

Registered pharmacy inspection report

Pharmacy Name: Sumer Pharmacy, 340 Harrow Road, LONDON, W9
2HP

Pharmacy reference: 1041477

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

This is an independent retail pharmacy located on a main road in North West London. Footfall is fairly low and people who use the pharmacy usually live locally. The pharmacy mainly supplies NHS prescriptions and sells a small range of retail products. It occasionally offers other pharmacy services including smoking cessation, NHS Medicines Use Reviews, private flu and meningitis B vaccinations, and health checks.

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 suitably manages the risks associated with its services. Team members understand their roles and responsibilities. They know how to protect people's private information and safeguard or support vulnerable people. The pharmacy has written procedures to make sure the team members work safely, but these are not necessarily followed in practice, so there may be occasions when the team might not always work effectively. The team members try to learn from their mistakes, but the lack of regular patient safety reviews and audits mean they could miss additional learning opportunities.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the main tasks and activities. Not all current team members had signed to confirm they had read and agreed them, and they had been last updated in 2014 so they did not necessarily reflect current practice in all instances.

A responsible pharmacist (RP) notice was displayed and was visible from the retail area. Other team members' roles were not immediately clear to people using the pharmacy's services, but they could explain their individual responsibilities and they worked under the supervision of the pharmacist during the inspection.

The pharmacy had basic risk management processes in relation to dispensing activities. Assembled prescription medicines were usually subject to a double check by two different team members. There was a dispensing audit trail on the pharmacy label indicating who was involved in this process with assisted with managing any incidents. The pharmacy had a near miss chart; there were a couple of historic entries from earlier in the year which identified simple learning points. The pharmacy technician (PT) said he would discuss near misses or errors with the pharmacist at the time, so they consider any learning points, such as look-alike-sound-alike medicines and make sure they were stored separately to avoid picking errors. If a dispensing error occurred this was reported to the superintendent pharmacist who would ensure it was appropriately dealt with and resolved. The superintendent confirmed they completed an annual patient safety review but monthly reviews were not completed.

The superintendent or pharmacy owner dealt with any concerns and issues raised by people using the services and these were usually resolved informally. Complaints could be raised in person or via the pharmacy's website, www.sumerpharmacy.co.uk. The pharmacy owner could not recollect any serious pharmacy related issues being raised within the last year. The pharmacy had sought feedback through NHS patient satisfaction survey in 2018.

The pharmacy was indemnified by the NPA and a copy of the current insurance certificate was available. A recognised patient medication record (PMR) system was used to document prescription supplies and the team maintained all the records required by law, including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were generally in order and CD running balances were maintained. The pharmacy recorded the RP details in two different formats. This could cause confusion in determining which was the legal RP

record, but the pharmacy owner agreed to resolve this with the team.

The pharmacy was registered with the Information Commissioner's Office. Team members understood about data protection and the importance of maintaining patient confidentiality. Confidential material was generally stored out of public view. Confidential paper waste was shredded. Dispensary team members used individual NHS smartcards for accessing the NHS data. People provided signed consent for services such Medicines Use Reviews but their consent forms and associated documentation for flu vaccinations was not kept. The pharmacy's privacy notice explaining how people's information was processed and safeguarded was provided by the superintendent after the inspection, and he confirmed the team had also been given detailed procedures by their Data Protection Officer.

The pharmacists and technician were level 2 safeguarding accredited and copies of their certificates were provided. There was a safeguarding SOP explaining how concerns about vulnerable people should be escalated and the team could access local safeguarding contacts.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small close -knit team. There are enough staff to deliver the services safely. Team members get the right training for their roles. But the unstructured approach to ongoing learning and the lack of staff management systems means the pharmacy might not always identify gaps in the team members' knowledge or skills.

Inspector's evidence

The superintendent worked as the full-time responsible pharmacist. A long-term locum covered his days off. The pharmacy employed a full-time PT who had worked at the pharmacy for a number of years, and a part-time assistant who mainly worked on the counter. The non-pharmacist owner managed the business and occasionally worked at the pharmacy but did not undertake a patient-facing role. At the time of the inspection the locum pharmacist, pharmacy owner, PT and counter assistant were present. Footfall was very low, and the team managed the workload without any issues. Holidays were planned so only one team member was off at any one time.

The counter assistant had worked at the pharmacy for a few months and was enrolled on as dispensing course. Team members had access to Alphega training modules so they could keep their knowledge up to date. Pharmacists were accredited to provide MURs and the superintendent could offer vaccinations under patient group directions (PGDs). Copies of these PGDs could not be located at the time but were provided post-inspection. The assistant working on the counter was trained to provide health checks, but documentation confirming this was not provided. The pharmacy owner had not completed any formal pharmacy-related training. Team members spoke openly about their work. But the pharmacy did not have a formal appraisal process or whistleblowing policy in place. Some targets relating to pharmacy services were set for the team using an Alphega system, but the pharmacist did not feel under pressure to achieve these and felt able to exercise his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitable for the delivery of healthcare services. But the level of cleanliness in some areas and cluttered consultation facilities potentially detracts from the overall professional image.

Inspector's evidence

The pharmacy was situated in a small retail unit. The retail area was compact with a medicines counter situated at rear. It restricted access to a small open plan dispensary. Lighting was adequate. Fixtures and fittings were suitably maintained. Work areas were reasonably clear but some areas, such as the healthy living zone, were dusty and untidy.

A small consultation room was located next to the dispensary. It was used was used to administer flu vaccinations. But it was also used as an office and it was cluttered, untidy and unprofessional in appearance.

There were staff WC facilities but no dedicated rest area.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy sources, stores and supplies medicines safely. But working procedures are sometimes unclear, which makes it more difficult for the team to effectively demonstrate how it manages some aspects of the services. And it does not have a proper system for managing medicine safety alerts and recalls, which could mean the team delays dealing with potentially defective medicines.

Inspector's evidence

The pharmacy had a ramped entrance and a manually operated door. A bell could be used to alert staff for assistance if needed. The consultation room was not accessible to wheelchair users, so they might not be able to benefit from some of the pharmacy's services. Staff could signpost to other healthcare providers on the locality. The pharmacy had a website www.sumerpharmacy.co.uk which had information about the services and the pharmacy's contact details, but it did not include the superintendent's details. People using the pharmacy's services were often of Middle Eastern origin and some of the pharmacy's website and signage were also written in Arabic, and team members could converse in Farsi and Arabic which was often helpful.

The pharmacy ordered repeat prescriptions on behalf of some of their regular patients and these were managed appropriately. Dispensed medicines were suitably labelled, but the print was sometimes faint and hard to read. The printer ribbon was immediately changed when this was pointed out. Patient information leaflets were usually supplied and there was an owing procedure so these could be tracked. The pharmacy dispensed some medicines in multicompartiment compliance packs for more vulnerable patients. Packs were usually requested by their doctor. Compliance pack assembly was managed by the PT or pharmacist, and packs were appropriately labelled, but there was limited documentation which would enable packs to be safely assembled in their absence. And patient information leaflets were not always supplied with packs, so people might not have all the information they need to take their medicines.

The team was aware of the risks of supplying valproate-based medicines and that patients should be counselled. The pharmacist was not aware of any regular patients in the at-risk group. Some of the appropriate patient literature could not be located at the time of the inspection, which meant it may not be possible to supply the necessary information if valproate was dispensed, but the pharmacist agreed to obtain this. The pharmacist was able to access Summary Care Records and gave examples of interventions he might make, but these were not systematically recorded.

The team members explained how they delivered the smoking cessation, vaccination, and health check services but there was limited documentation pertaining to this, confirming how and when these were provided. The counter assistant completed cholesterol, blood glucose and blood pressure checks. The pharmacist had limited involvement with this service but could offer advice if needed.

Pharmacy medicines were stored behind the counter, so sales could be supervised. The counter assistant understood the restrictions on selling codeine-based medicines. The pharmacist could easily supervise and intervene as the dispensary and counter were in close proximity.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Medicines were stored in their original packaging in a reasonably orderly manner. The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the team were scanning to decommission medicines at the point of supply. Date checking was carried out periodically, and a random check of the shelves found not expired items. Obsolete medicines were placed in suitable waste containers prior to collection by suitable waste contractors. The last consignment note was dated March 2019.

CDs were stored appropriately. Random CD balance checks were found to be correct. Obsolete CDs were segregated from stock items. The pharmacy had a CD destruction register but it had not been used. Some pregabalin was found in the pharmaceutical waste bin. It was removed and the team were reminded that schedule 3 & 4 CDs should be denatured prior to being deposited in the designated bins.

The pharmacy refrigerator used to store medicines was equipped with a maximum and minimum thermometer. Temperatures were checked and recorded each day and were within the recommended range.

Some examples of medicine and device alerts and recalls were seen indicating they had been actioned. But the team had not actioned some of the recent recalls relating to ranitidine. The pharmacy owner immediately subscribed to the MHRA alert system when this was pointed out and agreed to action any that had been overlooked.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services. But the team could do more to make sure it stores and manages health check equipment appropriately.

Inspector's evidence

The pharmacy had disposable medicine containers, calibrated glass measures and counting equipment for dispensing medicines. The team could access to the internet and suitable reference sources such as the British National Formularies and Drug Tariff.

Computer terminals were suitably located so they were not visible to the public and the PMR system was password protected. Telephone calls could be taken out of earshot of the counter if needed. The pharmacy had a large CD cabinet and a small medical fridge. The fridge was small for the volume of stock held at the time of the inspection which made shutting the door difficult and could affect the temperature regulation.

There was a carbon monoxide monitor used alongside the smoking cessation services was had a sticker indicating it was last calibrated in 2017. Equipment used for health checks was stored and used in the retail area. This meant people's privacy might not be protected and the equipment was more likely to be subject to damage or become defective. The owner said the blood glucose and cholesterol testing equipment was regularly calibrated but there were no records confirming this. The team agreed to make sure these issues were addressed after the inspection.

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.