

Registered pharmacy inspection report

Pharmacy Name: Egerton Pharmacy, 147 Holloway Road, London, N7 8LX

Pharmacy reference: 9010982

Type of pharmacy: Community

Date of inspection: 07/10/2021

Pharmacy context

The pharmacy is located in a parade of shops on a main road. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines. The inspection was undertaken during the Covid-19 pandemic. The pharmacy provides Covid Vaccinations in conjunction with another local pharmacy at an external site.

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's working practices are safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy keeps the records it needs to by law so that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members respond appropriately when mistakes happen during the dispensing process.

Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles with the exception of the foundation trainee pharmacist who had only recently started. Team roles were defined within the SOPs. Recently the SOP for over-the-counter (OTC) sales of laxatives had been reviewed following an incident. The team had been routinely ensuring infection control measures were in place. Team members had been provided with personal protective equipment (PPE). The superintendent pharmacist (SI) who was also the responsible pharmacist (RP) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff. Information was displayed at the entrance asking people to wear a mask upon entering.

The pharmacy recorded 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). Near misses were recorded as they occurred by the team member who had made the mistake. In some cases, the dispensed medicines were handed back to the dispenser who was asked to identify their own mistake. A discussion was held with the team member to identify how the near miss had occurred. It was found that most near misses occurred as a result of distractions and team members were asked not to do anything else such as answering the telephone when dispensing. Medicines which sounded similar such as prednisolone and propranolol, amlodipine and amitriptyline had been separated on the shelves. Dispensing errors were investigated and a record was made. The pharmacy had not had any recent reported incidents.

A 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 complaint procedure. Prior to the pandemic the team had also carried out annual patient satisfaction surveys. The SI explained that the pharmacy was due to restart this.

Records for private prescriptions, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained. CDs that people had returned were recorded in a register as they were received. A random check of a CD medicine quantity complied with the balance recorded in the register. CD registers were kept electronically and team members had individual log ins. CD balance checks were carried out regularly and the system prompted for balance checks to be completed if one had not been recorded.

Assembled prescriptions were stored behind the medicines counter and people's private information was not visible to others using the pharmacy. An information governance policy was available. Relevant team members who accessed NHS systems had smartcards. The two regular pharmacists had access to

Summary Care Records (SCR) and consent to access these was gained verbally.

Pharmacists and the trainee pharmacist had completed level two safeguarding training and other team members had all completed the level one training. The SI was aware of where to locate the contact details for safeguarding boards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services provided, and they do the right training for their roles. They work effectively together and are supportive of one another. The pharmacy supports its team members with ongoing training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the SI, a second pharmacist, a trainee pharmacist, two dispensers and three counter assistants. Team members were all trained or undergoing training with the exception of a new team member who had just started. Team members were able to manage their workload during the inspection.

Individual performance and development was monitored by the SI who held six-monthly appraisals with each of the team members. Appraisal meetings were used to set standards, review achievement of standards set previously and identify training needs. Team members were also provided with ongoing feedback. There was an opportunity for team members to progress in their roles and both dispensers were completing the course to become technicians.

The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Ongoing training for team members was linked to the Quality Payment Scheme. The SI explained that there was a lot of training which needed to be completed as part of this, so he had not added additional training. Team members were also trained on new services by the pharmacists as they were introduced. Recently team members had completed training on the Covid lateral flow test service.

Team members completing formal training courses were given set-aside study time. The SI was the tutor for all trainees and arranged reviews with each team members depending on where they were in the training or the level of support they required. The trainee pharmacist had scheduled reviews with the SI and had been enrolled on the Greenlight Pre-reg training programme. As part of this he attended weekly training courses.

Team members discussed issues as they arose. The SI arranged dinner events when new services were being launched or if there were issues which needed to be discussed more formally. Team members felt able to provide the SI with feedback and suggestions. There were no targets set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was modern, bright, clean, and organised. The pharmacy had relocated to a new premises three years prior to the inspection. There was ample workspace which was clear of clutter and organised for certain tasks. Cleaning was carried out by team members. A clean sink was available for the preparation of medicines. Team members were observed to use face masks. Screens had also been fitted at the counter. Hand sanitiser dispensers had been fitted around the dispensary for team members to use. The pharmacy had a large clean consultation room which was easily accessible. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. The door leading into the room from the shop floor was lockable.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. Air conditioning was available to help regulate the temperature. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources, and manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

The pharmacy was easily accessible, it was situated at street level and had a wide door. Aisles were wide and allowed easy access to the medicines counter. Services were appropriately advertised to patients. Services were appropriately advertised to patients. Team members knew what services were available and described signposting people to other providers where needed. A delivery service was offered to those people who were unable to access the pharmacy. Team members were multilingual and spoke languages spoken locally. The team also used translation applications to help.

Most prescriptions were received electronically. Since the start of the pandemic 80% of prescriptions were dispensed as part of a managed repeat service. Prescriptions were ordered via the 'Health Era' application or via the pharmacy's website or people called in with their requests or dropped them off in person. The pharmacy used a white board to organise and manage the service. Once prescriptions were received, they were printed out and labelled. These were dispensed by the dispensers and left for the pharmacists to check. There was a separate checking bench. It was very rare that the pharmacists had to self-check. Dispensed and checked-by boxes were available on labels which were observed to be used. Baskets were used to separate prescriptions, preventing transfer of items between people.

The SI was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. In most cases sodium valproate was dispensed in its original pack. Booklets and warning labels were available which were used. The system prompted team members when sodium valproate was dispensed. Additional checks were carried out when people collected medicines which required ongoing monitoring. INR records were sent to the surgery when repeat requests were sent.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. Prescriptions were compared against the person's electronic record. Any queries were queried with surgeries via email. The SI explained that the point of contact at most practices was the practice pharmacist and the communication was 'brilliant'. Packs were prepared by the dispensers or trainee pharmacist and checked by the pharmacists. Assembled packs were labelled with product descriptions and mandatory warning. Patient information leaflets (PILs) were not routinely supplied. The SI assured that leaflets would be given monthly.

Most people were initiated on the multi-compartment compliance packs by the hospital. The local clinical commissioning group were considering revamping how the service was offered and the pharmacy had been keeping records of the people using the service. The SI felt most people using the service were eligible. The Local Pharmaceutical Committee (LPC) had also had a discussion around reviewing the service.

The pharmacy provided a delivery service. Signatures were no longer obtained when medicines were delivered and this was to help infection control. The driver confirmed the person's name and date of birth. Delivery logs were kept in the pharmacy. In the event that someone was not available medicines were returned to the pharmacy.

The pharmacy had provided over 1,000 flu vaccinations the previous year. The current flu season the pharmacy had vaccination approximately 450 people. Regular patients had been called as soon as the pharmacy had received stock of flu vaccinations.

The pharmacy ran a Covid vaccination service in conjunction with another local pharmacy. This was provided from an external site. A new team had been employed to provide this service. Vaccinations were provided by pharmacists or other clinical staff. The SI held certificates for training completed by all team members at the site. Some team members had completed the paediatric basic life support and arrangements were in place for contact with someone who had completed the level 3 safeguarding training. The site had a bed available which was reserved for people who felt faint or unwell after the vaccination. The SI explained that there were generally two vaccinators at busy times. If someone fainted one of the vaccinators would continue with vaccinations and the other would take care of the unwell person. The team now checked with people if they had eaten before their vaccination and if not were recommended to go to a nearby coffee shops. The pharmacy had dealt with one serious adverse incident following a vaccination. This had been dealt with as per the guidance and reported through the system.

Medicines were obtained from licensed wholesalers. Medicines were organised on shelves in a tidy manner. Fridge temperatures were monitored daily and recorded. Records seen showed that the temperature were within the required range for the storage of medicines. CDs were held securely. Expiry-date checks were carried out weekly. Short-dated stock was marked. An up-to-date date-checking matrix was available for the counter and the SI gave an assurance that he would introduce one for the dispensary. No date-expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from stock generally stored securely and then collected by licensed waste collectors. Drug recalls were received via email these were actioned and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. To avoid cross contamination separate tablet counting trays were labelled for cytotoxic medicines and separate measures were labelled for liquid CDs. Equipment was clean and ready for use. Blood pressure monitors were replaced annually. The pharmacy had two medical fridges of adequate size available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential waste was collected in a separate bin and shredded by an external company.

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.