

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: 06/03/2023

Pharmacy context

This is a pharmacy that is closed to the public and provides its services at a distance. The pharmacy is in Harrow, Greater London. It dispenses NHS prescriptions, supplies medicines inside multi-compartment compliance packs to residents in residential care homes and to people in their own homes if they find it difficult to manage them. People can also purchase over the counter (OTC), Pharmacy-only (P) medicines, devices and some medicines for animals through the pharmacy's website www.avviropharmacy.co.uk. This is through a third-party organisation. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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	1.2	Good practice	The pharmacy ensures that the safety and quality of its services are regularly reviewed and monitored. The pharmacy routinely records, reviews, reviews and seeks to learn from mistakes when they are made.
2. Staff	Standards met	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. Team members use various online learning resources to keep their knowledge and skills up to date and the superintendent pharmacist encourages and monitors the team's progress with this.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are delivered safely using verifiable processes. Members of the pharmacy team are promoting safe practice for people recently discharged from hospital and for those prescribed higher-risk medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy is operating in a safe and effective manner. It has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy maintains its records as it should.

Inspector's evidence

This was a six-month re-inspection as the pharmacy had been rated as 'standards not met' at the last inspection. The inspector found the pharmacy to be clean and tidy, efficiently run with capable staff. The pharmacy's team members had been taught by the superintendent pharmacist (SI) to ensure the relevant standards and pharmacy's internal procedures were routinely adhered to. This helped ensure services were provided safely (see Principle 4) and that routine tasks were regularly completed.

The pharmacy had a range of current standard operating procedures (SOPs) which provided guidance for the team to carry out tasks correctly. They had been signed by the staff. Team members understood their roles and responsibilities. The pharmacy's team members knew which activities could take place in the absence of the responsible pharmacist (RP). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. There were designated areas to prepare prescriptions, carry out the accuracy-check and place people's medicines into bags. An additional accuracy-check of the prescribed and dispensed items occurred at this later stage. The RP explained that another person's medicine(s) had inadvertently fallen into someone else's basket before the prescription was bagged, but this had been identified before it reached anyone. An additional accuracy-check had subsequently been incorporated into the pharmacy's internal systems at this final stage. Staff routinely recorded their near miss mistakes. They were reviewed regularly, details were documented, and discussions were held with the team. To minimise the risk of errors occurring, look-alike and sound-alike medicines were identified. Staff tried to order different brands of medicines to avoid having similar packaging and examples of this were seen. The pharmacy also had a complaints as well as an incident management policy. The RP's process to handle incidents was suitable and in line with requirements. This involved appropriate handling of the situation, formal reporting and investigation to identify the root cause. Any necessary changes were then implemented internally.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people to level two through relevant and ongoing training. This included learning about domestic abuse. Staff could recognise signs of concern and knew who to refer to in the event of an issue. Contact details for local and national safeguarding agencies were available. The SI was trained to level three through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had an updated policy in place on maintaining people's private information. Confidential material was stored and disposed of appropriately. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The pharmacy had suitable professional indemnity insurance arrangements in place. The RP record, records about supplies of unlicensed medicines, supplies made against private prescriptions, emergency supplies and records verifying that fridge temperatures had remained within the required range had all been appropriately completed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles. And the superintendent pharmacist provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy team consisted of the RP, who was also the superintendent pharmacist and a full-time, trained dispensing assistant. There was also a part-time delivery driver. The pharmacy had enough staff to manage the workload and the team was up to date with this. The team's certificates of qualifications obtained were seen and a training matrix was on display to help monitor their ongoing training. This included the delivery driver. Staff explained that they had access to various online resources. This helped ensure they continually learnt and kept their knowledge up to date. Evidence seen included learning about safeguarding, antimicrobial stewardship and infection control. As they were a small team, meetings and discussions took place regularly and informal performance reviews were completed. The RP had also created personal development plans for the team which identified any gaps in their knowledge. This had included learning about and implementing safer processes for people prescribed higher-risk medicines (see Principle 4). Staff felt supported, they could raise concerns if required and said that they really enjoyed working at the pharmacy. This was due to the environment and the regular pharmacist. There were no formal targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable to provide and deliver its services from. The pharmacy is suitably clean. Access into the pharmacy is controlled and the pharmacy is secure when closed.

Inspector's evidence

The pharmacy's premises consisted of two adjoining rooms, on the end of the first floor inside an office block. People had to ring the intercom for the pharmacy and wait for staff to allow them entry. The building was also manned by a receptionist which further assisted with security. The pharmacy premises had enough space to safely dispense and store medicines. The pharmacy was suitably lit and ventilated. The air temperature was monitored and controlled appropriately. The pharmacy was clean and tidy. Members of the public could not usually enter the pharmacy and the lack of patient access enabled activities within the pharmacy to remain private and confidential. The pharmacy used the second adjoining room as a consultation room when, or if this was required. This room was suitable for this purpose.

The pharmacy had its own online website (www.avviropharmacy.co.uk). This website gave clear information. It displayed the SI's details, information about the pharmacy's opening times, how people could complain, the pharmacy's contact details and GPhC registration information. The website had no direct reference to the prescribing service or any prescription-only medicines (POMs) but there were options to purchase General Sales List (GSL), P medicines, devices or some medicines for animals once people registered. This was through another third party, Medicines Chest (<https://www.medicinechest.co.uk/>). The inspector was aware that sales of the medicines on the website were separate to the activities in the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. The pharmacy's team members prepare compliance packs safely. And they regularly identify people who require ongoing monitoring so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy provided its services at a distance. Team members spoke Arabic and had translated details onto packs of medicines to assist people whose first language was not English. They also used written communication and text messages if required. The RP explained that the NMS was beneficial to people as the service had enabled identification of medicines that had been inadvertently prescribed or were not needed.

The team routinely identified people prescribed higher-risk medicines. This included people in residential care homes. Prescriptions for these medicines were highlighted. details about relevant parameters, such as blood test results were routinely asked about and records were kept about this. In addition, the SI had created hand-outs and leaflets to provide people with relevant information. This included advice on disposing of medicines such as inhalers which had helped increase awareness and resulted in suitable disposal. It had also assisted people's understanding on how to take their medicines. In addition, the SI routinely carried out interventions and counselled people. This included people who had recently been discharged from hospital. Team members were aware of risks associated with valproates, they ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people at risk, who had been supplied this medicine. People were counselled accordingly, and educational material was available to provide upon supply.

The pharmacy provided multi-compartment compliance packs after this was considered necessary and an assessment had taken place. This helped people to manage their medicines more effectively. Once prescriptions were received, they identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied. The pharmacy also offered a local delivery service and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about this, and they were called to rearrange the delivery. No medicines were left unattended.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used this as an audit trail.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept

records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. CDs were stored under safe custody. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean and used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment included current online access for reference sources, an appropriately operating pharmacy fridge, a shredder and a legally compliant CD cabinet. The pharmacy was closed to the public and in an office block with no-one seen out in the corridor or adjacent offices, so computer terminals were placed in a way that prevented unauthorised access. Private conversations took place by telephone and staff used their own NHS smart cards.

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.