alert staff to enable access through the front door. The steps meant that those with mobility difficulties could not easily gain access to the pharmacy, but this did not pose a problem with the current business model.

The pharmacy team prepared MDS trays for domiciliary patients and those in care homes. The manager explained how they used the CareMeds and MultiMeds systems to ensure patient were provided with accurate MAR charts which included descriptions of the medicines inside as well as images of the medicines. The team explained that Patient Information Leaflets (PILs) would always be provided.

Travel and vaccination services were provided under private PGDs with Pharmadoctor and NaTHNaC. The superintendent was able to provide these services and certificates of appropriate training were displayed in the pharmacy. Appointments were usually made online through the pharmacy website. The pharmacy had an arrangement to provide travel services for pupils of Harrow School which was nearby, and boys under 16 would attend with their matron. Records of supplies were kept on paper and the pharmacy provided vaccination certificates where necessary.

The pharmacy also extemporaneously prepared formulations of minoxidil for the private 'The Hair Growth Clinic'. The manager demonstrated the SOP for preparing these formulae and the batch production cards which would have a unique batch number which linked to the patients they were supplied to. The manager explained they had completed a dummy recall exercise where they demonstrated how they could trace which patient had which batch if a product was recalled. However, assays or stability tests were not undertaken to ensure the quality of the product or the manufacturing process as per the GPhC's Guidance for registered pharmacies preparing unlicensed medicines.

The team explained that they were all aware of the requirements for patients who may become pregnant to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients affected by this. The pharmacist explained that he would ask the delivery patients who were on warfarin if they were having regular blood tests, but information about these blood tests was not stored on the PMR. Examined dispensing labels were not signed by different people indicating who had dispensed and who had checked a prescription.

The team were aware of the EU Falsified Medicines Directive (FMD). They had signed up with an agency and had a scanner in place, but they had not started using it. The pharmacy obtained medicinal stock from Alliance, AAH or Sanofi directly for vaccinations. Invoices were seen to demonstrate this. The pharmacy had two fridges, one was used for regular pharmacy stock and the other was used for wholesale stock and for storing vaccinations. The fridge used for vaccinations had temperature records which were in range, but a week of records was missing during the inspection. The fridge which was used for storing normal pharmacy stock did not have a thermometer inside at the start of the inspection. The temperature records for this fridge were kept electronically and were seen to be in the correct temperature range, but the temperature was not seen to be recorded daily.

Date checking was carried out regularly and the team highlighted items due to expire with coloured stickers. There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The CD cabinet was appropriate for use and secured well. The manager explained that MHRA alerts came to the team via email and they would check for any affected stock, but they would not print off the recalls or keep an audit trail of them.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It also looks after this equipment to ensure that it works.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with oral preparations.

Amber medicines bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters. Scales were used to weigh raw materials for the preparation of minoxidil products and the team explained the scales would be calibrated annually. Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy text. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service.

The maximum and minimum temperatures of the fridges were recorded irregularly but were seen to always be within the correct range. The computers were all password protected and conversations going on inside the consultation could not be overheard.

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.