

Registered pharmacy inspection report

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

Pharmacy reference: 1040497

Type of pharmacy: Community

Date of inspection: 17/12/2019

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 packs to help people take 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 |
|--|-------------------|------------------------------|------------------|-----|
| 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

Overall, the pharmacy adequately identifies and manages the risks associated with its services. The pharmacy asks its customers for their views. It largely keeps the records it needs to so that medicines are supplied safely and legally. Team members know how to safeguard vulnerable people. They work to written procedures to help provide the pharmacy's services safely.

Inspector's evidence

Standard operating procedures (SOPs) were in place and were up to date. Members of the team had read and signed SOPs relevant to their roles. The roles and responsibilities matrix within the SOPs were incomplete. Following the inspection the responsible pharmacist (RP) confirmed that this had been completed.

Near misses were recorded on a near miss log as soon as they occurred. These were consistently observed to be recorded and were discussed as they occurred with the team. sumatriptan and sertraline were stored on separate shelves due to previous reoccurring near-misses.

Dispensing incidents were reported on the National Reporting and Learning System website and discussed by both pharmacists. The pharmacist described how a multi-compartment compliance pack's adhesive had come apart. This had been an isolated pack. The RP had contacted the manufacturers who had replaced that batch of packs. The manufacturers had previously been notified of a similar issue. The pharmacy also sellotaped packs to ensure they were securely sealed.

The correct 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 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. Since the last inspection there had not been any feedback that had warranted change.

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 each time a CD was dispensed this was roughly on a monthly basis. 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 smartcards 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 has an adequate number of team members for its services, and they work effectively together and are supportive of one another. They largely have the appropriate skills, qualifications and training to deliver services safely and effectively. Team members are given ongoing training 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), and the pharmacy manager who was the responsible pharmacist (RP). A counter assistant was also present. The regular trained medicines counter assistant (MCA) was on holiday and was being covered by a temporary member of staff. This team member had not completed any training but did not do anything without speaking to the RP. She did not sell medicines or give people advice, and only helped stock shelves and tidy up. She also worked alongside the trained MCA on some Saturdays. A new member of staff had been enrolled on the MCA training course and was due to start her training.

The pharmacy was managing the workload as there were two pharmacists most days of the week. The pharmacist said that the workload was organised in a way so that there was not much to do when the owner was working alone, which was usually on a Saturday. When the owner was working on his own there were not many prescriptions to dispense and he concentrated on handing out assembled prescriptions and counselling people. The pharmacy tried to prepare multi-compartment compliance packs on days that both pharmacists were working.

The counter assistant did not sell any over-the-counter medicines and referred all requests to either one of the pharmacists. 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.

Ongoing training was completed on an ad-hoc basis, team members were given training time during quieter periods. Each month the Informacist sent healthy living leaflets which were passed on to team members. The last training leaflet had covered asthma and inhaler usage. 'Training Matters' books were also handed to team members which covered information on over-the-counter treatments. If the RP came across any relevant magazine articles, he shared these with the team. The RP planned to give dedicated training time to the trainee MCA to help complete her training. 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 suitable for the pharmacy's services and are clean and tidy. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean. Workbench space was limited but was clear and organised. Workbenches were also allocated to dispensing and checking prescriptions and preparing multi-compartment compliance packs. 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 met

Summary findings

Overall, the pharmacy provides its services safely and effectively. It gets its stock from reputable sources and stores it properly. The pharmacy takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

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 it offered a quieter environment. The pharmacy was able to produce large print labels for people with visual impairment. 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. The RP was working more at the pharmacy and tasks were now shared. Prescriptions 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 who fell in the at-risk group. The pharmacist had a conversation with the person but they had been aware of the change in guidance prior to this conversation. The pharmacy had the 'Prevent pack' available and the pharmacist said that he would use 'warning stickers' and information leaflets. He would also ensure not to cover the warning when sticking on labels.

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 recorded on the person's electronic record.

For people who had their medicines supplied in multi-compartment compliance packs the pharmacy ordered prescriptions using a tracker system. Prescriptions requests were tracked and monitored using records. Since the last inspection the pharmacy had introduced a grid system so that they were aware of when people were due and used this to monitor when new prescriptions needed to be ordered. Individual records were used for each person, and any communication was recorded on these. The RP had created a folder on the email system to file any correspondence received from hospitals. This information was also recorded on the person's record. Packs were prepared by one of the two pharmacists and a double check was obtained. An assessment was carried out before a person was enrolled on the service but ongoing reviews to check suitability was not carried out.

Assembled compliance packs were labelled with mandatory warnings. The pack observed did not have the product descriptions recorded and the pharmacist said that he had not filled this in. A patient information leaflet (PIL) was not found in the bag seen during the inspection. The RP gave assurances that these were usually given and would ensure that they were handed out monthly.

Medicines were obtained from licensed wholesalers and mostly stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored and recorded daily. 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. Expiry dates of stock were also checked on receipt. A date-checking matrix was in place. There were no date-expired medicines observed on the shelves sampled. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD). The RP said that he had signed up for the database. He said that the pharmacy would have everything in place in the new year and he would also incorporate FMD as part of the SOPs.

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. Drug recall notices were printed, actioned and filed. The last actioned alert for which the pharmacy had stock available was ranitidine.

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 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. |