

Registered pharmacy inspection report

Pharmacy Name: Aqua Pharmacy, 59 Mill Lane, West Hamstead,
LONDON, NW6 1NB

Pharmacy reference: 1123406

Type of pharmacy: Community

Date of inspection: 14/06/2019

Pharmacy context

This is a community pharmacy located in a residential area of West Hamstead in North West London. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs), the New Medicines Service (NMS), a minor ailments scheme, smoking cessation and travel vaccinations. And the pharmacy supplies some people with their medicines inside multi-compartment compliance aids, if they find it difficult to take their medicines on time.

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 manages most risks associated with its services appropriately. Team members record mistakes that occur during the dispensing process, they learn from these and act to prevent similar mistakes happening. Members of the pharmacy team understand how they can protect the welfare of vulnerable people. But the pharmacy does not always maintain all of its records, in accordance with the law. This could mean that team members may not have all the information they need if problems or queries arise.

Inspector's evidence

In general, the pharmacy was organised, this included its paperwork and the way its medicines were stored. However, some workspaces were cluttered at the time of the inspection. Staff prepared Monitored Dosage Systems and prescriptions were processed in separate areas to help prevent distractions and errors occurring.

The team routinely recorded near misses, when trends or patterns were seen, staff described these being brought to their attention, medicines with different strengths were separated and they placed caution notes on shelves to further highlight some medicines as a visual alert. Every month, details about near misses were collated and recorded, information was seen to verify this, and annual patient safety reports were also completed.

There was information on display about the pharmacy's complaints procedure. Incidents were brought to the attention of the Responsible Pharmacist (RP), the locum RP explained that details were checked and documented, the owner then investigated to identify the root cause and staff explained that incidents were reported to the National Reporting and Learning System (NRLS).

There was a range of documented standard operating procedures (SOPs) available to support the services being provided. They were last reviewed in October 2018, staff had read and signed the SOPs and their roles were defined with them. Staff were aware of their roles and responsibilities, they knew when to refer to the pharmacist and they knew which activities were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

Team members could identify signs of concern to safeguard vulnerable people. They were trained through reading and completing relevant training and explained that in the event of a concern, they would refer to the RP. Pharmacists were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE) and the pharmacy's chaperone policy was on display. Contact details for the local safeguarding agencies were readily accessible.

There was a notice on display to inform people about how the pharmacy maintained their privacy. The team ensured that no confidential material was left in areas that were accessible to the public, this included storing dispensed prescriptions awaiting collection in a location where sensitive information was not visible from the retail area. Staff were trained on the EU General Data Protection Regulation (GDPR) and the superintendent pharmacist (SI) had accessed Summary Care Records for queries or emergency supplies, consent to do this, was obtained verbally.

Confidential waste was segregated before being taken away by an authorised carrier. The inspection occurred first thing in the morning, the RP was using the SI's NHS smart card to access electronic prescriptions before he arrived shortly afterwards (an hour into the inspection), his password was known. Ensuring more robust methods to maintain people's confidential information was discussed during the inspection. The SI explained that the regular and locum pharmacists that were normally employed, held their own functioning smart cards and that he would ensure, going forward that new locum pharmacists held smart cards that worked, before being employed.

The team kept records of the minimum and maximum temperature for the fridge every day which demonstrated that appropriate storage of medicines occurred here. Staff also maintained a full record of the receipt and destruction of Controlled Drugs that were brought back by the public for disposal. In general, most of the pharmacy's records were maintained in line with statutory requirements. This included records of unlicensed medicines, emergency supplies, most entries within the RP record and records for controlled drugs (CDs). There were occasional gaps seen within the electronic RP record where pharmacists had not recorded the time that their responsibility ceased and there were missing records of prescribers in the electronic private prescription register or incomplete details about prescribers seen recorded.

A sample of registers checked for CDs in the main were appropriately maintained although incomplete addresses of wholesalers were recorded (seen as "Phoenix, St Albans" for example). Balances for CDs were checked with most transactions and every two weeks, details were seen recorded to verify this. On randomly selecting CDs held in the cabinet (Longtec, Sevredol), only the former's quantity matched the balance recorded in the corresponding register. The SI verified by email, immediately following the inspection that the balance for Sevredol had been investigated and reconciled. The pharmacy's professional indemnity insurance was provided through Numark and was due for renewal after 31st January 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. And they complete ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy dispensed approximately 4,500 prescription items every month with 40-45 people receiving their medicines inside Monitored Dosage Systems (MDS). Staff present included a locum pharmacist, a trained dispensing assistant and a trainee medicines counter assistant (MCA) undertaking accredited training for her role. Other staff included the superintendent pharmacist, who arrived mid-way through the inspection, a pre-registration pharmacist and another trainee MCA.

The team's certificates of qualifications obtained were seen, staff felt confident to raise concerns with the owner who was described as approachable and members of the team who were in training used an established sales of medicines protocol to obtain relevant information before selling over-the-counter (OTC) medicines. If staff were unsure, they ran details past the RP and held a suitable amount of knowledge of some OTC medicines, they knew which medicines held potential for abuse and when to refer when requests for these medicines occurred.

Ongoing training for the team was through literature that they received through the post, booklets from wholesalers, staff also took instruction from the RP, they completed modules from Numark, CPPE and online modules from Virtual Outcomes to keep their knowledge current. Protected time at work was provided for this. Staff received regular appraisals with the SI where their progress was monitored, and feedback was provided. There were no formal or commercial targets set to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide a professional environment for the delivery of its services.

Inspector's evidence

The premises consisted of a medium sized retail area, a smaller dispensary, with a segregated space at the very rear that was used to store MDS trays and where wholesale activity occurred. There were also two adequately sized and signposted consultation rooms, that were used for services and for private conversations. One room was used by the pharmacy, there was no confidential information present and the door was unlocked at the inspection. The other, was used for a recently initiated online GP service (see Principle 4) and relevant equipment was seen here. Both were suitable for their purpose.

The pharmacy was clean, suitably lit and well-ventilated. Areas that faced the public were well-presented and professional in appearance. Pharmacy (P) medicines were stored behind the front counter, there was gated access into this area and staff were always within the vicinity. This further assisted in preventing these medicines from being self-selected.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains medicines from reputable sources. But it sometimes stores medicines in poorly labelled containers. This makes it harder for staff to check the expiry date, assess the stability or take any necessary action if the medicine is recalled. In general, team members ensure that most of the pharmacy's services are provided safely and effectively. But they don't always record information for people that receive higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, the pharmacy does not always provide descriptions of medicines that are supplied inside compliance packs. This means that people may not have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy was accessible from the street with an automatic front door. There was clear, open space inside the premises and this allowed easy entry for people with wheelchairs. There were two seats available for people waiting for prescriptions and the team described using the consultation room to drown out background noise for people who were partially deaf. Staff physically assisted people who were visually impaired and tried to break down language barriers to assist people whose first language was not English, this included using written communication or team members spoke French, Hindi, Gujarati and Bengali to assist the local population if required.

There were leaflets available for people to access information about other local services, staff used online details, documented information as well as their own knowledge to help signpost people to other local organisations. The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations. The SI was accredited to vaccinate people requiring travel vaccinations, in his absence an online booking system was in operation. Patient Group Directions (PGDs) to allow the vaccinations were readily accessible and signed by him. Risk assessments were completed before vaccinating, this included checking for allergies and sharing details with people's GP's provided their consent was obtained. Equipment to provide the service was present, including adrenaline.

The pharmacy had recently initiated an online private GP service (Medicspot) where people booked an appointment online and/or came into the pharmacy. A consultation with an online GP occurred and this involved logging onto a system that was situated in one of the consultation rooms, a face to face interaction occurred using a webcam in the room, personal details were filled in, submitted and checked by the online GP. Diagnostic equipment was present, these were attached to the system, relevant information was uploaded to the prescriber and included a stethoscope, a blood pressure machine, Pulse Oximeter and a thermometer. Private prescriptions were then generated and sent to the pharmacy electronically. The SI was instructed to check the method of transmission that was used and to ensure that this was in line with legal requirements. He confirmed that no one had used the service at the point of inspection.

MDS trays were supplied to people who found managing their medicines difficult after being initiated by the person's GP. Prescriptions were ordered by the pharmacy and when received, details were cross-referenced against individual records to help identify changes or missing items. Queries were checked with the prescriber and audit trails were maintained. Staff ensured that all medicines were de-blistered into trays with none left within their outer packaging and Patient Information Leaflets (PILs) were

routinely provided. People prescribed warfarin with trays received this separately. Mid-cycle changes involved trays being retrieved, amended, re-checked and re-supplied. Descriptions of medicines were not always provided as staff stated they checked this with people and only informed them about new medicines.

The pharmacy provided a delivery service and maintained audit trails to demonstrate when and where it delivered medicines to. This included identifying CDs and fridge items, people's signatures were obtained when they were in receipt of their medicines and the driver brought back failed deliveries. Notes were left to inform people about the attempt made. Staff explained that medicines were occasionally left unattended, provided they obtained prior consent and checked if pets or children were present before delivering.

During the dispensing process, the pharmacy team used baskets to hold each prescription and associated medicines and this prevented any inadvertent transfer from occurring. Staff used a dispensing audit trail to verify their involvement in processes, which was through a facility on generated labels.

Staff were aware of risks associated with valproate, they described reading guidance information about this medicine, and the RP was made aware if prescriptions were seen for females at risk. There was also relevant literature available that could be provided upon supply of this medicine. Prescriptions for higher-risk medicines were identified to enable routine counselling or relevant parameters to be checked. The pharmacy required people prescribed warfarin to provide them with details about the International Normalised Ratio (INR) before repeat prescriptions could be obtained. This was routine, but details were not documented or retained to verify that this had occurred. Dispensed prescriptions awaiting collection were attached to bags. Staff could identify fridge items and CDs (Schedules 2-4) as these were highlighted. Schedule 4 CDs and uncollected medicines were checked and removed every four months.

Licensed wholesalers such as Alliance Healthcare, Colorama, Sigma, AAH and Phoenix were used to obtain medicines and medical devices. Unlicensed medicines were obtained through First Choice Pharma. The team was aware of the process involved with the European Falsified Medicines Directive (FMD) and were complying. The pharmacy was registered with SecurMed, relevant equipment was present to assist, and staff had completed appropriate training on this.

Medicines were date-checked for expiry every three to four months and a schedule was used to demonstrate the process. Short-dated medicines were identified using stickers, there were no date-expired medicines seen, medicines were stored evenly and appropriately within the pharmacy fridge and CDs were stored under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day.

However, there were several medicines stored outside of their original containers that were not marked with all the relevant details, such as batch number and expiry dates. There were also loose blisters of medicines present on the dispensary shelves and several de-blistered medicines that were poorly labelled.

Once accepted, the team stored returned medicines requiring disposal within appropriate receptacles. People who brought back sharps for disposal were referred to the local council and CDs returned for destruction were brought to the attention of the RP. Relevant details were entered into a CD returns register.

Drug alerts were received by email. The team checked for stock, acted as necessary and there was an

audit trail available to verify the process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and necessary equipment. This included counting triangles, an operating medical fridge, CD cabinet and clean, crown-stamped conical measures for liquid medicines.

Computer terminals were positioned in a way that prevented unauthorised access and the team used cordless phones. This meant that conversations could take place away from the retail space if required.

The dispensary sink used to reconstitute medicines was clean and there was hot and cold running water available as well as hand wash present. The blood pressure machine was last replaced in April 2019.

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.