

# Registered pharmacy inspection report

**Pharmacy Name:** Shivo Chemists, 738 Holloway Road, LONDON, N19  
3JF

**Pharmacy reference:** 1040497

**Type of pharmacy:** Community

**Date of inspection:** 10/05/2019

## Pharmacy context

This is an independent pharmacy situated in a parade of shops on a busy main road. It mainly dispenses NHS prescriptions. And it supplies medicines in multi-compartment compliance aids to help people take their medicines.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	4.2	Standard not met	The pharmacy does not fully manage the risks associated with the multi-compartment compliance aid services.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy keeps all the records it needs to by law. It keeps people's private information safe. The pharmacy asks its customers and staff for their views. Team members use their procedures to safeguard vulnerable people.

### Inspector's evidence

Standard operating procedures (SOPs) were in place and were up to date. Members of the team had read SOPs relevant to their roles but had not signed to say that they had read and understood them. This could make it harder for the pharmacy to show what SOPs each team member had read. The roles and responsibilities matrix within the SOPs was incomplete.

Near misses were recorded on a near miss log as soon as they occurred. There had not been any near misses recorded since February 2019. The pharmacist said that since the shelves had been organised the number of near misses had reduced. As a result of past near misses amlodipine and amitriptyline had been separated on the shelves.

Dispensing incidents were reported on the National Reporting and Learning System website and discussed by both pharmacists. The pharmacist described how there had been a recent incident in which date expired bendroflumethiazide tablets had been handed out. These had been removed from the cellophane and the pharmacy had recently completed a date check. On investigation the pharmacist had found that they had received short-dated stock from the wholesalers. The pharmacist had spoken to the wholesalers who had informed him of how to check when processing the order if the stock was short-dated; and the team also checked dates on stock as it was received.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. Professional Indemnity insurance was in place.

The pharmacy had a complaints procedure in place and also completed an annual patient satisfaction survey. As a result of feedback that it had been too dark within the shop, lighting had been changed.

Records for private prescriptions, emergency supply, RP records and controlled drug (CD) registers were well maintained. There were no records available for unlicensed specials as the pharmacist explained the pharmacy had not dispensed a prescription for these for some time. The pharmacist was able to describe the records that would be kept.

One of the pharmacists tried to complete CD balance checks on a monthly basis but this was not always done. A random check of a CD medicine complied with the balance recorded in the register. CD patient returns were recorded in a register as they were received.

Assembled prescriptions were stored out of the view of people using the pharmacy. Some large prescriptions were stored behind the medicines counter and team members took care to ensure that the bags were placed in a way to make sure people's private information could not be seen. An information governance policy was in place. The pharmacists had completed the PSNC workbook for the General Data Protection Regulation and verbally briefed the team. The team were careful to not

discuss sensitive information on the counter and were encouraged to use the consultation room for this. Both pharmacists had individual Smart cards and one of the pharmacists could access Summary Care Records (SCR). Consent to access SCR was gained verbally.

Both pharmacists had completed level 2 safeguarding training and verbally briefed the team. Contact details for the safeguarding boards were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team generally manages the workload within the pharmacy. And team members use their professional judgement to make decisions in the best interest of people. But they are not always given time set aside for training. This could limit the opportunities they have to keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection the pharmacy team comprised of the superintendent pharmacist (SI) who was the responsible pharmacist (RP), and another pharmacist. A medicines counter assistant (MCA) was also present. The MCA had worked at the pharmacy for over 30 years and had completed training many years ago. Another trainee MCA was not present during the inspection and had been enrolled on the MCA training but had not completed this.

The pharmacy was managing the workload when the second pharmacist was there (they worked three days a week). The pharmacist said that the workload was organised in a way so that there was not much to do when the RP was working alone. The pharmacy tried to prepare multi-compartment compliance aids on days that both pharmacists were working or they would come in on Sunday when the pharmacy was closed to prepare these. The pharmacist said that they were considering recruiting a dispenser.

The MCA counselled patients on the use of over-the-counter medicines and asked appropriate questions before recommending treatment; she said that pharmacists would also help. She would always refer to the pharmacist if unsure or for any requests for multiple sales. She described handing out prescriptions in line with SOPs and said that all prescriptions were shown to the pharmacist before being handed out.

The pharmacy team were small and worked closely together. Some members of the team had worked there a long time. If there were any issues a meeting would be held but generally things were discussed as they arose. There were no formal appraisals in place. The pharmacist said that he gave team members feedback on the spot or soon after an incident had occurred. If team members were not working on days that the second pharmacist was working messages were passed on through the RP.

At the time of the inspection the trainee MCA was not set any allocated study time as she only worked a few hours a week. The pharmacist said that he was looking to give her some set time to encourage her to complete her training course. To keep team member's knowledge up-to-date the pharmacist passed on relevant training articles from pharmacy magazines as well as any seasonal articles. They also received monthly newsletters which were handed to them. At the time of the inspection the MCA was reading a newsletter on children's oral health. If the pharmacist spotted any gaps in knowledge in the team he said he would address them. The pharmacist said that he was confident that the team members worked within their limits. There were no numerical targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure, and maintained to a level of hygiene appropriate for the pharmacy's services.

### Inspector's evidence

The pharmacy was, in the main, clean. Workbench space was limited, and clear spaces were dedicated to dispensing and checking prescriptions and preparing multi-compartment compliance aids. Medicines were arranged on shelves in a tidy and organised manner. Floor space was clear. Cleaning was carried out by the team.

A signposted consultation room was available. This was accessible from the shop floor and from behind the medicines counter. The room was tidy; there was no confidential information or medication stored in the room.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare. Air-conditioning was available to regulate the temperature.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy generally provides most services safely. But it does not always give people information leaflets that come with their medicines and does not include advisory warnings with people's compliance aids. This means that people may not always have the information they need to take their medicines safely. The pharmacy sometimes prepares compliance aids before it has the prescription. This could increase the risk of it making mistakes. The pharmacy does not always keep a record of communications with the prescribers. So, some members of staff or other pharmacists may not know what has been discussed and agreed with other healthcare professionals. It obtains medicines from reputable sources and generally manages them well. But it stores some medicines unsealed in boxes. This could affect the quality of the medicines.

### Inspector's evidence

The pharmacy was easily accessible, there was a flat entrance from the street and people would knock on the window if they required assistance. There was easy access to the medicines counter. People were asked if they wanted to use the consultation room as there was a quieter environment. The pharmacy was able to produce large print labels for visually impaired people. The SI was multilingual and the team was aware of the availability of online translation applications.

The pharmacy's services were advertised using posters and there was a range of leaflets in the retail area. Team members were aware of the need to signpost people to other services or would find details of other providers from the NHS website.

The pharmacy received most prescriptions electronically. They were dispensed and checked by the pharmacist. He said that he took a mental break in between dispensing and checking depending on how many items were on the prescription. He felt that counselling people at the point of handout of their medicines had the most impact to people.

Dispensed and checked by boxes were available on the labels; these were not always used. This could make it harder to find out who was involved if there is a mistake or query. The pharmacy team also used baskets for prescriptions to ensure that people's prescriptions were separated and to reduce the risk of errors.

The pharmacist was aware of the change in guidance for dispensing sodium valproate. There was one regular person in the at-risk group. The pharmacist had a conversation with her and the pharmacist said that she had been aware of this prior to this conversation. The pharmacy had the 'Prevent pack' available and the pharmacist said that he would use 'warning stickers' and information leaflets.

When receiving prescriptions for warfarin, the pharmacists checked the INR. For one person who the pharmacy ordered prescriptions for a copy of the yellow book was photocopied and sent to the surgery. This was not retained in the pharmacy.

For people who had their medicines supplied in multi-compartment compliance aids the pharmacy ordered prescriptions when the person was on their last compliance aid. The RP prepared the stock and a number of original packs were seen with loose tablets and capsules inside. Some compliance aids had been prepared in advance of the prescriptions being received. And there were not robust systems in

place to prevent these being supplied before the prescription arrived in. This could mean that changes to medication are not picked up and people are supplied with incorrect medication. In some cases, the GP notified the pharmacy of changes; information was not recorded. This could mean that some members of staff or other pharmacists may not know what has been discussed or agreed with other healthcare professionals. Medication Administration Record charts were generated for the care homes. Prescriptions were ordered by the care home and supplied to the pharmacy after they had been checked.

Assembled compliance aids observed were labelled with product descriptions and mandatory warnings. However, backing sheets for people in care homes did not contain the warnings. Patient information leaflets (PILs) were handed out monthly to the care homes but not to other people.

Medicines were obtained from licensed wholesalers and mostly stored appropriately. This included medicines requiring special consideration such as CDs. The RP said that fridge temperatures were monitored daily. However, there were some gaps in recordings over the past few months. This makes it harder for it to show that the medicines are still safe to use. Recorded temperatures were within the required range for the storage of medicines. CDs were kept securely.

Date checking was completed by the pharmacist every three months. A date checking matrix was in place but this had not been updated since August 2018. This could make it harder for the pharmacy to show that regular date checking was done. There were no date expired medicines observed on the shelves sampled.

The pharmacy was in the process of considering options available for the Falsified Medicines Directive (FMD). They had registered interest with Cegedim and the pharmacist said that it was in the pipeline to be implemented.

Out of date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

Drug recalls were received by the pharmacy via email and on invoices from the wholesalers. The pharmacist informed the SI of any alerts that were received. The last actioned alert for which the pharmacy had stock available was valsartan.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services.

### Inspector's evidence

Several calibrated glass measures were available. A separate, clearly labelled, tablet counting triangle for cytotoxic drugs was available for use. A blood pressure monitor was available and used as part of the services offered. This had been recently replaced.

A fridge of adequate size was also available. Up-to-date reference sources were available including access to the internet. Confidential waste was shredded. Computers were password protected and faced away from the public.

### 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.