

# Registered pharmacy inspection report

**Pharmacy Name:** Care Chemist, 5 Buckingham Parade, STANMORE,  
Middlesex, HA7 4EB

**Pharmacy reference:** 1035101

**Type of pharmacy:** Community

**Date of inspection:** 18/11/2019

## Pharmacy context

An independent pharmacy located on a busy high street in Stanmore. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes, supervised consumption, flu vaccinations, a private travel vaccination service, emergency hormonal contraception via patient group direction and a delivery service.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy's working practices are safe. The pharmacy sometimes records its mistakes but it doesn't review them regularly. So it might miss opportunities to spot patterns and trends which could prevent the same mistakes happening again. The pharmacy keeps all the records that it needs to by law and it generally keeps people's information safe. Team members know how to protect vulnerable people.

### Inspector's evidence

The pharmacy kept a near miss log in the dispensary. However, not all near misses were recorded and in 2019, only one had been recorded while seven had been recorded in 2018. The dispenser explained that any near misses identified by the pharmacist were highlighted to the team member who made the error, and the pharmacist then asked them to look at it again and change it, but they were not always recorded. Errors that left the premises were recorded electronically on the NPA incident report forms.

There was a clear and logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartment compliance aids were prepared in a dedicated area at the back of the dispensary to prevent distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years. The team members had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the end of June 2020. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the 2019 survey were positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of OxyNorm 10mg capsules was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacist checked the running balance regularly. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed electronically, and the specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. There were cordless telephones available for use and confidential waste paper was collected in baskets on the dispensary benches and then shredded at the end of each day. The team had an information governance policy in place which had been signed by them and they had completed general data protection regulation (GDPR) training. The pharmacy had also completed the Data Security and Protection Toolkit. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. The dispenser demonstrated how the pharmacy kept details of the local safeguarding

authorities displayed in the dispensary and explained that the team were happy to refer to the pharmacist if they suspected a safeguarding incident. The team members were all Dementia Friends and had completed this learning online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

### Inspector's evidence

During the inspection, there was one pharmacist, one dispensing assistant and two medicines counter assistants, one of whom had recently joined the team. Certificates of completed training were available and the staff were seen to be working well together.

The team did not have a formal on-going training programme, but they were updated regularly by the Superintendent pharmacist and they received regular training updates from pharmacy magazines and journals which they would read.

Pharmacy reps would sometimes come in to train the team members on various products. The pharmacy team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, dispensary, consultation room, a staff/stock area and a bathroom. Upstairs, there was also a stock room where the pharmacy kept stock for the retail area. The pharmacy had been refitted and was bright, airy and well presented. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy.

The pharmacy was professional in appearance and clean. Products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The dispenser demonstrated the cleaning rota and how everyone in the pharmacy was involved in cleaning. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the dispenser explained that the shelves were cleaned when the date checking was carried out.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, storage and two entrances; one from the dispensary and one from the retail area. During the inspection, sharps bins were kept in the room unlocked, but the pharmacist explained that he would discuss this with the superintendent and that they would probably move them out of the consultation room and only take the sharps bins in as required.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. They identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

### Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and on the pharmacy's website, [www.carechemiststanmore.co.uk](http://www.carechemiststanmore.co.uk). There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the consultation room. There was small step into the pharmacy, but the team explained they would help anyone to get in or out of the pharmacy and they also provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multicompartiment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside for most medicines, but they were not always supplied with patient information leaflets (PILs) every month. The dispenser explained that most patients did not seem to want the information leaflets, and some would find them confusing if they received a different brand to their normal one. The team explained that they were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and the team had checked the PMR to see if they had any patients in the at-risk group. The dispenser explained that he would ask patients taking warfarin if they were aware of their dose and they were having regular blood tests. If the patient was aware of their last blood test date and their INR, the pharmacy would inform the surgery, but they did not routinely document any results on the PMR. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription. The pharmacy used valid PGDs from Hubnet for their private PGD services and they were seen to be valid and up to date.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD) but the team were aware of the requirements. The pharmacy obtained medicinal stock from AAH, Alliance, Sigma, Colorama and Doncaster. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with red stickers. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and secured well to the wall of the dispensary in accordance with regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for paracetamol tablets. The recall notices were printed off in the pharmacy and annotated to show the action taken.





## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

### Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

### 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.