

Registered pharmacy inspection report

Pharmacy Name: Armstrong Pharmacy, 279 Green Lanes, LONDON,
N4 2EX

Pharmacy reference: 1114285

Type of pharmacy: Community

Date of inspection: 13/02/2023

Pharmacy context

The pharmacy is located within a parade of shops on a busy main road. People who use the pharmacy are mainly from the local area. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides the New Medicine Service and flu vaccinations. And it offers a delivery service to people in their own homes. The pharmacy is part of a small group of pharmacies.

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 generally identifies and manages the risks associated with providing its services. It consistently records and review near misses which helps make the pharmacy's services safer. And it protects people's personal information well. It generally keeps the records it is required to by law to show that medicines are supplied safely and legally. Team members work to written procedures to help provide the pharmacy's services safely. But some standard operating procedures have not been reviewed for some time, which may mean that the information contained in them is not current.

Inspector's evidence

Standard Operating Procedures (SOPs) were available but had not been reviewed since 2019. Team members confirmed they had read SOPs relevant to their roles but not all team members had signed the record to show that they had. Team roles were defined within the SOPs. The responsible pharmacist (RP) provided an assurance that she would speak to the superintendent pharmacist (SI) to ensure the SOPs were reviewed.

The pharmacy had processes to record 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). When a near miss was identified it was discussed with the team. Near miss records were reviewed each week to spot any trends or patterns. There were no records made of the reviews. As a result of past reviews, the team had reduced the number of boxes of antibiotics stored on the dispensary shelves. Additional stock was kept in the stock room to avoid over-crowding on the shelves and reduce picking errors. Dispensing errors were investigated, and the person's regular GP was informed if any of the incorrect medicines had been taken. A dispensing incident report was completed, and the SI was informed. As a result of past error where someone was handed out an expired medication, the team had completed a stock check and now arranged stock in a way to ensure shorter dated stock was kept at the front and was highlighted. The RP communicated with a pharmacist at another branch about incidents or errors that had occurred to share learning.

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. The pharmacy had a complaints procedure and complaints were sent directly to the SI or owner. A review meeting was then held with the team to investigate what had happened. As a result of feedback, the front of the store had been redone and a ramp and automatic door had been fitted.

Records for private prescriptions, emergency supplies, RP records and controlled drug (CD) registers were well maintained. However, some pharmacists were not signing out of the RP records. CDs that people had returned were recorded in a register as they were received. CD balance checks were carried out regularly.

The pharmacy had an information governance policy. Team members had completed training on confidentiality and data protection, which was also covered in the SOPs and team members covered this as part of their course.

Relevant team members who accessed NHS systems had smartcards, the pharmacy was in the process

of ordering cards for the trainees. The RP had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was shredded. Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy.

The RP had completed level 2 safeguarding training. One of the dispensers had completed level 1 training and the two new dispensers would also be completing this. Safeguarding was also covered as part of the training completed for the emergency hormonal contraceptive (EHC) service. The RP explained that details for local safeguarding contacts could be found on PharmOutcomes and the patient group direction for the service.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services. They have the appropriate skills and qualifications to deliver services safely and effectively. Team members are given some ongoing training to help them keep their knowledge and skills up to date and the pharmacy supports team members who are training for their roles.

Inspector's evidence

At the time of the inspection the team comprised of the RP, a trained dispenser who was due to start the technician training. And two team members who were registered as pharmacists overseas and who were completing the dispenser training course and a medicines counter assistant (MCA) who was completing an apprenticeship. The RP felt there were an adequate number of team members, and the team was up to date with its workload.

Staff performance was managed informally. The SI gave team members feedback, and the RP gave them ongoing verbal feedback. The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. The MCA was aware of the maximum quantities of some medicines that could be sold over the counter.

Team members completing formal training courses were allocated with set-aside time to study. The SI either informed the RP of any changes to services or legislation which the RP then passed on to the team or spoke to the team directly. The apprentice had one day off each week to complete training.

The team discussed things as they came up and also held meetings once a month. The SI visited the pharmacy at least monthly, and the owner visited at least every fortnight. The RP was able to contact both the owner and SI by telephone and email. Team members said both the owner and SI were receptive to feedback and suggestions. Numerical targets were set for some of the services provided. However, the RP said these did not affect her professional judgment. However, the RP said these did not affect her professional judgment.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are clean. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises was bright modern and airy and presented a professional image. It was clean. Cleaning was carried out by the team in accordance with a rota. The dispensary was large and organised with ample work bench space. Workbenches were allocated for certain tasks and multi-compartment compliance packs were prepared on a designated bench. A sink was available in the dispensary for the preparation of medicines. Two consultation rooms were available. One of these was used for private conversations and was clean. The second room was used as a stock room. The door leading into this room was open but it was locked during the inspection. 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 gets its stock from reputable suppliers and manages them safely. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. The pharmacy makes changes to improve the accessibility to its services.

Inspector's evidence

The pharmacy was easily accessible. There was step-free access from the street and following a recent refurbishment a ramp had been built at the front with an electronic door. The pharmacy had reviewed the layout of the premises in terms of accessibility last year, as part of this it was looking to lower some benches. Team members helped if people need assistance. Services were advertised on the window and a number of posters were displayed throughout the pharmacy. The pharmacist also used the consultation room when needed. The pharmacy was able to produce large print labels. Some members of the team were multilingual, or the team members spoke to members of the family who can translate. Team members described signposting people to other providers if a service was not available and used NHS websites or the internet to find details of other services. For referral to sexual health services people were provided with a printout with details of local sexual health clinics.

The RP felt that the hypertension service had the most impact on the local population. The pharmacy had displayed a poster in the window and recently received a number of referrals from GP surgeries. A number of people with high blood pressure had been identified via the service and one person had been referred to A&E. Other people were referred back to their GP if a high reading was obtained. Team members explained that there had been an increase in people requesting to buy codeine linctus. The pharmacy had also in the past received a fraudulent prescription for it. All private prescriptions for certain classes of medicines were verified before dispensing.

The pharmacy had an established workflow. Prescriptions were mostly received electronically and the team first worked to prepare medicines which were to be delivered that day. There were two deliveries carried out each day. Prescriptions were printed and placed in a basket. Different coloured baskets were used to sort prescriptions for delivery. Prescriptions were dispensed by the dispensers and left for the RP to check. It was very rare that the RP had to self-check. Dispensed and checked by boxes were available on labels; these were routinely used by the team. The team member who placed the dispensed prescription in a bag initialled the prescription form. Baskets were also used to separate different people's prescriptions.

The pharmacist was aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). People who were in the at-risk group and not part of a PPP were referred back to their prescriber. The team were aware of ensuring information was not covered when attaching a label to the box. Sodium valproate was usually dispensed in its original container. Prescriptions for sodium valproate were kept on top and the RP annotated the prescription if the person needed counselling. Additional checks were carried out when people collected medicines which required ongoing monitoring. INR records were required for prescription requests for warfarin. A copy was sent to the surgery and a copy was retained in the pharmacy.

The pharmacy had an electronic application which could be used to order repeat medicines. People were referred to this by the team as it was easier and quicker than using the telephone. There was an ability to share messages on the application.

Some people's medicines were supplied in multi-compartment compliance packs. Management of the service was rotated between the dispensers. People were split into one of four weeks to help manage the service. Prescriptions were requested two weeks in advance and a copy of the request sheet was kept. When the prescription was received it was compared against the request sheet and the backing sheet from the previous month. Any changes were confirmed with the surgery and SCR. CDs were kept separately. Stock was selected by the dispensers and checked by the RP before the packs were prepared and then checked again by the RP. Packs were labelled 1-4 to help people to take their medicines. A note was made of when packs had been prepared so that a date could set for when the next pack was due to ensure the person did not run out of their medicines. Delivery records were annotated. Individual record sheets were available for each person on the service and changes were annotated on this. The team member who prepared the tray signed this sheet and the checker signed the pack. Assembled multi-compartment compliance packs seen were labelled with product details and mandatory warnings. Information leaflets were supplied monthly.

Deliveries were carried out by one of the two delivery drivers. Signatures were obtained on a separate form when CDs were delivered, and the signed form was retained in the pharmacy. For other medicines, the delivery sheet was annotated with the time of delivery and record of who the medicine was handed to. In the event that the someone was not home to accept the delivery the medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored and recorded daily. The records were seen to be within the required range for the storage of medicines. CDs were held securely. Date checking was carried out every three months and a matrix was updated. Short-dated stock was highlighted. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors. Drug recall notices were received via email. The alerts were printed out, actioned and filed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. It uses its equipment in a way which helps to protect people's personal information.

Inspector's evidence

The pharmacy had a range of clean glass calibrated measures available, separate measures were used for liquid CD preparations which were kept separately. Tablet counting trays were available. Up-to-date reference sources were available including access to the internet. The pharmacy had a medical fridge of adequate size. Computer screens were password protected and screens faced away from people using the pharmacy.

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.