

Registered pharmacy inspection report

Pharmacy Name: Shiv Pharmacy, 70 Great Titchfield Street, LONDON, W1W 7QN

Pharmacy reference: 1041289

Type of pharmacy: Community

Date of inspection: 13/06/2023

Pharmacy context

This retail pharmacy is situated in central London close to Oxford Circus. People who visit the pharmacy usually live or work locally. The pharmacy supplies NHS and private prescriptions, and it sells over the counter medicines. It occasionally provides some other NHS services including seasonal flu 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

Overall, the pharmacy suitably manages the risks associated with its services. And the pharmacy team completes the records that it needs to by law. Team members understand their roles and responsibilities. But the pharmacy's policies and procedures are not up to date. This means team members may not always be sure how to complete tasks or work effectively. The pharmacy keeps people's private information safe, and team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

A responsible pharmacist (RP) notice was displayed near to the counter identifying the pharmacist on duty. The pharmacist supervised all activities and the team member working on the counter referred relevant queries to them throughout the inspection. There was a folder in the dispensary with a few standard operating procedures (SOPs) covering some of the basic tasks. But SOPs had not been updated properly for several years. They contained some obsolete references, and they did not cover all aspects of the pharmacy operation. And there were no training records showing whether team members had read and agreed to follow the SOPs. The pharmacist explained that the pharmacy was due to adopt and implement a range of new SOPs, and he agreed to make sure staff received appropriate training on these. Professional indemnity insurance covered the pharmacy's services, and a copy of the current insurance certificate was available.

Dispensing labels included an audit trail identifying the team members involved in the assembly process and the pharmacist responsible for the supply. The pharmacist sometimes worked alone in the dispensary but explained how they tried to take a mental break between assembling and checking the prescription in order to minimise the risks associated with self-checking. The pharmacy had completed an annual NHS patient safety report. It had systems for recording near misses and incidents, but none had been recorded recently. The pharmacist explained how they had sometimes relocated stock in the dispensary to prevent picking errors when they noticed an issue. But the pharmacy did not undertake in-depth reviews of incidents or errors, so team members may not always learn from incidents and may miss opportunities to improve.

The pharmacy had a complaints procedure. The pharmacist said this was promoted in the pharmacy's practice leaflet although none of these were on display. Most concerns were resolved informally. Team members greeted people courteously and had a good rapport with people who visited the pharmacy.

Prescription supplies were recorded on a patient medication record system (PMR), and the pharmacy maintained all the required records. Records checked were generally in order although private prescription records occasionally did not include the prescriber's address details. Private prescriptions were mostly filed in date order. The pharmacy had paper based controlled drug (CD) registers. Running balances were maintained and checked when supplies were made. A random balance check matched the amount in the CD cabinet. But full CD audits were not completed regularly which meant the team might delay identifying any discrepancies. The pharmacist confirmed supplies of unlicensed medicines were also recorded appropriately.

The team member working on the counter confirmed they had completed training on data protection and confidentiality. Confidential material was stored so it was not accessible to members of the public. Confidential paperwork was segregated so it could be disposed of safely using a shredder. A privacy notice was displayed. The pharmacist had completed level 2 safeguarding training. Team members had completed a safeguarding module as part of the NHS Pharmacy Quality Scheme, and some safeguarding information was available for reference.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Team members receive the right training for their roles. But the pharmacy does not have a formal approach to staff training, so team members may miss opportunities to develop their knowledge and keep their skills up to date.

Inspector's evidence

The superintendent (SI) was working as the RP. They were supported by a single assistant working on the counter. The team responded promptly to people's queries and requests, and the workload was manageable. The pharmacy was one of three pharmacies owned by the same company, so staff tended to work flexibly between the pharmacies if needed. Staff holidays were planned so extra cover could be organised. The pharmacy had another team member who worked part time and they sometimes provided flexible cover for holidays and absences.

The team member working on the counter provided confirmation that they had completed an accredited course. And the SI provided a copy of a certificate showing that the part time team member had completed a level 2 counter assistant's course. The pharmacy did not have formal staff induction process or a training and development programme, so team members did not receive any regular ongoing training. They relied on updates and information being passed on by the pharmacists.

The SI often worked in the pharmacy and was contactable, so team members were able to raise issues directly with them. The pharmacy had a whistleblowing policy, but team members weren't aware of it, so they may be less confident raising concerns externally. The SI agreed to make sure this was included with the SOP update and training. The pharmacy did not offer team members targets and incentives related to pharmacy services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. It has consultation facilities so people can speak to a member of the team or receive services in private.

Inspector's evidence

The pharmacy was situated in a small retail unit. It was bright, clean and professional in appearance. There was a small retail area and open plan dispensary to the rear. Access to the dispensary was restricted by the counter. A screen was fitted to the counter to help reduce viral transmission. The dispensary had enough bench space for the volume of work. Fittings were modern and suitably maintained. Air conditioning controlled the room temperature.

The pharmacy had a small consultation room which was accessible from the retail area. It was used for services such as flu vaccinations and if people wanted a conversation in private. It was fitted with a bench, two chairs and a small sink.

There was a stock room, a small staff kitchen and a toilet in the basement accessed by stairs from the dispensary. These areas were less well maintained, and the décor had deteriorated in places. This was partly due to a recent water leak which had caused damage to the wall and ceiling particularly in the toilet. The SI confirmed the landlord was seeking to address these issues through his building insurance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services and supplies medicines safely. It obtains its medicines from reputable suppliers, and it stores them securely. The team makes some checks to make sure that medicines are in good condition. But there are some inconsistencies in working practices and a lack of audit trails, which could make it harder for the team to show it is working safely.

Inspector's evidence

The pharmacy was open 8.30am to 6pm Monday to Friday. The pharmacy had an automated door, so access was unrestricted. Some healthcare and signposting information relevant to the local area was displayed. The pharmacy offered a home delivery service. Only details relating to CD deliveries were recorded, so the pharmacy team might find it harder to account for some of its prescription deliveries in the event of a query.

Dispensing baskets were used to keep individual prescriptions separate to prevent these being mixed up during the assembly process. Dispensed medicines awaiting collection were bagged and kept in the dispensary. People were usually asked to confirm their name and address before prescription medicines were handed out, to make sure the correct prescription had been selected. The pharmacy team members referred to the prescription when handing medicines out. The pharmacy regularly dispensed private prescriptions. Some private prescriptions were received by email. Copies were printed and retained for reference. But original prescriptions were not always received promptly, and the pharmacy could not clearly show it had a reliable system in place to audit receipt of these prescriptions.

The pharmacist knew about the risks associated with the use of valproate and isotretinoin during pregnancy. All stock packs of valproate contained suitable warning cards, and the pharmacy team knew that educational materials should be provided to people in the at-risk group. The pharmacist described how he sometimes made interventions to confirm medications were suitable. But interventions were not systematically recorded which could make it harder to resolve future queries relating to the same patient.

The pharmacy supplied a few people with their medicines in compliance packs. The pharmacist was aware that people should be assessed to determine what adjustments would be most suitable to their needs, and that packs were not the only option. Records were kept so the compliance pack service operated smoothly. People's individual preferences and any medication changes were documented. Packs were clearly labelled but they did not include a description of the medicines they contained so that people could identify them. And the manufacturer's packaging leaflets weren't always supplied. The pharmacist explained that people often requested not to receive the leaflets, but this was not evident on their records. This meant that some people may not have all the information they need to take their medicines correctly.

Pharmacy medicines were stored behind the counter so sales could be supervised. The team members were aware of the types of over-the-counter medicines which would be considered high-risk. A sale of a codeine containing medicine was observed where very little advice or information was offered, and the

pharmacy did not have an SOP covering the sales of this type of high-risk medicine. But the team member working on the counter said they would alert the pharmacist if people were buying this type of medicine repeatedly. The pharmacy did not normally sell codeine linctus or Phenergan Elixir because of the potential for misuse.

Stock medicines were obtained from licensed wholesalers and suppliers. Medicines were stored in an organised manner in the dispensary. Expiry date checks were completed periodically but they were not documented. A random check of the shelves found no expired items. A fridge was used to store cold chain medicines. Fridge maximum and minimum temperatures were checked daily and recorded. A second fridge was in use as the pharmacy's stock holding of fridge lines had recently increased. The temperature of the fridge was within an acceptable range, but it was not being monitored on an ongoing basis. And the fridge contained some food items which had started to deteriorate. The SI immediately removed the food items and confirmed later that day that a thermometer had been obtained and the fridge temperature was being monitored.

CDs were stored in a cabinet. The cabinet was well organised, but an open bottle of methadone had not been dated and some methadone had been dispensed into an amber bottle which did not have a batch number or expiry date, which made it difficult to determine if they were suitable for use. Obsolete CDs were segregated. Patient returned CDs were recorded. Expired CDs had accumulated, and the SI agreed to arrange a destruction. Other waste medicines were disposed of in dedicated bins, and these were collected periodically by a waste contractor. Drug alerts were received by e-mail and checked by the pharmacist. Some examples of recent alerts were seen, but the pharmacy did not have a proper audit trail so it could demonstrate they had been checked and actioned where appropriate.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services safely. Equipment is appropriately maintained and used in a way which protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and appropriate reference sources. The dispensary sink was clean. The pharmacy had a range of clean glass liquid measures for preparing medicines, with separate ones for measuring methadone to avoid contamination. And it had equipment for counting loose tablets and capsules as well as disposable containers for dispensing medicines. The pharmacy's blood pressure meters were new. Hand sanitiser was available.

The CD cabinet was suitably secured. Computer screens were not visible to members of the public. Access to computer systems was password protected. Team members could take telephone calls away from the counter so they could not be overheard. All electrical equipment was in working order.

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.