

Registered pharmacy inspection report

Pharmacy Name: Shantys', 62 Baddow Road, CHELMSFORD, Essex,
CM2 0DL

Pharmacy reference: 1031064

Type of pharmacy: Community

Date of inspection: 15/08/2023

Pharmacy context

This community pharmacy is located near the centre of Chelmsford. Its main services are dispensing NHS prescriptions, giving advice to people about healthcare, and selling medicines over the counter. It supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

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 has written procedures to help the pharmacy team provide services safely. And the pharmacy team members have read them. But they have not been reviewed recently so they may not always reflect current best practice. The pharmacy records details of near misses and discusses these with staff members, but they could be recorded in more detail to help the team learn from mistakes. The pharmacy stores confidential waste appropriately and disposes of it safely to protect people's personal information.

Inspector's evidence

Upon entry to the pharmacy, two responsible pharmacist (RP) notices were on display. The RP confirmed her identity and said they would remove the other notice from view. The pharmacy had a folder containing written standard operating procedures (SOPs). These had all been read and signed by staff members. The SOPs dated back to between 2015 and 2017 and had not been reviewed since then. As a result, team members may not be following the current best practice. The RP was aware of this and said that she would get the SOPs updated and get staff members to read and sign them once this was done.

The pharmacy kept a record about near misses which are dispensing mistakes that are spotted before medicines leave the pharmacy. These near misses were recorded regularly, but the records were missing some details including learning points. The RP said that when a near miss was discovered she would speak to the staff member who made the mistake immediately to discuss it and how to learn from it. The RP said that learning points would be recorded more fully in future. Regarding dispensing errors that had left the pharmacy and reached people the RP said that if one did occur it would be recorded and thoroughly investigated. However, the pharmacy had not had a dispensing error for a long time. The pharmacy had current indemnity insurance. Complaints and feedback could be sent to the pharmacy via email. The email address was provided in a text message sent to people with a note to collect their medication. The RP said that people who did not have access to the internet, complaints or feedback could be given in person.

The pharmacy's private prescription records did not always contain the required information. On a sample checked, the name and address of the prescriber was not captured correctly. The RP said the correct details would be recorded for all private prescription records in future. Records about emergency supplies of medicines were complete. The pharmacy had not made any supplies of unlicensed medicines. The RP log was filled in with no gaps or missing entries.

Controlled drug (CD) records were largely complete with all sections filled in. Balance checks were carried out from time to time but not on a regular basis. This could make it more difficult for the pharmacy to spot or resolve any errors. A random check of the physical stock of a medicine chosen at random did not match the balance in the register. The RP confirmed after the inspection that one entry for a prescription had not been entered; the register was updated accordingly. The pharmacy stored its confidential waste appropriately. No confidential information could be seen by the public. The pharmacy had separate bins for confidential waste and general waste. Confidential waste was shredded on site. The RP stated that she was considering using an external company to dispose of confidential waste securely to reduce the workload in the pharmacy. All members of staff had completed

appropriate training about safeguarding vulnerable people and there was a poster on display in the shop area which contained information about safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. Its team members are well trained and work well together in the pharmacy. They have completed or are completing the right training for their roles. They receive feedback about how they are doing. And they complete some ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy had enough team members to manage its day-to-day workload. On the day of the inspection, there was the RP, two dispensers and one medicine counter assistant (MCA). Medicine deliveries were carried out by the pharmacy team. All members of the team were either enrolled on or had completed accredited training courses relevant to their roles. Ongoing training took place in the pharmacy on an ad-hoc basis. This usually involved feedback about how a team member was performing. Team members also received training when a new service was introduced or when there was an update in pharmacy legislation.

When asked, team members had no issues with the working environment and felt comfortable about raising any concerns with the RP. They were aware of what they could and could not do in the absence of an RP. The RP confirmed that team members were not set any performance-based targets. The team members were observed working well together during the inspection. People were attended to promptly, and the phone was answered without delay.

Principle 3 - Premises ✓ Standards met

Summary findings

Some parts of the pharmacy are cluttered because of work underway to reorganise dispensary storage but the pharmacy is generally clean and tidy, and it is kept secure from unauthorised access. The pharmacy has a consultation room where people can have a conversation in private.

Inspector's evidence

The shop area of the pharmacy was generally clean and tidy. It had chairs for people who wished to wait for their prescriptions. The counter had screens up to protect staff and people using the pharmacy. The dispensary had enough space and there were separate areas for dispensing and checking medication. There was a dedicated area of the dispensary where multi-compartment compliance packs were prepared to reduce the risks of distraction. The pharmacy also had a consultation room. This room had enough space and was well lit. However, there were some boxes near the entrance to the pharmacy and in the consultation room which detracted from the appearance of the premises. The pharmacy had a dispensing robot which was not in use. There were some boxes on the floor in the dispensary which limited the available space. The RP stated that this was due to the pharmacy no longer using the robot and the team was reorganising how medicines were stored.

The dispensary sink area and dispensing benches were generally clean. The pharmacy had a rota system for cleaning, and this was done by the team. The room temperature and lighting in the pharmacy were suitable for the activities undertaken and for storing medicines. Room temperatures could be controlled. The pharmacy WC had hand soap, hot and cold running water and a hand dryer. The pharmacy was kept secure from unauthorised access when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. It gets its medicines from licensed suppliers and it and stores them appropriately, so they are safe for people to take. It prepares multi-compartment compliance packs in an organised way. But it does not always give people the information leaflets that come with their medicines. So, people may not always have up-to-date information about the medicines they take. The pharmacy responds to safety alerts and recalls about medicines and medical devices appropriately.

Inspector's evidence

The pharmacy had step-free access from the street. And people visiting the pharmacy were served promptly. The pharmacy could make some adjustments for people to help them access pharmacy care. These included providing large print labels for people with sight issues and supplying medicines in multi-compartment compliance packs to help people take their medicines at the right time.

The pharmacy used baskets to keep prescriptions for different people separate and reduce the risk of mistakes. Dispensing labels were signed by the dispenser and checker, so a full audit trail was kept. Multi-compartment compliance packs were dispensed in an organised way. Labelling on the packs included the dose, precautions, and a description of each medicine in the pack to help people identify what they were taking. But the pharmacy did not always supply patient information leaflets (PILs) with the packs to people. The team members said they would ensure PILs were supplied in future.

The pharmacy team members delivered medicines to some people. They used a delivery log to co-ordinate deliveries. If a person was not at home to receive a delivery, a note was posted through the door explaining that the pharmacy had attempted to deliver medicines.

The pharmacy had stamps which they used to highlight prescriptions that contained CDs or fridge medicines. The RP confirmed that no medicines were given out without confirming with the RP first. This meant that patients who were taking high-risk medicines such as methotrexate or lithium got to be seen and counselled by a pharmacist. This also gave the pharmacist the opportunity to identify people suitable for the New Medicines Service (NMS).

The pharmacy stored its medicines safely and appropriately. CDs were stored in a cabinet which was bolted to the wall. The pharmacy got its medicines from licensed wholesalers. Medicines that needed refrigeration were kept in the pharmacy fridge. Fridge temperatures were recorded daily and were all within the required ranges for safe storage of medicines. The dispensary had a robot, but this was no longer used. Medicines were now stored on dispensary shelves in labelled cardboard boxes. The RP explained this was to reduce the risk of picking errors and to help with date checking and stock rotation. Expiry date checks were carried out regularly and there was a record kept about this. A random check of medicines in the dispensary during the inspection found no date-expired items.

The pharmacy managed safety alerts and recalls about medicines and medical devices appropriately. Alerts were received by email. These were read and actioned as necessary. Information about these was kept for future reference. The pharmacy was aware of the extra care needed when supplying medicines containing sodium valproate. They didn't currently supply these medicines to anyone who

needed to be on a pregnancy prevention programme. But they knew what to do if someone from the high-risk group presented with a prescription for sodium valproate. Staff were shown where to place the dispensing label so as not to obscure important information on the original packs.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment it needs to deliver its services safely and effectively. And it uses its equipment to protect people's privacy.

Inspector's evidence

The pharmacy had computers with access to the internet. This allowed the pharmacy to access any online resources that it required. Computers were password protected and faced away from public view to help maintain confidentiality. Team members were observed using their own NHS smartcards during the inspection to access patient information. The pharmacy had cordless phones to allow conversations out of earshot of people in the shop area. The RP said that portable electrical equipment had been safety tested approximately six months ago and was all in full working order.

The pharmacy had suitable measuring cylinders for preparing liquid medications. The team was reminded to use only glass, calibrated measuring cylinders for measuring medicines. The pharmacy also had triangles for counting tablets, one of which was reserved for counting cytotoxic medications if needed, to reduce the risk of cross-contamination.

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.