

Registered pharmacy inspection report

Pharmacy Name: Pharmco, 199 Deansbrook Road, Edgware, HA8 9BU

Pharmacy reference: 9010320

Type of pharmacy: Community

Date of inspection: 20/09/2024

Pharmacy context

The pharmacy is located within a row of shops in the town of Edgware. It dispenses NHS and private prescriptions and sells medicines over the counter. The pharmacy provides medicines in multi-compartment compliance packs to some people. And it delivers prescriptions to people who cannot get to the pharmacy. The pharmacy offers some NHS services such as Pharmacy First and the New Medicines Service.

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

Overall, the pharmacy manages its risks well and reviews its processes to help team members work safely and effectively. Team members record their mistakes and take action to try and prevent similar mistakes happening again. The team ensures it protects people's personal information from unauthorised access. And it keeps the records it needs to by law. Team members understand their role in protecting vulnerable people.

Inspector's evidence

There was a set of written standard operating procedures (SOPs) which covered the activities of the pharmacy. These helped team members to work safely. The SOPs had been last reviewed in August 2024 by the superintendent pharmacist (SI). Team members were given time to read the SOPs and signature sheets were used to record which SOPs they had read.

The pharmacy recorded near misses (mistakes that were identified and corrected during the dispensing process) in a near miss register. The near misses were reviewed monthly and relevant follow-up actions were taken. For example, the team had separated medicines on the shelves which sounded similar or looked alike such as amlodipine and amitriptyline. The SI had also placed labels on the shelves to highlight these medicines so extra care was taken when selecting them for prescriptions. The SI, who was also the responsible pharmacist (RP), explained he had noticed that near misses with these medicines had reduced since these actions were put in place. He also described the actions he would take following a dispensing error (a mistake that had been handed out). He shared an example where the error was recorded and corrected, and an investigation was carried out. He discussed the mistake with pharmacy team members to help prevent a similar mistake happening again.

The RP notice was displayed prominently, and the RP record was completed as required with start and finish times. The pharmacy kept records of private prescriptions electronically. And these were generally maintained as required although some records were missing prescriber details. The SI said he would ensure these were completed fully going forward. The controlled drugs (CD) registers were kept in order. And balance checks were completed as per the SOP. A random check of two CDs showed no discrepancy between the balance in the register and the physical balance in stock.

The pharmacy had a complaints procedure. People could give feedback online, over the phone or in person. The pharmacy responded to feedback appropriately. For example, it had received feedback to provide better seating for people who wanted to wait. So, the SI set up a more suitable waiting area in the pharmacy with extra seating. The pharmacy had valid indemnity insurance. And team members knew how to protect people's confidential information. They had signed the pharmacy's privacy policy and completed data protection and information governance training. And they completed refresher training about this annually. Confidential waste was stored separately to normal waste in the dispensary, and was shredded. And assembled prescriptions awaiting collection were not visible to people using the pharmacy.

Pharmacy team members, including the delivery driver, had completed safeguarding training at a level appropriate for their roles. They were aware of how to identify a vulnerable person and when they

might need to refer a safeguarding concern to the pharmacist. And the pharmacist knew where to access the local safeguarding team details if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members work well together and have been appropriately trained for their roles. There are enough team members for the pharmacy to deliver its services safely. And they are comfortable about raising any concerns they may have.

Inspector's evidence

There was the RP, a pharmacy technician, and a medicines counter assistant (MCA) present during the inspection. The pharmacy also had a delivery driver who delivered medicines to people in the local area. The team members were seen working well together and responding to queries from people using the pharmacy appropriately. There was no back log of work observed. The team felt it had enough staff to manage the pharmacy's workload. And the SI explained there was sufficient contingency in case of staff absence. The pharmacy would occasionally use locum dispensing assistants if needed.

When asked, the MCA correctly described how he would make a sale of a pharmacy medicine safely and when he would refer a query to the pharmacist. He was aware of the medicines liable to misuse and said he was confident managing requests for these medicines. Although there was no structured training time, team members were given time to complete training modules as required. The SI explained that all team members had individual access to a learning platform called Avi Academy. The site was updated with relevant modules and team members would be alerted when new training content was available. For example, team members completed training modules about new pharmacy medicines. The pharmacy technician also described training he had recently completed about a new app which people could use to request prescriptions and book services from.

Team members were comfortable about giving feedback or raising any concerns they may have. They had annual appraisals with the SI where they discussed performance and development. For example, the SI explained he was looking at further training options for a dispensing assistant to complete the pharmacy technician's course. The SI did not set formal targets for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and maintained well. And they provide a professional environment to provide health care services. The pharmacy has a suitable consultation room so people using the pharmacy can have a private conversation with team members if needed. And the premises are kept secure from unauthorised access.

Inspector's evidence

The pharmacy premises consisted of a small retail area, the dispensary and a consultation room. At the rear, there was a small stockroom and staff facilities which included a small kitchen area and a clean WC with handwashing facilities. The premises were kept clean and provided a professional environment for the provision of healthcare services.

There was enough space in the dispensary for the level of workload in the pharmacy, and the area was kept clear from clutter. Fixtures and fittings were in good repair. Pharmacy only medicines were stored behind the pharmacy counter. The pharmacy had air-conditioning. And the temperature and lighting were kept at an adequate level for working and storing medicines safely. The pharmacy was cleaned weekly and team members kept the premises clean through the remainder of the week.

The pharmacy had a suitable consultation room with sufficient space for providing services. It was clean and had a small sink. No confidential information was visible in the room. And it was sufficiently private so people could have a private conversation without being overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people with different needs. And it provides its services safely. It obtains its medicines from licensed wholesalers and stores them appropriately. Team members highlight prescriptions for higher-risk medicines so people can be given additional information to help them take their medicines safely. And the team responds to drug alerts and recalls to ensure medicines are suitable to supply.

Inspector's evidence

Access to the pharmacy was via step free access from the pavement. The pharmacy clearly displayed its services and opening times on the front windows. There was adequate space for wheelchair users or those with pushchairs to access the pharmacy's services. And there was seating available for people who wanted to wait. The pharmacy had a range of leaflets with information on various healthcare conditions available. And it also had practice leaflets which provided information about the pharmacy. The pharmacy was able to print large font labels for people who were visually impaired. The pharmacy delivered medicines to some people who could not get to the pharmacy. Deliveries were recorded onto a pharmacy log and a driver's record so an audit trail was maintained. Deliveries containing fridge items or CDs were highlighted. And people signed to confirm they had received these medicines. If there was a failed delivery, a note was left, and the delivery was re-arranged.

Team members used baskets to separate medicines for different people to help prevent them getting mixed up. Prescriptions were generally prepared when they were received from surgeries. And people could be contacted by text or phone when their prescription was ready to collect. The pharmacy would contact people if prescriptions were uncollected after one month. If they remained uncollected, the prescriptions were cleared to ensure medicines which were no longer suitable were not handed out. Dispensing labels on assembled prescriptions were seen to contain the initials of the dispenser and checker to maintain a clear audit trail.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. The pharmacy ordered prescriptions a week in advance of packs being required. Labels on prepared packs were seen to contain drug descriptions to help people identify their medicines. The SI explained patient information leaflets were provided with packs monthly. Any changes to medicines were noted on the patient's record and the team would contact the surgery with any queries.

The pharmacy had the necessary signed patient group directions (PGDs) to provide the NHS Pharmacy First service. And the pharmacist had completed the relevant training to provide the service safely.

The pharmacy obtained its medicines from several licensed wholesalers. And it stored medicines appropriately. Medicines requiring cold storage were stored in two fridges. And records showed that both fridges were kept within the required range between 2 and 8 degrees Celsius. CDs were stored securely as required. Pharmacy stock was date-checked every three months and any short-dated items were recorded and marked with a sticker. Any medicines due to expire were removed from the shelf and disposed of appropriately. Waste medicines were stored separately in the stockroom and collected every three months. And if needed, the pharmacy could arrange a collection sooner.

Team members flagged prescriptions containing higher-risk medicines such as methotrexate. The RP explained they would ensure that people taking these medicines were given the additional advice to take their medicine safely. And safety booklets were provided. Team members were aware of the guidance about supplying medicines containing valproate. They ensured these medicines were supplied in their original packs and dispensing labels did not cover important safety information on the box. The RP explained that they received drug alerts and recalls via NHS mail. And they provided evidence of how these were actioned, including any recalls that were returned to the suppliers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment to provide its services effectively. It uses its equipment in a way that maintains people's privacy. And it carries out checks to ensure it is safe to use.

Inspector's evidence

Team members had access to the internet to obtain information and resources they needed. Computer screens were not visible to people using the pharmacy. And all computers were password protected to prevent unauthorised access. The pharmacy had a shredder to dispose of confidential waste. And team members used a cordless phone so calls could be taken in private if needed. Electrical equipment was in good, working order. And records showed that it was safety-tested annually.

The pharmacy had calibrated glass measures in a range of sizes, to measure liquid medicines. And there were tablet and capsule counters available. The pharmacy had a separate tablet counter for cytotoxic medicine to avoid cross-contamination. All equipment was kept clean. The pharmacy had two fridges for storing medicines requiring cold storage; one was in the consultation room and the other was in the dispensary. And there was a separate fridge for staff use. The CD cupboards were secured.

The pharmacy had access to a calibrated blood pressure monitor, and it had an otoscope for use with the Pharmacy First service.

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.