

Registered pharmacy inspection report

Pharmacy Name: Amin Pharmacy, 291 Brockley Road, London, SE4
2SA

Pharmacy reference: 9012229

Type of pharmacy: Community

Date of inspection: 25/04/2024

Pharmacy context

This is a community pharmacy in a parade of shops in Brockley, Southeast London. It offers NHS services such as dispensing, the New Medicine Service, and the Pharmacy First service. It supplies medicines in multi-compartment compliance packs to people who need this additional support. And it offers seasonal Covid vaccinations. This was the first inspection of the pharmacy since it had moved from the previous premises a few doors down the same road.

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 appropriately identifies and manages the risks associated with its services. Team members protect people's personal information, and they generally make the records they need to by law. They record any dispensing mistakes and can show how they learn from them and make the pharmacy's services safer. Team members know how to protect the welfare of a vulnerable person.

Inspector's evidence

There were standard operating procedures (SOPs) in the pharmacy. The SOPs were up to date, and team members had signed to indicate they had read and understood the individual procedures relevant to their role. There was a matrix in the SOPs which set out by role which SOPs were relevant which role.

Dispensing mistakes which were identified before the medicine was handed to a person (known as near misses) were recorded as they occurred. The superintendent pharmacist (SI) was the regular pharmacist and gave examples of changes that had been made as a result of near misses. For example, she showed the isosorbide mononitrate tablets and capsules had been separated on the shelf. And a warning sticker had been put on a shelf storing medicines which sounded similar or looked alike, such as prednisolone and prochlorperazine. Dispensing mistakes where the medicine was handed to a person (dispensing errors) were recorded on an incident report on the pharmacy computer system and reported to the National Reporting and Learning System. The SI had previously reviewed dispensing mistakes to identify patterns or trends, and said she was in the process of doing the current review.

The dispenser was able to describe her role, and with a little prompting could explain what she could and could not do if the pharmacist had not turned up in the morning. She said she would refer any repeated requests for medicines which could be abused to the pharmacist on duty.

There was a sign in the shop area which explained to people how they could provide feedback or make a complaint. The sign was not very visible, and the dispenser said they would move it. There was a complaint procedure for staff to follow if needed.

The pharmacy had current indemnity insurance. The right responsible pharmacist (RP) notice was displayed; there was an additional RP notice which had been left up by mistake and this was removed. The RP record and records about unlicensed medicines supplied had the right information recorded. Records about emergency supplies and the private prescription register largely complied with requirements. Controlled drug (CD) registers were maintained appropriately, and the CD running balances were checked regularly. A random check of a CD found that the amount of physical stock matched the recorded balance.

No confidential information could be seen from the public area, and there was a sign about the chaperone policy in the consultation room. Most team members had individual smartcards to access the electronic NHS system, and the dispenser was in the process of getting her card authorised. Confidential waste was disposed of with a shredder. Team members explained how they offered the use of the consultation room to people, and the SI was seen taking people into the room during the inspection.

The SI confirmed she had completed level 3 safeguarding training and could explain what she would do if she had a concern about a vulnerable person. Team members were aware about the NHS safeguarding mobile app and had been through a training booklet about safeguarding. The pharmacy had a safeguarding SOP, and there were contact details of local safeguarding agencies available in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They do some ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about raising any concerns or making suggestions.

Inspector's evidence

At the time of the inspection there was the SI (who was the regular pharmacist), and three trained dispensers. One of the dispensers was in the process of training to be a pharmacy technician. Team members were up to date with the pharmacy's workload and were seen communicating effectively with each other. They were not set any numerical targets to achieve.

Team members felt comfortable about raising any concerns or making suggestions and felt that there was an open culture in the pharmacy. The SI regularly worked in the pharmacy and was easily accessible. Team members said that they received verbal updates from the SI about any new services, and they had access to pharmacy magazines and updates from the NPA. They also did online training as needed, and the dispenser said that she had completed training about fire safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the services the pharmacy provides, and they are kept clean and tidy. People can have a conversation with a team member in a private area. The premises are kept secure from unauthorised access.

Inspector's evidence

The pharmacy was clean and tidy, with lots of clear workspace. Lighting was good throughout, and there was air conditioning to regulate the ambient temperature. The dispensary was raised from the floor and accessed by a small set of stairs behind the medicines counter. There was a sink with handwashing facilities in the dispensary, and others in the adjacent staff kitchen and toilet area. There was a small area to the rear of the pharmacy where staff could take their breaks.

There was a consultation room which had a decent level of soundproofing. The room was clean and tidy, and had a sink with hot running water as well as a computer terminal. The room had two entrances and could be accessed from the side of the medicines counter and the shop floor. The door to the shop floor had a keycode lock to help prevent unauthorised access. And the premises themselves were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

On the whole, the pharmacy provides its services safely and effectively. It gets its stock from reputable sources and stores it appropriately. The pharmacy's services are accessible to people with different needs. And team members take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was step-free access from the street via a manual door, and a list of services were in the pharmacy window. The SI said that she had received feedback that even though it was slightly smaller than the previous premises, people with wheelchairs or pushchairs found it easier to manoeuvre due to the layout of the store. There was a seat for people who wanted to wait for their prescriptions. The pharmacy computers could produce large-print labels if required.

The SI confirmed that she had completed the required training for the Pharmacy First service and said the service was going well. There were printed copies of the relevant patient group directions (PGDs) available in the consultation room. The SI explained that some people who came in did not fit into the criteria for the service, and she had talked to some local surgeries to provide information about the service and the criteria. The pharmacy had a PGD and the National Protocol for administering Covid vaccinations.

Team members were aware about the additional guidance for people taking medicines containing valproate, and there was an SOP about it. The SI was aware of the need to ensure that a person in the at-risk group and taking these medicines was on the Pregnancy Prevention Programme. Prescriptions for higher-risk medicines such as warfarin and lithium were not routinely highlighted, but the SI said that this would be done in the future. Team members said that prescriptions for Schedule 2-4 CDs were highlighted. There were no examples of dispensed CDs found on the shelves during the inspection.

People were assessed to see if they needed their medicines in multi-compartment compliance packs by the local medicines optimisation service (LIMOS). The dispensed packs seen were labelled with a description of the medicines inside, and team members initialled to show who had dispensed and checked the packs. The patient information leaflets were kept with the packs. Some of the medicines were not labelled with the required warnings for the particular medicine, and the SI said that she would speak with the computer software provider about this. The pharmacy delivered medicines to some people's homes, and there was an audit trail kept to show when the medicines had been delivered.

The pharmacy obtained its medicines from licensed wholesale dealers and specials suppliers. The medicines were generally stored in a tidy way in the dispensary. The dispenser confirmed that the stock was date checked regularly but was unable to locate the most recent records. A random selection of stock was checked during the inspection and no date-expired medicines were found. Short-dated medicines had been marked with a coloured sticker. The pharmacy had three fridges for storing medicines which required cold storage, and the temperatures were monitored and recorded daily. Records seen showed temperatures within the appropriate range. CDs were stored securely. Bulk liquids were marked with the date of opening, and medicines for destruction had been appropriately separated from current stock. The pharmacy received drug alerts and recalls via email. Once the

required action was taken, a copy of the email was printed off and filed if it was relevant to the pharmacy's stock. The printouts included a record about the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services. It uses its equipment in a way which helps protect people's personal information.

Inspector's evidence

There were clean glass measures for use with liquids. But the smallest quantity they could accurately measure was 10ml, and a team member said that an oral syringe was used to measure any smaller quantities. The SI thought that there was a smaller measure elsewhere in the pharmacy, but if this could not be found she said that she would order one in. There was an anaphylaxis kit which was easily accessible in case it was needed during vaccinations. The otoscope was new, and the SI said that the blood pressure meter was just over a year old. There was a cordless phone in the pharmacy which meant that staff could move it to a more private area to protect people's personal information. Computer terminals were password protected and screens were turned away from people using the pharmacy.

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.