

Registered pharmacy inspection report

Pharmacy Name: Electra Pharmacy, 170B South Street, Enfield, EN3
4GE

Pharmacy reference: 9012351

Type of pharmacy: Community

Date of inspection: 06/12/2024

Pharmacy context

This pharmacy is located in a residential area in the town of Enfield. It sells medicines over the counter. And it supplies NHS and private prescriptions. The pharmacy provides some NHS services such as Pharmacy First, flu vaccinations and Covid vaccinations. It supplies medicines to some care homes. And it dispenses medicines in multi-compartment compliance packs to some people. The pharmacy delivers prescriptions to people who cannot get to the pharmacy.

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

Overall, the pharmacy manages the risks associated with its services well. It has written procedures for team members to follow to help them work safely. And it keeps the records it needs to by law. The pharmacy protects people's confidential information. And team members are aware of how to identify a safeguarding concern. Team members don't always record dispensing mistakes that are spotted and corrected and so may be missing opportunities to identify common mistakes and learn from these.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help team members work safely and effectively. These had been prepared in February 2022 and had been reviewed in March 2024. The pharmacy had implemented a new dispensing system, and the SOPs were updated to reflect this. All team members had read and signed the SOPs relevant to their role. When asked, a dispensing assistant was clear on the activities they could and could not carry out in the absence of the responsible pharmacist (RP).

Team members made electronic records of some near misses (mistakes that were picked up and corrected during the dispensing process). The RP explained that the new dispensing system highlighted any errors, as packs were scanned when dispensed. The team did not generally make a record all these mistakes. And so there were very few near misses recorded. The RP said they would try to record more going forward, to help them identify any common picking errors, so they could take the relevant action. The RP explained that a recent dispensing error (mistake that was handed out to a person) involved the incorrect dispensing labels being put on two different medicines. The pharmacy took the correct action to rectify the error and investigate it. The RP said the error was made because some of the scanning steps while dispensing had been left out. And the team discussed that they must follow each scanning step in the process going forward.

The correct RP notice was displayed. And the RP record was maintained correctly with start and finish times. The private prescription register was kept electronically. It contained the required information, however some dates and prescriber details did not match the prescriptions. The RP said they would ensure the records were made correctly going forward. The controlled drugs (CD) register was kept electronically. And balance checks of CDs were completed regularly. A random check of two CDs showed no discrepancies between the physical quantity in stock and the balance in the register. The pharmacy also kept a record of patient-returned CDs and these were disposed of appropriately. And the pharmacy kept records of unlicensed medicines as required.

The pharmacy had valid indemnity insurance. And it had a complaints procedure. People could complain or give feedback over the phone or in person. Team members would refer people to the RP or pharmacy superintendent (SI) to manage complaints.

Team members had completed training on data protection and had signed confidentiality agreements for the pharmacy. And they were aware of how to protect people's personal information. Confidential waste was kept separately and shredded. And no confidential waste was found to be mixed with normal waste. Assembled prescriptions awaiting collection, were stored in drawers in the dispensary. And so sensitive information on them was not visible to people using the pharmacy. Team members

had their own NHS smartcards to access electronic prescriptions on the NHS spine.

The team members knew how to manage any safeguarding concerns they may have and were clear on actions they could take. The RP had completed level three safeguarding training. And she knew where to find contact details of the local safeguarding team should they be required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely and effectively. And team members have completed accredited training relevant to their role. The pharmacy supports team members to keep their knowledge up to date. And it provides them with development opportunities. Team members are comfortable about raising any concerns they have.

Inspector's evidence

During the inspection, there were two dispensing assistants, two registered accuracy checking technicians, a medicines counter assistant (MCA), and the RP. The team was observed working well together. And the RP explained they were ahead in their dispensing workload. The RP said she felt comfortable the staffing level was sufficient to manage the pharmacy's workload effectively. And all team members had completed accredited training relevant to their roles. When asked, the MCA described how she appropriately managed sales of pharmacy medicines. She was aware of medicines which were liable to misuse. And she explained she would refer repeat requests for these medicines to the pharmacist.

Team members kept their knowledge up to date through online learning modules or pharmacy magazines. The MCA explained that medical reps sometimes visited the pharmacy and provided training sessions for the team. And the pharmacy manager supported further training for staff members. For example, two dispensing assistants had recently completed training to provide the micro suction ear wax removal service. The RP explained that the trainee pharmacist was also provided with regular training time and attended training days. Team members had regular team meetings where they were given pharmacy updates and discussed any patient safety issues. The team was not set any formal targets, but each team member knew what their individual focuses were. And they were trained on all dispensing tasks to provide contingency in case of any unexpected absence. Team members felt comfortable providing feedback or raising any concerns to the superintendent pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean and bright. And they provide a professional environment to provide healthcare services. The pharmacy has a suitable consultation room so people can have a private conversation if needed.

Inspector's evidence

The pharmacy premises consisted of a retail area, large dispensary, a consultation room and three further treatment rooms. The premises were bright, clean and secure. And the front fascia of the pharmacy was new and projected a professional appearance. The dispensary was an appropriate size for the services the pharmacy provided. And it had suitable space to store medicines safely. There was enough workbench space for dispensing to take place. The pharmacy was kept well-lit and at an adequate temperature for storing medicines and working. And there was a sink in the dispensary with hot and cold running water. Pharmacy-only medicines were stored behind the counter. And there was separate access into the pharmacy for it to receive medicine deliveries.

The consultation room was equipped to provide the services the pharmacy offered safely. It was spacious and kept clean. No confidential information was visible. And the room was suitably private so that conversations could not be heard from outside the room. There were three large treatment rooms available. But only one of them was currently being used to provide the Tympa earwax removal micro-suction service.

The pharmacy was kept clean by team members. Staff facilities included a kitchen area and a WC with handwashing facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. And it provides its services safely. It obtains its medicines from licensed wholesalers and stores them appropriately. Team members carry out appropriate checks to help ensure the medicines they supply to people are safe to use. But they do not always highlight higher-risk medicines so they may miss opportunities to provide additional information to people receiving these medicines.

Inspector's evidence

The pharmacy had step-free access from the pavement. And there was sufficient space for people with wheelchairs or mobility issues to enter the pharmacy. The pharmacy had a visual display unit in the front window where it displayed information about its services. And there were some leaflets with healthcare information available on the pharmacy counter for people to take away. Seating was available for people who wanted to wait. And the RP said that large font labels could be provided to people who needed them. The pharmacy provided a delivery service for people who could not get to the pharmacy. The team loaded the required deliveries onto a live system which provided a route for the delivery drivers. Deliveries were made in temperature-controlled vans. And the pharmacy could track the driver in case they had any queries from people waiting for their deliveries. The pharmacy could see once a delivery had been made. Any deliveries for CDs were signed for on receipt. And any failed deliveries were brought back to the pharmacy and another delivery arranged.

The pharmacy offered NHS services including the Pharmacy First service and flu vaccinations. Signed patient group directions (PGDs) were available for the services provided. The pharmacy also offered a private earwax removal micro suction service and team members had completed the necessary training to provide the service safely. Consent forms and consultations for this service were completed appropriately and were recorded onto the Tympa health platform.

Prescriptions were generally prepared as they were received into the pharmacy. Team members used baskets when dispensing to separate prescriptions. This helped reduce the chances of different people's medicines being mixed up. The dispensing system kept an audit trail of who had dispensed the prescription, so signatures were not seen on labels of assembled medicines. Separate areas of the dispensary were used for dispensing and checking. The pharmacy supplied medicines in multi-compartment compliance packs to some care homes and individuals. Prepared packs contained the required labelling information. And drug descriptions were included to help people identify their medicines. Packs were generally sealed before they were checked. And patient information leaflets were provided with each month's supply. The pharmacy dispensing system automatically ordered prescriptions for the packs when they were due. And packs were generally supplied to people at least two days before they were due to start their next cycle of medicine. Team members liaised with the GP surgery to resolve any queries. And any changes to people's medicines were recorded on their patient record.

The pharmacy obtained its stock from licensed wholesalers and stored them appropriately. The pharmacy had three fridges; one was used to store medicines requiring cold storage, one was used for medicines awaiting collection and one was used for medicines awaiting delivery. Fridge temperature records showed that the fridges were kept within the required range of two and eight degrees Celsius.

The pharmacy recorded date-checking activity in a book. And any short-dated stock was marked with a red-dot sticker. A random check of medicines on the shelves found no date-expired stock. The pharmacy stored waste medicines in designated bins in the dispensary awaiting collection for safe disposal.

The pharmacy highlighted prescriptions containing fridge items or CDs. But it did not always highlight prescriptions for higher-risk medicines such as warfarin or lithium. This meant there was a chance that people taking these medicines did not always receive additional advice about them. The RP said she would review this with the team to flag these prescriptions. A dispensing team member was asked if they were aware about the guidance on supplying medicines containing valproate. They explained that these medicines were only dispensed in their original packs and safety information was provided to people taking these medicines. Medicines containing valproate were not dispensed into multi-compartment compliance packs. The pharmacy received drug alerts and recalls via NHS mail and the Pharmsmart platform. The RP said these were discussed with the team and actioned, but the pharmacy could not show records to show this. Following the inspection, the SI provided evidence to show records of actioned drug alerts and recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses the equipment in a way that maintains people's privacy.

Inspector's evidence

The pharmacy team had access to the internet in the dispensary to access resources they may need. All computers were password protected to ensure people's information was kept private. And team members had their own login details for the dispensing system. Sensitive information on the monitors could not be seen by people using the pharmacy. The pharmacy had a cordless phone so team members could take phone calls in private if needed. All electrical equipment appeared to be in working order. The pharmacy had three fridges for storing medicines requiring cold storage. And the CD cupboards were secured.

The pharmacy had tablet counting triangles available. And there was a range of calibrated, glass measures for measuring liquid medicines. The pharmacy had appropriate equipment, such as an otoscope for providing the NHS Pharmacy First service. And it had a new blood pressure monitor available. All equipment was kept clean.

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.