

Registered pharmacy inspection report

Pharmacy Name: Whitakers Pharmacy, 105-109 Chase Side, Enfield,
EN2 6NL

Pharmacy reference: 9011739

Type of pharmacy: Community

Date of inspection: 17/07/2023

Pharmacy context

This NHS community pharmacy is within a health centre. It opens five days a week for nine hours a day, closing at lunchtime. It sells medicines over the counter. It dispenses people's prescriptions. And it delivers medicines to people who have difficulty leaving their homes. The pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines. It delivers the Community Pharmacist Consultation Service (CPCS) to help people who have a minor illness or need an urgent supply of a medicine. And people can get their flu vaccination (jab) at the pharmacy too.

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 identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. SOPs were regularly reviewed and updated. This had been done when the pharmacy moved premises in 2022 to reflect the changes made during the move. Team members were allocated SOPs depending on their job roles.

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 logged on a sheet displayed in the dispensary, and these were discussed with the team. There was a list of medicines which sounded alike. The team added additional medicines to this list as they identified them during reviews. They put relevant warning labels on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and recorded. The team described a picking error which had resulted in separating the strengths of fluoxetine.

The correct responsible pharmacist (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 complaints procedure, and it displayed a notice informing people about the procedure. Complaints were dealt with by the superintendent pharmacist.

Records about private prescriptions, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were generally well maintained. Some prescriber details in private prescription records were not accurate. The pharmacist said that he would review the processes with the team to make these accurate in future. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was kept in a designated bag and collected by a contractor for secure destruction. All team members had also completed training about confidentiality. Team members had also completed safeguarding training. Details were available for the local safeguarding boards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. And the pharmacy supports its team members by giving them time at work to do ongoing training to help keep their knowledge and skills up to date. They do the right training for their roles. And they work effectively together and are supportive of one another.

Inspector's evidence

At the time of the inspection, the pharmacy team comprised of the superintendent pharmacist and three full-time dispensers. There was also a counter assistant trainee and an apprentice. There was another team member who was due to come to work later in the day. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. Team members counselled people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

The staff said that they were able to make suggestions about how the pharmacy was run. Recently they had suggested changing where some medicines were stored, and this had reduced picking errors. Individual performance and development were monitored by the superintendent pharmacist. Team members were also given on-the-spot feedback. Team members felt able to feedback concerns and suggestions.

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 premises were modern, large, bright, clean, and organised. Access was from the pavement and the surgery. The dispensary was spacious; there was ample workspace which was generally clutter-free and clean. Workbenches were also allocated for certain tasks. A sink was available for preparing medicines. Cleaning was carried out by team members in accordance with a rota.

A consultation room was available which was usually locked to prevent unauthorised access. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources, and it largely 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. As the pharmacist hands out most of the prescriptions, people are easily able to ask their advice.

Inspector's evidence

The pharmacy was accessed from the pavement and surgery with no-step access. There were automatic doors on both entrances. Services were advertised in the window of the pharmacy. Team members used the internet to find details about other local services to help people.

The pharmacy had an established workflow. Colour-coded baskets were used as part of the dispensing process to separate prescriptions. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy had a delivery driver; delivery records were kept. If a person was not home, a note was left by the driver and the medicines were returned to the pharmacy. Due to the way the pharmacy received prescriptions, people would wait for their prescription to be dispensed, even with repeat medicines. This meant that the pharmacist could check a prescription and then hand it to the person. This allowed the pharmacist to give counselling about the medicines and have the opportunity to speak to each person individually.

Warning stickers were attached to some of the prescriptions during the dispensing process if there was a fridge line or CD on the prescription. However, their use was not consistent, and some prescriptions which should have had applicable stickers on did not. Other high-risk medicines were not highlighted by the team, but as the pharmacist checked and then handed out most prescriptions, the pharmacist said that they counselled people as needed. It was discussed that, although this worked when they were the RP, it might not be a robust process when locums were present. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team. The pharmacy had done an audit of use in people who were at risk of pregnancy and each person was counselled about the risks, when relevant.

Some people were being supplied their medicines in multi-compartment compliance packs. There was a summary sheet in the pharmacy for each person receiving these packs showing any changes to their medicines and where the medicines were to be placed in the packs. However, the packs were left, unsealed and unlabelled with the prescriptions banded with elastic bands. They were labelled when handed out and had tablet descriptions added to help identify the individual medicines contained in the packs. Leaving the packs unsealed and unlabelled for an extended period of time increased the risk of mistakes occurring and the superintendent pharmacist said that he would review the process to stop this. No patient information leaflets (PILs) were supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. The team members said that they would ensure that these were supplied in future.

Medicines were obtained from licensed wholesalers and were generally stored appropriately. There were a few loose foils found on the shelves which increased the risk of picking errors, and medicines

being supplied beyond their expiry. These were removed and the pharmacist said that he would bring this up at the next team meeting. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out by one of the dispensers. Short-dated stock was highlighted with a sticker. A date-checking matrix was in place. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors. Drug recalls were received on the company's intranet. The team printed these and checked against stock. If the affected batches were found these were quarantined and action was taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. A fridge of adequate size was 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. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.