

# Registered pharmacy inspection report

**Pharmacy Name:** Sharmans Pharmacy, 32 Church Road, STANMORE,  
Middlesex, HA7 4AL

**Pharmacy reference:** 1035104

**Type of pharmacy:** Community

**Date of inspection:** 10/10/2024

## Pharmacy context

This is a community pharmacy in the centre of the borough of Stanmore, Middlesex. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers Pharmacy First, the New Medicine Service (NMS), seasonal flu and travel vaccinations as well as local deliveries. In addition, the pharmacy provides medicines inside multi-compartment compliance packs for people who find it difficult to manage their medicines.

## 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

The pharmacy appropriately manages risks. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. And they work to defined standards. Team members deal with their mistakes responsibly. But they are not always documenting and formally reviewing the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. And the pharmacy could do more to make sure its records contain all the necessary details.

### Inspector's evidence

The pharmacy was clean and tidy with clear, organised processes in place. This included a range of current standard operating procedures (SOPs) which contained relevant documents such as the pharmacy's safeguarding and incident management policies. The SOPs provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members understood their roles and responsibilities well. They were observed to work independently of the responsible pharmacist (RP) in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display and this provided details of the pharmacist responsible for the operational activities.

The pharmacy had set areas where staff and pharmacists worked. One member of staff was responsible for ordering and preparing multi-compartment compliance packs and this occurred from a segregated area in the dispensary. This helped minimise mistakes. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them and prescriptions which needed to be prioritised were highlighted. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used this as an audit trail. Staff were observed using prescriptions to dispense medicines against.

The regular RP was present during the inspection and her process to manage incidents was suitable. Staff were made aware of mistakes that occurred during the dispensing process (near miss mistakes), they described separating certain medicines which looked similar or had different formulations, but the relevant details were not frequently recorded, nor were there any documented details about the review recorded. This limited the pharmacy's ability to fully demonstrate the actions taken in response.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. Staff could recognise signs of concern and knew who to refer to in the event of a concern. Contact details for the various safeguarding agencies were readily available and the RP was trained to level three about this. The pharmacy also displayed details about how it protected people's sensitive data. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space and computer systems were password protected. However, a member of staff's NHS smart card had been left within one computer terminal and was being used during the inspection. This person was not on the premises at the time and their password was known and highlighted on the card. Some of the other team members passwords were also highlighted on their smart cards. This limits the pharmacy's ability to control access to people's confidential information.

A sample of registers seen for controlled drugs (CDs) were compliant with legal requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The pharmacy had suitable professional indemnity insurance arrangements in place. The RP record in the main, and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However, there were incomplete and missing prescriber details recorded in the electronic register for supplies made against private prescriptions and some incomplete information (such as 'Rx to follow') to justify or verify the nature of the emergency when supplies had been made in an emergency without a legally valid prescription. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Members of the pharmacy team are suitably qualified for their roles. They work suitably together to manage the pharmacy's workload. And they understand their roles and responsibilities well.

### Inspector's evidence

Staff at the inspection consisted of the RP, a pharmacy technician and three dispensing assistants, one of whom was a locum dispenser, and another was working on the medicines counter. Members of the pharmacy team were trained through accredited routes. Staff wore uniforms and name badges and were up to date with the workload. The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines and repeat requests were monitored. Updates about new services or guidance was provided through instruction from the RP and the team's individual performance was monitored informally. Staff were provided with some resources for ongoing training. This helped ensure they kept their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are professional and provide a suitable environment to deliver healthcare services from. The pharmacy is clean, and secure. Its retail area is presented well. And the pharmacy has a separate space where confidential conversations or services can take place.

### Inspector's evidence

The pharmacy's premises consisted of a spacious retail area and dispensary with staff areas at the rear. The premises were bright, well ventilated, and very professional in appearance. Fixtures and fittings were modern. The pharmacy was secure against unauthorised access and all areas were kept clean, tidy, and free from clutter. The dispensary had sufficient space to carry out dispensing tasks safely and store medicines. It was also appropriately screened to promote privacy when preparing people's medicines. Signposted consultation rooms were available to provide services and hold confidential conversations. They were suitable for their intended purpose and accessible for people with wheelchairs.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy has organised working practices. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And it supplies medicines inside compliance packs in a safe way.

### Inspector's evidence

The pharmacy had several seats available if people wanted to wait for their prescriptions with car parking available within the vicinity. People could enter the pharmacy through a wide, automatic door from the street and the retail area was made up of wide aisles and clear, open space. This assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Staff could also make suitable adjustments for people with different needs, they provided written communication, used carers, representatives or the consultation room when needed. One team member also had some knowledge of sign language and others were multi-lingual.

The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations and the RP was accredited to vaccinate people requiring this as well as other travel vaccinations. The PGDs to authorise this and to supply medicines under the Pharmacy first service were also readily accessible and signed by the RP.

Staff were aware of the risks associated with valproates and they had previously identified people at risk, who had been supplied this medicine. They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them. The pharmacy provided compliance packs after this was considered necessary and they liaised with people's GP's. One member of staff ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied. The pharmacy also offered a local delivery service and the team kept suitable records about this service through an electronic application. Failed deliveries were brought back to the pharmacy, notes were left to inform people about this, and no medicines were left unattended.

The pharmacy's stock was stored in a relatively organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were regularly identified and there were no date-expired medicines seen. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This did not include sharps which were redirected accordingly. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment is kept clean.

### Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included access to reference sources, clean, standardised conical measures for liquid medicines, counting triangles and capsule counters and an appropriately operating pharmacy fridge. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a way that prevented unauthorised access and the pharmacy had cordless telephones so that private conversations could take place if required.

### 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.