

Registered pharmacy inspection report

Pharmacy Name: Victoria Chemist, 524 London Road, North Cheam, SUTTON, Surrey, SM3 8HW

Pharmacy reference: 1036766

Type of pharmacy: Community

Date of inspection: 07/08/2024

Pharmacy context

This is a small family-owned community pharmacy in a parade of shops in North Cheam, a busy suburb between south London and the M25. The pharmacy dispenses people's prescriptions, sells over-the-counter medicines and gives healthcare advice, mainly to people who live locally. It also offers the recently introduced Pharmacy First service and private travel vaccinations.

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 suitable written instructions for its team members to follow when carrying out their tasks. It does record some of the mistakes that are made, but it could do more to show how it learns from them and what it does to prevent the same things happening again. The pharmacy keeps all the records it should. Its team members keep people's private information safe and understand their role in protecting vulnerable people.

Inspector's evidence

There were online Standard Operating Procedures (SOPs) in place to help the pharmacy's team members complete their tasks safely and effectively. They were in the process of being updated, with some already completed and some last reviewed in September 2021. Those updated in 2024 were filed in a separate folder. There was a separate master signature sheet with a matrix where all team members had signed to show that they had read and understood each of the SOPs. Some of the signatures dated back to 2015 so upon reflection the responsible pharmacist (RP) agreed that this should be updated as the SOPs were updated. Updated signature sheets were emailed to the inspector shortly after the inspection. There were some risk assessments such as one undertaken prior to introducing the hypertension case finding service. Others seen included one for the physical security of the premises.

There was a near-miss record book, but the RP acknowledged that he didn't use it to record his near misses. Upon reflection, having accepted that as he checked his own work there was a greater risk of error, he should start recording any near misses. And more importantly, that he should review them at regular intervals, documenting any trends or patterns, what he had learned from them and any changes made to help prevent them happening again. Errors which were only identified after they had left the premises were noted in the accident book and reported through the NHS Learning from Patient Safety Events Service (LFPSE) website. The RP was aware of 'Look Alike Sound Alike' (LASA) drugs and took extra care to make sure they weren't mixed up. There were some stickers on the shelf edges or on packaging to highlight where additional care should be taken.

Staff were able to describe what action they would take in the absence of the responsible pharmacist (RP), and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. The SOPs also set out their roles and responsibilities. The RP explained that dispensing labels were not initialled as all dispensing was only done by him. The RP notice was correct and clearly displayed for people to see. All the entries examined in the electronic RP record were complete and correctly recorded.

People could give their feedback about the pharmacy's services, usually verbally. Team members knew who to contact for assistance so they could maintain the pharmacy's services in the event of an unforeseen emergency. There was a business continuity plan in place. There was a certificate of professional indemnity and public liability insurance which was valid until the end of April 2025.

Private prescription records were kept electronically and those checked were complete. The Controlled Drug (CD) registers were all in order. Individual stock balances were checked annually and when again when dispensed. The RP explained that they dispensed very few CDs and there had been no

discrepancies. This was not in accordance with the SOPs so upon reflection the RP agreed to update the relevant SOP to reflect current practice. The records included a full audit trail of any alterations so that it was clear who had amended the record, when and why. Stock balances of those CDs selected at random were checked and found to correspond with their respective entries in the CD register.

There was an online record for recording controlled drugs (CDs) returned by people who no longer needed them. Those entries examined were all in order, with none awaiting safe destruction. There were some out-of-date CDs awaiting safe destruction. They were kept in a clearly segregated part of the CD cabinet, separate from stock available for dispensing. The RP was signposted to the CDAO to seek the necessary authorisation. There was a folder for keeping records of unlicensed medicines (specials). Those certificates of conformity examined all contained the required information, including the prescriber details.

All staff were able to demonstrate an understanding of data protection and they had signed confidentiality agreements. They were able to provide examples of how they protected people's confidentiality, for example not disclosing personal information over the phone or not leaving patient-sensitive information lying about for people to see. Completed prescriptions in the prescription retrieval system were not easily visible to people waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite once or twice a week.

There were safeguarding procedures in place for both adults and children. And contact details of the local safeguarding agencies were available using the NHS safeguarding app. The RP had completed Level 2 safeguarding training, and all other team members to the equivalent of level 1.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. It provides them with enough training to help them keep their knowledge and skills up to date. Team members are enthusiastic and keen to learn, so there is more the pharmacy could do to make sure its team members are fully trained for some of their tasks.

Inspector's evidence

There was one pharmacist on duty with two assistants during the inspection. The RP explained that they had recently reviewed their staffing levels and staff mix owing to a significant increase in the number of prescriptions dispensed following the closure of two other local pharmacies. The medicines counter assistant had completed the necessary accredited training course. But was currently undertaking dispensing tasks such as assembling multi-compartment compliance packs. She explained that she had been due to start an accredited dispensing training course but had not yet been enrolled. The RP agreed to enrol her on the required accredited training, and confirmed by email shortly after the inspection. The second assistant had only recently started working at the pharmacy but was already enrolled on an accredited MCA training course. She was also helping with the dispensing by printing labels and selecting stock for the pharmacist to assemble and check. She had already been given on-the-job training at her previous pharmacy. There were certificates in a folder showing the courses completed by team members as required by the Pharmacy Quality Scheme (PQS). Examples included antibiotic guardianship and suicide awareness. Each team member had their own access to the e-Learning for Health (e-LfH) platform. Entries were seen for training in infection management, COVID-19, antimicrobial resistance. The MCA explained how much she enjoyed training courses and completed as many as she could.

Staff were seen asking appropriate questions when responding to requests or selling medicines. They demonstrated a clear understanding of medicines liable to misuse and would speak to the pharmacist if they had any concerns about individual requests. They also recognised when the same people made repeated requests and would refer them to the pharmacist.

All team members appeared open and comfortable with discussing any concerns and supported each other. Those questioned knew who they could speak to if they had any concerns and were aware of the pharmacy's informal whistleblowing policy. There were no targets in place that may influence the registrants' professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the services it offers. They are adequately maintained, and team members keep them clean. The pharmacy also has a suitable private room for some of its services and confidential conversations.

Inspector's evidence

The pharmacy's premises were clean and reasonably tidy, with a few stacks of boxes or wholesaler totes awaiting collection. The retail area was well organised with a clear layout and three seats for people to wait. There was a single manual door with step-free access from street. The retail area was divided by a gondola down the centre, leaving sufficient space on either side for wheelchairs or other mobility aids.

The dispensary had one computer workstation with sufficient space for people to work. The computer was password protected so that only authorised personnel could access them. The dispensary sink was clean and equipped with hot and cold running water. There was also a small staff kitchen and toilet which were reasonably clean but cluttered with cleaning and other equipment. The temperature in the pharmacy was maintained at a comfortable level and was suitable for the storage of medicines. Worksurfaces and floors were cleaned at least once a week, and shelves were cleaned during the date checking process.

There was one consultation room available for confidential conversations and the provision of some of the pharmacy's services. Conversations inside the room could not be heard from outside. The room was being used to assemble multi-compartment compliance packs during the inspection. It was at the back of the premises, so people had to pass behind the medicines counter and past the dispensary to access it. There were lockable storage cupboards with no confidential material visible.

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 easily access them. It sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It identifies people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely.

Inspector's evidence

The pharmacy provided a limited range of services which it highlighted using notices and leaflet displays in the windows. There was step-free access through a single manual door from the street outside, and sufficient room for people with mobility aids.

There were controls in place to help reduce the risk of errors, such as keeping individual prescriptions separate on the workbench. There was a procedure for the team to follow when prescriptions could not be fulfilled in their entirety. The RP explained the process and how they kept track of them. Completed prescriptions awaiting collection were marked to indicate if further intervention was required when handing them out, such as additional counselling from the pharmacist, or if there were additional items in the fridge. Prescriptions for schedule two CDs were kept separate and dealt with by the pharmacist. There was nothing to highlight the expiry date of lower schedule CD prescriptions so upon reflection the RP agreed that highlighting the expiry date would reduce the risk of any being handed out after that time. The prescription retrieval shelves were cleared when they were full, removing any that had remained uncollected for six months. The RP explained that generally people collected their prescriptions promptly, especially CDs.

Multi-compartment compliance packs were assembled in the consultation room. The RP explained that people called them when they started the last pack of the current cycle, to ensure new prescriptions were ordered in plenty of time. When the prescriptions arrived, they were checked against the matrix kept on their computer showing what they usually needed, and any discrepancies were checked with the surgery before proceeding. The compliance packs were then assembled in accordance with the printed medicines sheet. They included a brief product description and patient information leaflets (PILs) were provided. Completed compliance packs were stored separately from other prescriptions, and there was a checklist to record when they were ready and when they had been either collected or delivered. The RP explained that they didn't offer a full delivery service, but he would make occasional deliveries after work if people couldn't get to the pharmacy themselves. There was a delivery book to record those deliveries.

The RP was aware of the risks involved in dispensing valproates to people who could become pregnant, and the need to check whether they had long-term contraception in place. And to record the intervention on the pharmacy's patient medication record (PMR) system. He confirmed that they were also aware of the recently updated requirement to dispense valproates in the manufacturer's original packaging, and to avoid covering any of the warnings with their dispensing label. The pharmacy currently didn't supply any valproates to people in the at-risk group. The RP was also aware of the need to check whether people taking other high-risk medicines such as warfarin or methotrexate were having regular blood tests.

Medicines, including unlicensed specials, were obtained from recognised licensed pharmaceutical wholesalers. Fridge temperatures were recorded daily and seen to be within the correct temperature range. All medicines were kept in manufacturers' original packs, and open containers of liquid medicines were annotated with the date of opening. Pharmacy medicines were displayed behind the medicines counter to avoid unauthorised access. There was a matrix for recording when staff had completed date checks of their stock on a rolling three-month cycle. They also marked and kept a list of the shortest dated items.

Unwanted medicines returned by people were screened in a plastic tray to ensure that any CDs were appropriately recorded by the pharmacist, and that there were no sharps present. The MCA confirmed that anyone trying to return sharps were signposted to the local council. There was a record of all returned CDs showing when they had been safely destroyed within the pharmacy, who by and witnessed. The pharmacy received drug alerts and recalls from the MHRA, which were annotated to show any action taken.

The pharmacy wasn't currently providing the hypertension case-finding service but had made a successful intervention soon after the service was initially introduced. The RP indicated that he was considering restarting the service. The pharmacy had kept the necessary records and signposted people to their GP if necessary.

The pharmacy offered a travel vaccination service. Records for the service were kept on the 'Citydoc' online platform. Consent was obtained upon booking, and there were separate paper consent forms for parents of children under 16 to sign. A selection of valid PGDs were seen online as the legal mechanism for the supply and administration of the vaccines. The RP explained that he also offered a yellow fever vaccination service which had involved a significant amount of face-to-face training.

The recently introduced Pharmacy First service was going well. The SI explained that they received many referrals from NHS111. There was an online platform showing details of each of the seven conditions covered by the service. It also included the gateway criteria, the treatment pathways but it wasn't clear where the PGDs were kept. The RP contacted the online platform supplier for advice and subsequently printed fresh PGDs directly from the NHS. The signed PGD summary sheet was emailed to the inspector shortly after the inspection. All records for this service were documented on the platform.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable facilities for the services it provides, and it makes sure that they are properly maintained. It also ensures that people's private information is kept safe and secure.

Inspector's evidence

The pharmacy had a set of crown-stamped conical measures and suitable equipment for counting loose tablets and capsules. All the necessary equipment was available for the Pharmacy's services, including a blood pressure monitor (which it replaces every two years) and an otoscope. The consultation room was compact but there was sufficient space for two people to sit down at the desk.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use, and the RP was using his own NHS smartcard. The pharmacy made use of online reference sources such as the electronic medicines compendium and the BNF online.

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.