

# Registered pharmacy inspection report

**Pharmacy Name:** Sharman Chemist, 3-4 Clive Parade, Maxwell Road, NORTHWOOD, Middlesex, HA6 2QF

**Pharmacy reference:** 1035063

**Type of pharmacy:** Community

**Date of inspection:** 05/04/2019

## Pharmacy context

This is an independently run community pharmacy. It is one of six pharmacies within the same group. The pharmacy is in a busy commuter town in the London borough of Hillingdon. The pharmacy uses a robot to assist with dispensing. The pharmacy provides a range of services including Medicines Use Reviews (MURs), Monitored Dosage System (MDS) trays, travel vaccinations and Emergency Hormonal Contraception (EHC).

## 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
<b>1. Governance</b>	Standards met	1.1	Good practice	The pharmacy team identifies and manages risks effectively. It logs any mistakes it makes during the dispensing process. It learns from these and takes action to avoid problems being repeated.
		1.2	Good practice	The team continually monitors the safety of pharmacy services to protect and further improve people's safety.
		1.4	Good practice	The pharmacy responds well to people's feedback by making changes to improve the quality of its services.
<b>2. Staff</b>	Good practice	2.2	Good practice	Experienced members of the team are good at supporting staff in training.
		2.4	Good practice	The working environment is open and honest.
		2.5	Good practice	Pharmacy team members work well together. They are comfortable about providing feedback to the rest of the team and are involved in improving the pharmacy's services.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy is good at providing its services safely and effectively. The pharmacy team take extra care with high risk medicines. This helps make sure that people take their medicines safely.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They respond well to people's feedback by making changes to improve the quality of its services. The pharmacy team identifies and manages risks effectively. It logs any mistakes it makes during the dispensing process. It learns from these and takes action to avoid problems being repeated. The team continually monitors the safety of pharmacy services to protect and further improve people's safety. The pharmacy generally maintains the records that it must keep by law but some details were missing. So it may not always be able to show exactly what happened if problems arise. The pharmacy keeps people's private information safe.

### Inspector's evidence

Services were managed by two regular responsible Pharmacists (RPs), a pharmacy manager (Medicines Counter Assistant), Assistant manager (NVQ2 trainee), a technician, an Accredited Checking Dispenser (ACD) and the Superintendent and his pharmacist wife who attended the pharmacy on a regular basis. The pharmacy also had a team of dispensing and counter staff.

There was a procedure in place for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded electronically. The electronic system of recording had only been in place for 3 months. The superintendent reviewed near misses and errors on a regular basis and communicated with staff verbally, electronically or via a smart phone messenger application group (WhatsApp). A recent review had led to a reorganising of non-robot stock to help prevent staff from putting stock in the wrong place. Actions for staff following a near miss included keeping stock tidy and organised, and trying not to rush. However, whilst staff were coached to ensure that they checked the medicines they were dispensing, they were not always required to record their learnings after they had reflected on their dispensing procedures.

Staff worked under the supervision of the Responsible Pharmacist whose sign was displayed for the public to see. There was a set of standard operating procedures for staff to follow. SOPs had been formally reviewed 4-5 months ago with the advent of the European Falsified Medicines Directive (FMD).

The pharmacy team had a positive approach to customer feedback. The most recent survey demonstrated a very high level of customer satisfaction. Previously, people had commented on the waiting area and a lack of a private area for private consultations. Since then the pharmacy had been refitted and a new consultation room added. A Perspex screen had been fitted towards the end of the medicines counter to provide a more private area for general conversations with customers. Counter areas had been improved with a separate counter area for beauty products. More tills had been introduced so that people could be seen at different till points and so wouldn't have to queue or wait as long to be seen. The pharmacy had also introduced a pager system. Customers who preferred to leave the pharmacy while their prescriptions were being dispensed were given a paging device. The pager would bleep when their prescriptions were ready.

The team described how they ordered the same brands of medicines for certain people to help with compliance. Customer preferences included Teva brands and Accord brands of various medicines and Nuseals coated aspirin. The team added notes to Patient Medication Records (PMR)s. The brand would

be printed out onto a label as an additional prompt for staff dispensing and checking it. The pharmacy had 3 drawers dedicated to storing the preferred brands. The team had to dispense these manually rather than by robot.

The pharmacy had a documented complaints procedure. A SOP for the full procedure was available for reference. Customer concerns were generally dealt with at the time by the manager, the RP at the time or the Superintendent as appropriate. Formal complaints would be recorded and referred to the Superintendent. Details of the local NHS complaints advocacy and PALs could be provided on request.

The pharmacy had professional indemnity and public liability arrangements, so they could provide insurance protection for staff and customers. Insurance arrangements were in place until 30th April 2019 when they would be renewed for the following year.

All the necessary records were kept and were generally in order including Controlled Drug (CD) registers, and records for Private Prescriptions and unlicensed 'Specials'. Records for the Responsible pharmacist were generally in order although some omissions when responsibilities ceased. Records for Emergency supplies were generally in order, although many did not give a clear reason for supply. The pharmacy had records for patient returned CDs. Records of returned CDs were kept for audit trail and to account for all the non- stock CDs which RPs had under their control. However, several returned CDs had been destroyed but their destruction had not been recorded, hence they were unaccounted for. Staff gave assurances that the returned CDs had been destroyed, appropriately, by the pharmacist, and they had simply forgotten to complete the destruction record.

Staff had undergone Information governance training, and had read and signed a confidentiality agreement. Discarded labels and tokens, containing patients' information, were disposed of in a separate confidential waste bag and collected for disposal by a licensed waste contractor.

The pharmacist and technician on duty had completed level 2 CPPE training for Safeguarding. Support staff had been briefed and had read and signed a SOP. Staff said they would report any concerns to the Pharmacist or Superintendent. Staff had not had any concerns to report. Details for the local safeguarding authorities and contact numbers, were available online.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy team manages the workload well and team members use their professional judgement to make decisions in the best interests of people. The working environment is open and honest. Pharmacy team members work well together and experienced members of the team are good at supporting staff in training. They are comfortable about providing feedback to the rest of the team and are involved in improving the pharmacy's services.

### Inspector's evidence

The RP was a locum. The two regular pharmacists were on leave. She was supported by a Technician a pre-reg, an accredited checking dispenser (ACD), a qualified dispenser, a trainee NVQ2 dispenser (assistant manager) three Medicines Counter Assistants (MCA)s, one of which was the manager, and a beauty assistant. One of the dispensers was involved in Monitored Dosage System (MDS) tray dispensing. The remaining dispensing staff were managing the remaining prescription workload with the pharmacist.

Staff were observed to work well together, each attending to their own tasks and assisting one another when required. The daily workload of prescriptions was in hand and customers were attended to promptly.

The trainee dispenser described being able to raise concerns. He described having regular informal discussions with the manager, assistant manager, pharmacists and the Superintendent. He was observed discussing prescriptions issues with his colleagues. He described one of his main responsibilities to be the dispensing of MDS trays, a duty he shared with a colleague dispenser. He said he had suggested that they review the cleanliness and general organisation of the MDS area. When inspected, the area looked clean, tidy and organised.

The pharmacist wasn't set targets other than to manage the daily workload. She felt able to make decisions in people's best interests.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and designed for the services provided.

### Inspector's evidence

The pharmacy had a large shop floor with a long medicines counter. It had a separate beauty counter running at right angles to the medicines counter. It also had spacious dispensary. The dispensary was divided into two distinct areas by the robot. The robot separated the main, front facing, dispensary to one side from a smaller dispensing area and stock rooms to the other. MDS dispensing took place in the smaller dispensing area. All remaining dispensing, including robot dispensing, took place in the main dispensary. The pharmacy had been refitted approximately 6 months previously and extended into the premises adjacent. This area had a suite of consulting rooms with their own waiting area. Consulting rooms here were used for travel services, podiatry services and osteopath services. Doors to these rooms were kept locked.

The overall appearance was that of a bright modern community pharmacy. The pharmacy had a double front with full height windows to either side of the entrance. Sections for general stock and Pharmacy medicines were clearly signposted. Aisles were clear and there was a small seating area for waiting customers. The pharmacy was bright, clean, tidy and organised and had a professional appearance. Items stocked included a range of baby care, health, nutritional and personal care items. The pharmacy also stocked a range of beauty products cosmetics and fragrances.

The dispensary was large enough to accommodate its robot. It had six computer terminals connected to the robot, two of which were on the counter. All terminals were in regular use. Labelling took place at each terminal and stock was delivered via a designated chute after being selected by the robot. The layout of the dispensary was designed according to workflow, with designated areas for dispensing and accuracy checking. Dispensary benches were tidy and uncluttered. There was adequate work space and storage space for stock and prescriptions.

The pharmacy consultation room was used for private consultations and additional services such as MURs. Documentation from services and used sharps were kept in locked cupboards to secure against unauthorised access.

The pharmacy was adequately lit and ventilated with temperature control systems in place. It was equipped with an alarm system, shutters and CCTV cameras to the front and back. Access to the dispensary was authorised by Pharmacists.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. It promotes its services to local people and provides information to improve their awareness of health issues. The pharmacy takes extra care with high risk medicines. This helps make sure that people take their medicines safely. The pharmacy stores its medicines safely and makes checks to make sure that its medicines are fit for supply.

### Inspector's evidence

A selection of services was advertised at the front window, on TV monitors in the pharmacy and on the pharmacy's website. Services were also promoted in the local news publication 'Northwood News'. Staff said they also promoted services by sponsoring local charities. At Christmas, the team had promoted its services on a Christmas tree decorated with details of its services. The pharmacy also had a range of information leaflets for customer selection.

Wheelchair users could enter the pharmacy at the front entrance which was level with the pavement outside. Aisles were wide and kept clear of obstructions. They were wide enough for wheelchair users to approach the pharmacy counter, access the consultation room and move around all customer areas.

A prescription ordering and collection service was offered to people who couldn't manage their own prescriptions such as MDS patients.

There was a set of SOPs in place. Monitored Dosage System (MDS) trays were provided for people who needed them. Product Information Leaflets (PILs) were offered with new medicines and on a regular basis thereafter. The medication in MDS trays was given a description including colour and shape to help people to identify the medicines from the descriptions. The labelling directions on trays gave the required BNF advisory information to help people take their medicines properly.

The pharmacy had procedures for targeting and counselling all female patients taking Sodium Valproate. The pharmacist said she had read the MHRA guidance and would supply warning cards with every supply. She gave assurances that she would also counsel female patients receiving the drug at the time. Packs of Sodium Valproate in stock bore the updated warning labels. The pharmacist had updated warning labels to apply to packs if needed.

The pharmacy had the equipment and software for scanning products in accordance with the European Falsified Medicines Directive (FMD). Procedures were in place and staff had been trained. Staff were observed scanning the unique identifying barcodes on Ventolin inhalers. Medicines and Medical equipment were obtained from: Alliance Healthcare, Sigma, and Unlicensed 'specials' were obtained from Specials labs, Sigma or Ascot. All suppliers held the appropriate licences.

Stock was generally stored in a tidy, organised fashion. A clinical fridge was used for storing medicines requiring cold chain storage. Fridge temperatures were read and recorded. Stock was regularly date checked and records kept. Short dated stock was highlighted with a sticker, to make it easier to identify and remove. Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. Staff could access a list of hazardous waste so they could dispose of the medicines appropriately.

Drug recalls and safety alerts were responded to promptly and records kept. No faulty stock had been identified in the recent recalls for the Losartan 50mg and 100mg from 21st March 2019.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities for the services it provides and it uses these to keep people's information safe.

### Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean. Tablet and capsule counting equipment was generally clean but one of the tablet weighing 'boats' in use was dusty.

Precautions were taken to help prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets, and amber dispensing bottles were stored with their caps on. Bottles were capped to prevent contamination with dust and debris.

There were up to date information sources available in the form of a BNF, a BNF for children and Drug Tariff. Pharmacists had access to a range of reputable online information sources such as the NHS websites, the MHRA, the NPA, EMC, NICE and PSNC.

There were seven computer terminals available for use. three in the main dispensary and one in the MDS room, 2 on counter and one in the consultation room. All computers had a PMR facility, were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was shredded.

Staff had mobile headsets for making and receiving 'phone calls. This allowed them to talk to people whilst having their hands free to use the computer or look for prescriptions.

It was noted that staff were using their own smart cards when working on computers. Staff used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records is appropriate and secure.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.