

Registered pharmacy inspection report

Pharmacy Name: Avviro Pharmacy, 108 Pentax House, South Hill Avenue, South Harrow, Harrow, HA2 0DU

Pharmacy reference: 9010245

Type of pharmacy: Internet / distance selling

Date of inspection: 21/10/2019

Pharmacy context

This is a pharmacy located in a office block in South Harrow, London. It has an NHS distance selling contract and dispenses NHS and private prescriptions. The pharmacy also dispenses prescriptions for a care home. The pharmacy website www.avviropharmacy.co.uk offers pharmacy-only medicines for sale through a 3rd party registered pharmacy at www.medicinechest.co.uk.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Overall, the pharmacy adequately manages most of the risks associated with its services. The pharmacy keeps the records that it needs to, and the pharmacy's team members understand how to protect vulnerable people and people's personal information. But, the pharmacy might miss opportunities to learn as they don't have many incidents to learn from due to the low dispensing volume.

Inspector's evidence

The pharmacy kept a near miss log to record any incidents which occurred during dispensing. However, as the superintendent pharmacist was the only member of dispensary staff, there was just the one entry. The pharmacist explained that he had one dispensing error which had gone out to a care home whereby a tablet had jumped from one compartment in a multicompartiment compliance aid to another compartment. The pharmacist explained that when he was notified of this incident by the care home, he went out to visit them to collect the compliance aid, made the appropriate amendments in the pharmacy and then delivered it back out to the care home.

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 and were reviewed every two years with the last review having occurred in July 2018. The pharmacist had signed the SOPs to say he had read and understood them. Roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from 'bgp' was available and was valid until 17th January 2020 when it would be renewed.

There was a complaints procedure in place within the SOPs and the superintendent explained that he would ask the care homes for feedback annually and the pharmacy completed a Community Pharmacy Patient Questionnaire (CPPQ) annually. The results of the CPPQ survey were displayed on the pharmacy's website. 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 the Independent Complaints Advocacy Service (ICAS).

Records of controlled drugs and patient returned controlled drugs were available in the pharmacy. A sample of methylphenidate 10mg tablets was checked for accuracy and was correct. As the pharmacy kept a low volume of controlled drugs, the pharmacist explained he did not check the balance regularly, but he completed a visual check every time something was dispensed. The pharmacist explained that if the volume of controlled drugs dispensed increased, he would implement a regular balance check. The responsible pharmacist record was held in a book, and the correct responsible pharmacist notice was displayed in the pharmacy. The private prescription records were completed appropriately electronically. The specials records were all seen to be complete with the required information documented accurately. The fridge temperatures were recorded daily and were seen to always be in the 2 to 8 degrees Celsius range.

The computer was password protected and there was no public access to the pharmacy which meant that confidential information was secured. The pharmacist had completed and submitted the Data Protection and Security (DSP) toolkit, and confidential waste was shredded regularly. The pharmacist

had completed the CPPE Level 2 training programme on safeguarding vulnerable adults and children, and had the NHS Safeguarding app on his phone which held the contact details for the local safeguarding authorities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to manage its workload. They keep up to date with training and use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

Due to the low dispensing volume, there were just two members of staff; the superintendent pharmacist and the delivery driver. The pharmacist explained that the delivery driver was self-employed and had read the delivery of prescriptions SOPs and had signed a confidentiality agreement. The pharmacist explained that he planned to recruit more members of staff if the dispensing volume increased.

The pharmacist was a member of the Royal Pharmaceutical Society and explained that he kept up to date with professional changes and had completed his revalidation. He also explained he did not give himself targets and he would not compromise his professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed.

Inspector's evidence

The pharmacy was located on the first floor of an office block and it was a small partitioned room fitted with a dispensing bench, shelving and a desk. There was a door to the adjoining office but this was sealed, and blocked off by shelving so access was restricted. The pharmacy was clean and tidy, and the pharmacist explained that he cleaned the pharmacy himself. The pharmacist explained that in his contract with the office, he refused to allow the office cleaner into the pharmacy out of hours to clean the pharmacy; he would only allow them to clean when he was present.

There were no consultation facilities in the pharmacy as there was no public access. Medicines were stored on the shelves in a suitable manner and the lack of patient access allowed for privacy and confidentiality in the dispensary. Lighting in the pharmacy was suitable for service delivery and the air temperature was monitored and controlled by a small air conditioning unit.

The pharmacy website, www.avviropharmacy.co.uk, included information about the superintendent and the pharmacy's GPhC premises number. The website sold a range of pharmacy-only medicines through a third party. The pharmacist explained that he did not have anything to do with the sales of the medicines on the website and people could not purchase any pain relief medicines or opioid medicines online.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to most people, and it manages them safely and effectively so that people receive appropriate care. It obtains its medicines from licensed suppliers, and it carries out regular checks to make sure that they can be supplied to people safely.

Inspector's evidence

The pharmacy's services were displayed on its website which also included contact details for the pharmacy. Patients used an online consent form or were sent a hard copy in the post if they preferred, and details of consent provided were sent to the relevant GP surgery if required. Medicines were delivered by a delivery driver and an audit trail was used for the deliveries.

The pharmacist stated that although the pharmacy opened an account with Pharmadoctor, it was never used and so the account was closed. However, there was still a tab on the pharmacy website which made it look like the pharmacy was offering a service through Pharmadoctor.

The pharmacy team prepared MDS trays for domiciliary patients and those in care homes. The pharmacist produced medicines administration records for the care homes and the trays were prepared with accurate descriptions. The pharmacist demonstrated a file he provided to each care home containing patient information leaflets (PILs), which he updated regularly. PILs would also be provided to domiciliary patients who had compliance aids.

The pharmacist was aware of the requirements for patients in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and he had checked the PMR to see if he had any patients affected by this. The pharmacist explained that he asked patients who were taking warfarin if they were having regular blood tests and demonstrated examples of the records he kept for these patients about their blood tests to ensure the supplies of warfarin were safe. Dispensing labels were seen to be signed by the pharmacist and he explained that he would always take a mental break before accuracy checking his own dispensing.

The pharmacist was aware of the EU Falsified Medicines Directive (FMD) but explained that he was currently in the process of finding a suitable software program which would integrate FMD with the PMR system. The pharmacy obtained stock from AAH, Alliance, Phoenix, Colorama and Sigma. Invoices were seen to verify this. Date checking was carried out regularly and the pharmacist highlighted items due to expire. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients to the pharmacy. The CD cabinet was appropriate for use and secured to the wall of the pharmacy in accordance with regulations.

MHRA alerts and recalls came to the pharmacy via email and the pharmacist would check for affected stock. However, as he had not had to action anything yet, the recalls had not been printed off.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains the equipment satisfactorily so that it is safe to use.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available. The computers were all password protected and telephone conversations going on in the pharmacy could not be overheard clearly.

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.