

Registered pharmacy inspection report

Pharmacy Name: Hyperchem Pharmacy, 146 Willesden Lane,
London, NW6 7TH

Pharmacy reference: 9011076

Type of pharmacy: Community

Date of inspection: 08/05/2019

Pharmacy context

The pharmacy is newly opened in December 2018 and located in a parade of businesses in a residential area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in monitored dosage system (MDS) blister packs for people who have difficulty managing their medicines. Services include prescription collection and delivery.

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 generally safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk well and keeps people's information safely. The pharmacy has written procedures which tell staff how to complete tasks safely. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

Near misses were recorded and reviewed although at a lower than expected rate. Shelf edge labels 'check' were placed where there were medicines available in multiple strengths such as bisoprolol. An annual patient safety reviews (PSR) was completed.

Workflow: the pharmacist explained that a legal, clinical and stock check was undertaken on receipt of the prescription. Baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. There were separate dispensing and checking areas in the dispensary. The dispensing audit trail was completed after the final check of medication prior to transfer to the patient.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For "manufacturer cannot supply" items the patient was asked how urgently they required the medication and staff tried to obtain stock from another branch or the doctor was contacted to arrange an alternative if necessary.

MDS blister packs were prepared for 10-20 patients weekly. The pharmacy managed prescription re-order on behalf of patients. MDS blister packs were prepared for patients who had moved from another branch which had less available dispensary space. Patients had given their consent and switched nomination to this branch.

The doctor generally initiated supply of medicines in MDS blister packs. Patient information relating to MDS blister pack patients, such as when the patient was in hospital, was recorded on the patient medication record (PMR). Labelling included a description to identify individual medicines although it was not very easy to read in some cases. Package information leaflets (PILs) were not always supplied with each set of blister packs but after the visit, the pharmacist confirmed that PILs were now being supplied with each set of MDS blister packs. The backing sheet was not always well fixed to the blister pack and could become detached.

The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Alendronate was supplied separately from the MDS blister pack. The patient or carers were counselled on the best time to take levothyroxine and lansoprazole. Sodium valproate was supplied in an MDS blister pack but there was a discussion about checking stability of sodium valproate when de-blistered.

The updated practice leaflet was on display and included details of how to comment or complain. The standard operating procedures included responsible pharmacist procedures. The delivery procedure

specified recording a patient signature for each delivery but although patients signed for controlled drug (CD) delivery, they did not always sign for receipt of other delivery items. Following the visit, the pharmacist explained that the procedure had been reviewed and would be updated. The delivery person was now collecting a patient signature for each delivery.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 31 May 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

Records for private prescriptions, emergency and special supplies were generally complete. The controlled drug (CD) registers were generally complete although there were some missing headers. The name and address of the supplier were recorded for the receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs. There was a discussion about ensuring the CD registers reflected the change in pharmacy premises when CD stock was transferred from the previous premises. Following the visit, the pharmacist confirmed that the registers were to be annotated reflecting the change in pharmacy premises.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. The pharmacist's NHS card was being updated at the time of the visit. Staff had undertaken safeguarding and dementia friends training and the pharmacist was accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

At the time of the visit, staff comprised: one regular pharmacist and one dispenser and medicines counter assistant (MCA) who had completed accredited training. No Saturday staff were employed.

Staff had completed training in line with quality payments criteria. Staff were undertaking healthy living training. The pharmacist was signed up to undertake training to supply medicines via patient group directive (PGD). Training was provided through NPA Hub. Training topics included blood pressure management, nasal allergies, supplying liquid medicines safely especially to children and joint pain. Topics were discussed with the dispenser.

Staff had not yet had appraisals. Staff said they felt able to provide feedback and would ask the superintendent pharmacist (SI) to address the issue of the delivery audit trail mentioned under principle 1 and which was later confirmed to have been actioned. The pharmacist had also requested a folder to organise paperwork. Staff said targets and incentives were not set in a way that affected patient safety and wellbeing.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the provision of its services.

Inspector's evidence

The pharmacy was newly opened after re-locating from nearby premises. The pharmacy was bright, clean and presented a professional image.

Lavatory facilities were clean and handwashing equipment was provided. The consultation room was located to one side of the medicines counter and was not locked when not in use. There were lockable cabinets although they were unlocked at the time of the visit and were used to store stock. Patient privacy was protected. The premises were secured from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

Inspector's evidence

There was wheelchair access via a wide automatic door and large font labels could be printed to assist visually impaired patients. Staff could converse in Gujarati, Hindi and Urdu to assist patients whose first language was not English.

There was a list of services on display in the pharmacy window but all the services on offer were not yet available and staff said they explained to people who enquired about a service. The pharmacist said the services would be available on completion of training in PGDs.

The pharmacist explained that for prescriptions issued for more than one month's supply of a CD, the prescriber was contacted to check the quantity and the intervention was recorded on the PMR. CD warning stickers were added to CD prescriptions and the date was circled for schedule 2,3 and 4 CDs to highlight the 28-day period of validity after which CDs could not be supplied.

Patients were signposted to other local services including the walk-in centre, family planning, other local pharmacies and A&E. There was a folder of signposting information. Interventions were recorded on the PMR such as the INR for people who take warfarin.

The pharmacist would counsel the patient on how best to take their medication. Patients taking warfarin were asked about blood test dates and for their record of INR which was recorded on the PMR. The dose of the warfarin and the colour of tablets in relation to strength of warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about buying medicines over the counter, diet containing green vegetables and cranberry which could affect INR. Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed.

The NHS.UK entry and email were current. Audits had been conducted. No patient was identified for referral for prescription of proton pump inhibitor for gastric protection during the non-steroidal anti-inflammatory drug (NSAID) audit. There was an audit regarding use of inhalers in the treatment of asthma. No patients at risk of getting pregnant had been identified during the audit for sodium valproate but there was a folder of information to distribute to patients if necessary.

Medicines and medical devices were delivered outside the pharmacy and following the visit, the procedure was reviewed to include a more robust audit trail showing the right medicines were delivered to the right people. Falsified medicines directive (FMD) hardware and software had been installed at the time of the visit and was then activated.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix, Colorama and Sigma. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded. No date expired medicines were found in a random check. Liquid medicines were marked with the date of opening. Medicines were generally stored in original manufacturer's packaging except for one pack of tablets which contained strips of mixed batch and expiry date which were highlighted and discussed. Cold chain items were stored in a medical fridge. Waste medicines were stored in the consultation room in pharmaceutical waste bins. Security of waste medicines and ensuring patient identifiable information was removed from packaging was discussed. Drug alerts were actioned on receipt, annotated and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely, but the pharmacy's stationery should reflect its current address.

Inspector's evidence

Current reference sources included BNF and Drug Tariff. There was a range of clean British standard glass measures to measure liquids. The dispensary sink was clean. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range two to eight degrees Celsius. The CD cabinet was fixed with bolts.

The pharmacy stamp and backing sheets for MDS blister packs showed the address of the previous location of the pharmacy albeit two doors along the same parade. Dispensing labels showed the correct address.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. The pharmacist's NHS card was being updated at the time of the visit.

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.