

Registered pharmacy inspection report

Pharmacy Name: Pharmocare, 107 Fore Street, London, N18 2XF

Pharmacy reference: 9011521

Type of pharmacy: Community

Date of inspection: 20/04/2022

Pharmacy context

The pharmacy is in a high street setting. Pharmacy team members provide NHS dispensing services, including medicines in multi- compartment compliance packs to some people. They also provide a delivery service and NHS services such as the new medicines service. There is a private doctor's clinic onsite which is registered with the CQC. The pharmacy was inspected 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

Members of the pharmacy team usually work to professional standards and generally identify and manage risks satisfactorily. But there is not much oversight of how they are doing so. The pharmacy mostly keeps its records up to date. Its team members keep people's private information safe. But they don't regularly record mistakes they make during the dispensing process. This could make it more difficult for them to learn from these events and avoid mistakes being repeated.

Inspector's evidence

The pharmacy had some template standard operating procedures (SOPs) provided by a pharmacy organisation which covered the services that the pharmacy offered but did not give any specific details to the staff, such as frequency of controlled drugs (CD) checks. The superintendent pharmacist (SI) said that he was reviewing the old SOPs following the move to new premises. He also said that the SOPs from the old shop were available to the staff, but no-one knew where they were. The written procedures said the team members should log any mistakes they made which were corrected during the dispensing process in order to learn from them. They did not regularly log any issues and so it was harder to discuss trends and learning from these events. But the team members described how they had changed their dispensing following a mistake where the wrong strength of medicine was selected.

The pharmacy displayed the responsible pharmacist notice where it could be seen easily. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles. It was reported by the staff that customer feedback about the new pharmacy premises was very positive. The pharmacy had professional indemnity and public liability insurances in place. The pharmacy team recorded private prescriptions and emergency supplies on the computer, but these records did not accurately record the name and address of the prescriber on each occasion. The CD register was generally filled in correctly.

The pharmacy team members had received some information governance training and were aware of the need to protect people's privacy. Computers and labelling printers were used in the pharmacy. Information on this equipment was not visible to people in the retail area. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely away from the public view. Confidential waste was separated from general waste and disposed of securely by a licensed waste contractor. Staff had done appropriate safeguarding training and the pharmacist knew where to get the local safeguarding contact telephone numbers from, if he needed to speak to them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They have the appropriate skills to deliver the pharmacy's services safely and effectively. But some have not been training in accordance with GPhC requirements. The pharmacy does not have a structured approach to its team members' on-going training which would help keep their knowledge and skills up to date.

Inspector's evidence

There were two pharmacists, one of whom worked as the pharmacy manager rather than in the capacity of a pharmacist. There was also a person who had qualified as a pharmacist in India, and there were plans to enrol them on a pharmacy technician course, but they had not yet been enrolled on an accredited UK training course. There was a delivery driver in the team as well. He worked for the group of shops, but also had not had any formal training. The SI said that he would ensure the staff were put onto appropriate training courses immediately. There was no formal plan to make sure staff were kept up to date about all topics relevant to their roles. For example, refresher training about data protection or health and safety. However the pharmacists had a professional obligation to keep up to date. They also had information from manufacturers which was available to read.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, and provide an appropriate environment to deliver most of the pharmacy's services. People can have a conversation with a team member in a private area. But the pharmacy uses its consultation rooms for storage and as an office which prevents it using them for consultations.

Inspector's evidence

The pharmacy premises were purpose built. There was adequate seating for people waiting in the pharmacy. There were three consultation rooms, one used by the GP, another used as a store and the third used as an office for the pharmacy group. This meant that people could only have a private conversation with a team member in a quiet corner of the shop rather than in a sound-proofed room.

The dispensary was clean, tidy and bright and was well laid out, with three dispensing areas. One was used for preparing multi-compartment compliance packs, one for dispensing and one for checking and administration. There was adequate space for prescription storage and there was a door to the rear and the rubbish bins were stored outside in a gated area. There was a kitchen area/staff room and a toilet which would allow disabled people to access it easily. The premises were air conditioned.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy generally delivers its services in a safe and effective manner and it gets its medicines from reputable sources. The pharmacy team members try to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently. The way the pharmacy team members hand out some high-risk medicines means that they are not consistently monitored to ensure that all tests have been carried out by the wider medical team.

Inspector's evidence

Services were advertised in the windows of the pharmacy. Access to the pharmacy was via a heavy door which made it difficult for people with mobility problems or with prams. Computer-generated labels for dispensed medicines included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. The pharmacy used baskets to help ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Some people were being supplied their medicines in multi-compartment compliance packs. These packs were not labelled with the usual warnings to help people take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines contained in the packs. No patient information leaflets (PILs) were supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. The staff said that they would supply the patient information leaflets in the future.

Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given out more than 28 days after the date on the prescription. Prescriptions for warfarin, lithium or methotrexate were not flagged so staff did not know to ask about any recent blood tests or the person's current dose. So, there was some risk that the pharmacy wasn't always able to monitor those people's treatments in accordance with good practice. The SI and the team said that they would address this issue. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention. And appropriate warnings stickers were not available for use if the manufacturer's packaging could not be used. However the SI said that he would rectify this immediately.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a generally tidy way. There were highlighted expiry dates on boxes to indicate items which were short dated. Regular date checking was done and no out-of-date medicines were found on the shelves. The fridge temperatures recorded showed that the medicines in the fridge had been consistently stored within the recommended range, however the thermometer showed a negative minimum value. The placing of the probe for the thermometer was reviewed and the pharmacist said that she would check on it over the next 24 hours. The fridge did not appear to be too cold. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for use with specific liquids, to reduce the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross-contaminate other tablets.

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.