

Registered pharmacy inspection report

Pharmacy Name: Finstead Pharmacy, 193 Hoxton Street, London, N1
6RA

Pharmacy reference: 9011307

Type of pharmacy: Community

Date of inspection: 13/10/2021

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 pharmacy also provides flu vaccinations. The inspection was undertaken during the Covid-19 pandemic.

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. The pharmacy keeps the records it needs to by law so that medicines are supplied safely and legally. People who use the pharmacy can give feedback on its services. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members generally respond appropriately when mistakes happen during the dispensing process. But they don't consistently record near misses. So, this may mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles. The superintendent pharmacist (SI) who was also the responsible pharmacist (RP) was due to review the SOPs and explained that this had been delayed due to the pandemic. The team had been routinely ensuring infection control measures were in place. Team members had been provided with personal protective equipment (PPE). The SI 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 where the medicine was handed to a person (dispensing errors). Dispensing mistakes which were identified before the medicine was handed out (near misses) had been recorded prior to the pandemic but had stopped as it had become busy. The SI gave an assurance that he would restart recording these. When a near miss was identified it was discussed with the team as well as discussing steps that could be taken to avoid reoccurrence. Medicines which sounded similar had been separated on the shelves and team members had been briefed to double-check their work when dispensing these. Dispensing errors were investigated and a record was made. The pharmacy had not had any recent reported incidents.

An incorrect RP notice was initially displayed, this was changed during the inspection. The team member who had recently started was not aware of the tasks that could and could not be carried out in the absence of the RP. She was informed by the inspector and the SI gave an assurance that he would go over the SOP with her again.

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. Previously feedback had been about the waiting area in the old premises. However, this had stopped once the pharmacy had relocated.

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.

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

Four team members including the SI had completed level two safeguarding training and other team members had all completed the level one training. Contact details for local safeguarding boards were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained staff to manage its workload appropriately. Team members work well together. And they are provided with ongoing training material. This helps keep the team's knowledge and skills current.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the SI, two pharmacy technicians, a trainee dispenser, two trained medicines counter assistants (MCA) and a team member who had started working at the pharmacy a few months prior to the inspection. The new team member was to be enrolled onto an accredited training course. One of the technicians was also completing the accredited checking technician training course. Team members were able to manage their workload during the inspection.

Individual performance and development were monitored by the SI informally. The SI worked closely with the team and had a one-to-one discussion with each team member annually. Team members were also provided with ongoing feedback. There was an opportunity for team members to progress in their roles. During one-to-one sessions a discussion was held on how the team member was doing as well as any training needs or further training they wished to do. Incidents and issues were discussed as they came up.

The counter assistant counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment as she had only started working at the pharmacy recently, she checked with the RP or more experienced colleagues before selling medicines. She was not fully aware of the maximum quantities of certain medicines which could be sold over the counter, she was informed by the inspector. The SI gave an assurance that he would brief the team on maximum quantities of medicines that can be sold over-the-counter. Team members were supported with their ongoing training and completed courses online. These courses covered seasonal ailments and provided refresher training on over-the-counter medicines. Technicians also completed their revalidation. Team members on formal training were supported by the SI and other more experienced colleagues.

Team members discussed issues as they arose. 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 bright, clean, and organised. There was ample workspace which was clear of clutter and organised for certain tasks. A separate area at the back of the dispensary was allocated for the management of the multi-compartment compliance pack service. 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. 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

The pharmacy's working practices are generally safe. People with different needs can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. And it generally 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 with step-free access and there was easy access to the medicines counter. Services were appropriately advertised to patients. Team members were multilingual and the pharmacy used online translation applications when needed. A delivery service was offered to those people who were unable to access the pharmacy.

The majority of the prescriptions were received electronically; these were printed out and labels were processed. These were dispensed by a dispenser and left for the RP to check. In the event that the RP had to self-check, they tried to take a mental break in between the dispensing and checking processes. Dispensed and checked-by boxes were available on labels, however, these were not routinely used by the dispensers or pharmacist. This could make it difficult to identify who was involved in the dispensing and checking processes in the event that there was an incident. Baskets were available to separate prescriptions and prevent transfer of items between people. However, these were not observed to be used during the inspection. The SI gave an assurance that these would be routinely used.

The SI was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. Booklets and warning labels were available which were used. Additional checks were carried out when people collected medicines which required ongoing monitoring. Most people did not bring in their warfarin monitoring books when collecting prescriptions. Team members checked verbally with the person collecting and no record was made of this. On occasions where a book was presented a record was made on the person's electronic record.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service or surgeries sent a batch of prescriptions. Individual records were available for everyone on the service which had a list of all their current medication. Any queries were checked with the prescriber. The pharmacy received discharge summaries from the hospital when people were admitted into hospital. These were checked for any changes and sent to the person's GP if a new prescription was needed. Packs were prepared by the dispenser and checked by the RP. Assembled packs were labelled with product descriptions. Mandatory warnings were not included, the SI gave an assurance that he would speak to the system provider to have the settings changed. Patient information leaflets (PILs) were also not routinely supplied. The SI and dispenser assured that leaflets would be given monthly. There was also an incomplete audit trail to show who had dispensed and checked the packs. For people residing in care homes the pharmacy provided Medicines Administration Record. (MAR) Charts.

The pharmacy provided a delivery service and during the pandemic the number of people who the pharmacy delivered medicines to had increased. Signatures were no longer obtained when medicines

were delivered and this was to help infection control. In the event that someone was not available medicines were returned to the pharmacy.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly. The date-checking matrix had not been updated with details of the most recent checks but there were no date-expired medicines found on the shelves checked. Fridge temperatures were checked daily and recorded. These were observed to be within the required range for the storage of medicines for one of the fridges. The SI explained that there had been an issue with the recording system the previous month which had changed the settings and the second fridge needed to be set-up again on the system. The pharmacy used an external probe to check the temperatures. This had been taken by a nurse on the day of the inspection. A new probe was ordered during the inspection.

Out-of-date and other waste medicines were disposed of in the appropriate containers which were kept separate from stock and collected by a licensed waste carrier. Drug recalls were received via email and these could be accessed by all team members. Alerts were printed, 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 measures were labelled for liquid CDs. Equipment was clean and ready for use. 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 shredded.

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.