

Registered pharmacy inspection report

Pharmacy Name: Chana Chemist, 70 Chapel Market, Islington,
LONDON, N1 9ER

Pharmacy reference: 1040287

Type of pharmacy: Community

Date of inspection: 02/02/2022

Pharmacy context

This pharmacy is located within a parade of shops near a street market. The pharmacy serves people of all age ranges and receives most of its prescriptions electronically. It provides the New Medicine Service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. The inspection took place during the Covid-19 pandemic.

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 adequately manages the risks associated with its services. Team members generally respond appropriately when mistakes happen during the dispensing process. And the pharmacy team receive training to help them know how to protect the welfare of vulnerable people.

Inspector's evidence

Standard operating procedures (SOPs) were in place, but they were stored in a disorganised manner in a file. SOPs were reviewed every two years, most recently in 2019. The superintendent pharmacist (SI) and dispenser had read and signed the relevant SOPs. The SI said that he was in planning to obtain new SOPs from an external provider.

The pharmacy had made some changes as a result of the Covid-19 pandemic. A plastic screen had been fitted at the front counter and team members wore face masks all the time. The premises, including door handles and chairs, were cleaned several times a day and hand sanitizer was available.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were now being documented. The SI said that near misses were reviewed regularly with the dispenser though this was not a formalised process. He described making some changes to help improve the dispensing service, for example, he had ordered sodium valproate safety alert cards following the last inspection. Some medicines which sounded alike or looked similar were highlighted with shelf edge labels, for example, azathioprine and azithromycin.

A procedure was in place for dealing with dispensing mistakes which had reached a person (dispensing errors). The SI said there had not been any dispensing mistakes recently. He explained that he would contact the person to apologise for the error and inform their GP. He would also report the dispensing mistake to his indemnity insurance provider.

The correct Responsible Pharmacist (RP) sign was displayed. The dispenser understood her role and responsibilities and said she would not hand out dispensed medicines in the absence of the RP.

The pharmacy had a complaints procedure. It normally conducted annual surveys but had not done one the previous two years due to the pandemic.

The pharmacy had current indemnity insurance cover. Records for the supply of unlicensed medicines, private prescription and emergency supplies were generally in order. The RP record was kept electronically. The SI was not routinely signing out of the RP record, but he was the only pharmacist working at the pharmacy over the past few months. Controlled drug (CD) registers maintained in accordance with requirements. CD running balance checks were conducted regularly for all CDs. Random stock checks of CDs agreed with the recorded balance.

Prescriptions awaiting collection were stored behind the medicines counter and were not visible to people. Confidential information was collected in a basket and shredded on site. An information governance policy was in place and both the SI and dispenser had completed training on the General Data Protection Regulation.

The SI had completed the Centre for Pharmacy Postgraduate Education training on Safeguarding children and vulnerable adults. Both the SI and dispenser had recently completed refresher training on the subject. The contact details of the local safeguarding team were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members are able to manage the pharmacy's workload and they feel comfortable about raising concerns. Staff do some ongoing training to help keep their knowledge and skills up to date. But they don't always keep a record of what training they have done.

Inspector's evidence

The pharmacy team comprised of the SI and a dispenser. The dispenser had completed an accredited course. The SI had arrived after the inspection had started. The dispenser said that she only sold retail products and sorted the delivery out if an RP was not present. She did not hand out dispensed medicines or sell Pharmacy-only medicines in the absence of the RP. Regular locum pharmacists helped cover some shifts as and when needed. The dispenser covered both the medicines counter and dispensary.

The pharmacy was relatively quiet throughout the inspection and it appeared that the SI was able to manage the workload. The SI had completed the backlog of housekeeping and administrative tasks during closing hours, and on his days off.

Staff performance was managed informally. The SI said he regularly discussed areas for improvement with the dispenser and also asked her for feedback. The dispenser was happy to raise concerns directly to the SI.

The dispenser said she had completed some training, for example, on vitamin D and the Covid-19 booster vaccine. She did not have set study time and did not maintain a record of her ongoing training. There were no targets set for her.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure, generally clean and maintained to a level of hygiene appropriate for the pharmacy's services. People can have a conversation with a team member in a private area. But it could do more to keep its consultation room tidy.

Inspector's evidence

The dispensary was located at the back of the shop and was relatively small and narrow. Workbenches had been tidied up since the last inspection and the dispensary shelves had been cleaned and tidied. Items which were previously stored on the dispensary floor had been moved.

A large screen was fitted at the medicines counter to help prevent the spread of infection during the pandemic. A small staff area was located behind the medicines counter; this contained a fridge, microwave and electric kettle. The area was filled with paperwork and stock, though this had been tidied up a little since the last inspection.

A consultation room was available, but, although it had been tidied up a little since the last inspection, it was still cluttered with boxes and bags. It did not present a professional image to people using the room. A sink was fitted in the room, but this was covered with bags.

The premises were secure from unauthorised access. The ambient temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy has some systems in place for making sure that its services are organised. It orders its medicines from reputable sources and largely manages them properly. The pharmacy responds appropriately to safety alerts and recalls, helping make sure that people get medicines that are safe to use.

Inspector's evidence

The pharmacy offered a limited range of services which were adequately promoted. Team members described signposting people to other service providers, such as GPs and dentists as well as the NHS website.

There was step-free access into the pharmacy. A doorbell was fitted should a person need assistance from the team. The door was also kept open at times. The pharmacist and dispenser were multilingual. The premises were registered with the General Pharmaceutical Council as Chana Chemist, and this also appeared on the pharmacy's dispensing labels. The pharmacy had changed ownership in 2015 and new signage had been put outside for 'Angel City Pharmacy'. The mismatch in names could cause confusion for people using the pharmacy.

Dispensed and checked-by boxes were generally used by team members to ensure that there were dispensing audit trails. Baskets were used to separate prescriptions and prevent transfer between patients.

Medicines were dispensed into multi-compartment compliance packs for people who needed help managing their medicines. Prepared packs observed were labelled with product descriptions and mandatory warnings. But there was no audit trail in place to show who had prepared and checked the packs, which could make it harder to know who had done these tasks if there was a query. Patient information leaflets were supplied regularly. Individual charts were available for each person to help ensure the correct number of medicines were supplied in the correct time slots.

The pharmacy offered a delivery service to people's homes with deliveries carried out by the pharmacist and dispenser. Records were maintained but people were no longer being asked to sign the records due to the pandemic. Medicines were returned to the pharmacy if a person was not available.

Prescriptions were now being attached to dispensed and bagged medicines to help confirm medicines with people and reduce the risk of supplying medicines past the valid date on the prescription.

The dispenser had completed refresher training on sodium valproate guidance and was aware of the checks and labelling requirements when dispensing this medicine to people in the at-risk group. The SI had ordered additional supplies of the warning cards and labels following the last inspection.

Medicines were obtained from licensed wholesalers and generally stored appropriately. The fridge temperature was monitored and recorded daily. The SI said that stock was date checked on a regular basis. Short-dated stock was marked with a coloured sticker. Two date-expired medicines were found mixed in with stock and were removed for destruction. A date-checking matrix was used to record date

checks, and these were seen to be done every three months.

Waste medicine was disposed of in appropriate containers. These were kept in the dispensary and collected by a licensed waste carrier. Drug alerts and recalls were printed out, actioned and filed away. Recent alerts were found to have been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Several glass measuring cylinders were available but some required cleaning. These were cleaned during the inspection. There were tablet and capsule counters, including a separate counter for cytotoxic medicines.

A fridge was fitted in the dispensary for medicines requiring cold storage.

A new blood pressure monitor was in use. Computers were password protected and were out of view of people. A shredder was available to destroy confidential waste. Staff had access to up-to-date reference sources.

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.