

# Registered pharmacy inspection report

**Pharmacy Name:** Edgware Hospital, Burnt Oak Broadway, Edgware, Middlesex, HA8 0AD

**Pharmacy reference:** 9011370

**Type of pharmacy:** Dispensing hub

**Date of inspection:** 26/11/2024

## Pharmacy context

The pharmacy provides an NHS homecare medicines service which involves delivering ongoing medicine supplies direct to people's homes or their clinics. All of these treatments are initially prescribed by hospital prescribers. The pharmacy is located within a hospital and the premises is not open to the public. The Company is registered with the MHRA and holds a Wholesale Dealers Authorisation.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy manages its risks safely and effectively. It has a set of written procedures which team members follow to ensure they work safely. And the pharmacy records and reviews its mistakes so that it can learn from them and prevent similar mistakes happening again. People can contact the pharmacy to raise a complaint. And it keeps the records it needs to by law.

### Inspector's evidence

The pharmacy specialised in homecare services. It had contracts with several NHS trusts across the UK. And people were signed up to access the pharmacy's services by their trust. Prescriptions for specialist medicines were received from clinics within the trusts, and clinically checked by the pharmacist. The medicines were then dispensed and dispatched from the pharmacy premises.

The pharmacy had an electronic set of standard operating procedures (SOPs) which dispensing team members followed to help them work safely. The SOPs were reviewed every year by the Pharmacy Quality and Development manager and the superintendent pharmacist (SI). These were last reviewed in October 2023 and were due for review. Each team member had access to the SOPs relevant to their role via their own log in details. And the pharmacy supervisor could see, via their login, which team members had read the SOPs. When SOPs were updated, team members were sent an email to inform them. And they were given time to read these. The pharmacy had completed risk assessments which considered and mitigated the risks associated with the products it supplied. It had also considered risks associated with its delivery service and put processes in place to prevent potential issues.

The pharmacy made records of near misses electronically (mistakes that were spotted and corrected during the dispensing process). Team members could scan QR codes which were displayed in the dispensary to make their own near-miss record. These were reviewed monthly by the responsible pharmacist (RP). The learns were discussed with the pharmacy team at a monthly meeting. For example, a dispensing team member said they had discussed ensuring that when they were dispensing, they were checking the medication against the prescription rather than the dispensing label. The pharmacy ensured it made records of dispensing errors (mistakes that were sent out to people). If the pharmacy was notified of an error, it would investigate it and inform the person's clinic and trust of the mistake. The RP said they would rectify the error and discuss it with the wider team as part of the monthly review. The pharmacy supervisor explained that they had reviewed their dispensing processes, and updated their process flow record sheets following learnings taken from the previous mistakes which had helped reduce similar mistakes happening. The pharmacy also had regular meetings with the trusts to discuss how the service was operating and if there were any concerns.

The correct RP notice was on display in the pharmacy. And the RP record was completed as required but some finish times were missing. The RP said he would ensure these were complete going forward. The pharmacy kept an electronic private prescription register. Entries were seen to be completed with the correct information. The pharmacy did not make any emergency supplies. And it did not dispense any controlled drugs (CDs).

The pharmacy had valid indemnity insurance. It provided a welcome leaflet when people were registered with its services. This explained how people could contact the pharmacy if they had any queries or wanted to raise a complaint. The pharmacy supervisor said he would generally manage

complaints but would escalate them to the RP or SI if needed. The pharmacy had not had any recent complaints.

Confidential waste was kept separately. It was either shredded or placed in a separate bag awaiting collection from a third-party provider to dispose of appropriately. All team members had completed GDPR training. And they had signed the pharmacy's confidentiality agreement.

Team members were aware of how to recognise a safeguarding concern and said they would refer people to the pharmacist if needed. The RP had completed level 3 safeguarding training and details of the local safeguarding teams were displayed in the pharmacy. The pharmacy had not reported any safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough, suitably trained staff to manage its workload safely and effectively. Team members receive time to complete ongoing training. And they are comfortable about giving feedback or raising any concerns they may have.

### Inspector's evidence

There was the RP, one dispensing assistant and three trainee dispensing assistants present during the inspection. One of the dispensing assistants was also the pharmacy supervisor. Team members had completed or were completing accredited courses relevant to their role. The pharmacy also had a delivery driver who delivered medicines to people in the local area. They had completed safeguarding training and had read and signed the relevant delivery SOP. The RP said he felt there was sufficient staff to manage the pharmacy's workload. And team members were observed working well together. They were currently ahead in their workload. Team members were aware of what activities they could and could not undertake in the absence of the RP.

Team members received training time while completing their courses. And they read pharmacy publications to help keep their knowledge up to date. The team was also provided with some training from the pharmacy. For example, they received training from the pharmaceutical companies about the medicines they supplied to people. And the RP had completed further training to ensure he was competent about the specialist medicines the pharmacy was providing to people. He explained he had access to peers who had completed diplomas in mental health and a mental health pharmacist to support with queries if needed.

Team members had regular appraisals with their line manager. They discussed performance and development opportunities such as whether they wanted to complete an accredited pharmacy technician course. Team members said they felt comfortable giving feedback or raising any concerns with the RP or senior management if needed. The pharmacy team were not aware of any set targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for providing healthcare services. They are clean and well maintained. The pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The pharmacy was located within a hospital. The pharmacy was not accessible to members of the public. And it was kept secure from unauthorised access. The premises were clean and provided sufficient space for the pharmacy's workload. And the temperature and lighting were adequate for working and storing medicines.

There were separate offices at the back of the dispensary. And staff facilities included a kitchen area and a clean WC with handwashing facilities. Hospital cleaners were responsible for cleaning the pharmacy. But they only completed cleaning activities when team members were present.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. And it makes its services accessible. It obtains medicines from licensed wholesalers and stores it appropriately. Team members carry out the necessary checks to ensure medicines are safe to supply.

### Inspector's evidence

The pharmacy premises were not open to the public. But there was signage on the front showing the presence of a pharmacy. Team members explained people sometimes came to the pharmacy for prescriptions, but they would signpost them to nearby pharmacies which provided NHS services. People would generally phone the pharmacy if they needed to speak to a team member. Registration forms from the trusts were received at the pharmacy and these contained contact details for the person being signed up. The pharmacy would then complete a welcome call and explain how the service worked. People were provided with a leaflet which contained further information and details about how they could contact the pharmacy. People were only transferred onto the homecare service once they were stable on their treatment.

The pharmacy received most prescriptions electronically. Prescriptions were either ordered by the pharmacy or sent by the clinic directly. Where there was a delay in obtaining a prescription, it was often because blood test results were outstanding, or the person needed to be seen in the clinic. The RP explained they worked well with the clinics, so people did not generally miss doses. If a person missed a dose, the pharmacy would investigate the cause and discuss this with the trust to try and prevent this happening again. The pharmacy would contact people to arrange deliveries and would check how much buffer stock they had available. The RP explained, they would try to ensure people always had two to three weeks of available medicine. People who were taking clozapine were required to have a blood test every six weeks. And the pharmacy would not dispense medicines to these people if they did not have an up-to-date blood test result within the last six weeks on their record.

The pharmacy used baskets to dispense people's prescriptions into. Different coloured baskets were used to identify different types of prescriptions. A dispensing record sheet was attached to each prescription. This was signed at each stage of the dispensing process and labels on dispensed medicines were also seen to contain signatures in the dispensed and checked boxes. This helped to maintain a clear audit trail.

A team member would call a person to arrange their delivery when their prescription had been received by the pharmacy. They would ensure the medicine was packaged appropriately in a tamper-proof parcel. The pharmacy did not supply any medicines requiring cold storage. The pharmacy had a delivery driver who would deliver to people in the local area. Third-party delivery companies were used to deliver people's medicines out of the local area. Deliveries would only be made to the named person. People would provide the pharmacy's delivery driver with a password to ensure the medicine was delivered to the person authorised to receive it. Third-party providers were instructed to only deliver to the named person. Any failed deliveries were either brought back to the pharmacy by the driver. Or if the delivery was made by a third-party company, it would be taken to their distribution centre and a re-delivery was attempted. The pharmacy would be notified if this was the case so they could contact the person to inform them. The pharmacy said that they did not have many failed deliveries as people were

contacted to arrange a time suitable for them.

The clinics would request the pharmacy to supply multi-compartment compliance packs to some people. Labels on prepared packs were seen to contain descriptions of the medicines as well as the necessary warning information. Packs were sealed once dispensed. And patient information leaflets were provided with each month's supply. The pharmacy would manage any queries directly with the clinics.

The pharmacy obtained its medicines from licensed wholesalers, and it stored them appropriately. The pharmacy held limited stock. And it completed regular date-checking of medicines and recorded. A random check of stock on the shelves showed no date-expired medicines. Team members used short-dated stickers to highlight medicines which were nearing their expiry date. Waste medicines were stored separately, awaiting collection for safe disposal.

The company's regulatory affairs and compliance lead sent drug alerts and recalls to the pharmacy via email. Team members printed off the alerts and they were then signed and filed once the relevant action had been taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services effectively. And it maintains its equipment so it is safe to use.

### Inspector's evidence

Team members had access to any online resources they required. All computers were password protected to prevent unauthorised access. The pharmacy had a fridge and a CD cupboard, but these were not currently being used to store medicines. All electrical equipment appeared to be in working order. The pharmacy had clean tablet counting triangles and tablet cutters. It did not supply any liquid medicines.

### 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.