

Registered pharmacy inspection report

Pharmacy Name: Sheel Pharmacy, 2 Sir John Kirk Close, Camberwell, LONDON, SE5 0BB

Pharmacy reference: 1086606

Type of pharmacy: Community

Date of inspection: 10/05/2021

Pharmacy context

This pharmacy is situated in a residential area, next to a GP practice. It was taken over by the current owners in September 2020. The pharmacy dispenses medicines predominantly to people residing locally. It provides substance misuse treatment to a small number of people. And it supplies medication in multi-compartment compliance packs to people who need help managing their medicines. The pharmacy also offers a delivery service. This inspection was undertaken 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	2.2	Good practice	The pharmacy is good at supporting its team members with ongoing training which is reviewed. And it gives them time set aside at work to complete their training. This helps to keep their skills and knowledge up to date.
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 team has procedures in place to record and review mistakes when they happen and it uses this information and learning to avoid future mistakes. The pharmacy takes steps to help protect people against COVID-19 infection. The pharmacy team members manage and protect people's confidential information well, and they have received training to help protect the welfare of vulnerable people.

Inspector's evidence

Standard operating procedures (SOPs) were available at the pharmacy and all current members of the team had signed the relevant procedures. The SOPs had been reviewed in September 2020 and were due to be reviewed at least every two years.

The pharmacy was restricting the number of people allowed into the pharmacy to help reduce the risk of cross-infection during the pandemic. Signage was displayed to help remind people of the restrictions and a screen had been fitted at the front counter. Personal protective equipment (PPE) and hand sanitizers were available for the team. A staff risk assessment had been done.

The technician said that dispensing mistakes which were identified before the medicine was handed to a person (near misses) were discussed and recorded. She added that the pharmacy did not have many near miss errors as most people using the pharmacy were signed onto the managed repeat prescription service. And, so, the team were able to manage the workload with minimal pressure. The superintendent pharmacist (SI) reviewed the near miss record as part of the monthly patient safety reviews. As a result of a recent review, the SI ordered medicines from different manufacturers so that the packaging was different.

The SI said that dispensing mistakes which reached people (dispensing errors) would be recorded on a form and reported on the National Reporting and Learning System. There had not been any dispensing errors since the SI had taken over the pharmacy last year.

Baskets were available for use during the dispensing process to prevent the mixing of people's prescriptions. There was ample workspace and benches were kept clean and tidy.

The pharmacy had current professional indemnity and public liability insurance. The correct responsible pharmacist (RP) notice was displayed and a sample of the electronic RP record was in order. Other records required for the safe provision of pharmacy services were completed in line with legal requirements, including those for unlicensed medicines, emergency supplies and private prescriptions. A sample of controlled drug (CD) registers was inspected and these were filled in correctly. CD balance checks were conducted regularly. The physical stock of two CDs was checked and both matched the recorded balance.

The pharmacy conducted annual patient satisfaction survey, though it had not completed one the previous year due to the pandemic. A suggestions box was available at the medicines counter. The technician said that the pharmacy team had received positive feedback from people signed on to the managed repeat prescription service.

Patient confidentiality was protected using a range of measures. Confidential waste was shredded, computers were password protected and smartcards were used to access the pharmacy's electronic records. Confidential information was not visible to people visiting the pharmacy, including bagged items awaiting collection. Both the SI and technician had completed General Data Protection Regulation training. The technician described asking people to write their details on a piece of paper or asking other customers to wait outside while providing advice to a customer on the shop floor (the consultation room was not used at the height of the pandemic).

The SI and technician had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. The technician pointed out the contact details of the local safeguarding team, which were displayed in the dispensary. They were also available in a folder.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified staff to safely provide its services. Team members work well together and are involved in improving the pharmacy's services. They complete ongoing training, which is reviewed, and they get time set aside at work to complete it. This helps keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of the SI and the technician. The technician had completed an accredited course and was registered with the General Pharmaceutical Council. Both had good rapport with people and managed the workload well throughout the inspection. They were seen to work well together and said they regularly shared ideas and gave feedback to each other. It was clear they had made a number of changes since starting at the pharmacy in September 2020 and both were keen to continue improving its services.

The technician said she kept her knowledge up to date by reading pharmacy magazines, as well as completing online training and quizzes. For example, she had recently done CPPE modules on pain management and stomach upsets. She received time to complete training at work, usually every Thursday afternoon when it was quiet at the pharmacy. The SI reviewed the technician's training and kept copies of any certificates. Performance was managed informally and there were no formalised targets in place at the pharmacy.

The technician reported that she felt comfortable to approach the SI with any issues regarding service provision. She had suggested signing people on to the managed repeat prescription service to help her and the SI manage the workload better, and this had been taken on board by the SI. She said that work was easier to manage and there was less medicine wastage since more people had signed on to the service. The pharmacy had also received a lot of positive feedback from people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services.

Inspector's evidence

This was a large pharmacy. It was clean and maintained to a level of hygiene appropriate for the provision of healthcare. There was ample work and storage space in the dispensary. The SI had made a number of changes since taking over the business, for example, fitting in a new air conditioning unit and fixing some plumbing issues. He had requested a quote for carpet cleaning as the carpet in the retail area was stained in some areas.

The consultation room was spacious and easily accessible, though it needed a fresh coat of paint. A staff room was located behind the dispensary. The ambient temperature and lighting were adequate for the provision of services. Air conditioning was available to help regulate the temperature. The pharmacy was secure from unauthorised access.

A plastic screen had been fitted at the medicines counter in response to the Covid-19 pandemic. Members of the team cleaned the pharmacy daily to help prevent cross-infection. They described washing their hand frequently and using hand sanitizers. Signs were displayed reminding people to wear face masks and to maintain a safe distance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible and it effectively manages and safely delivers them. People taking higher-risk medicines are provided with the information they need to take their medicines safely. The pharmacy gets its medicines from reputable suppliers and manages them appropriately to make sure that they are safe to use. And it takes the right action in response to safety alerts.

Inspector's evidence

There was step-free access into the pharmacy and ample space in the retail area and consultation room for people with wheelchairs. Services were listed on the window and the pharmacy's NHS webpage had been updated. People were signposted to other service providers such as pharmacies which provided emergency hormonal contraception. Signposting was documented. People were also provided with leaflets about services available at the pharmacy, such as the minor ailment scheme. The SI was looking to change the name of the pharmacy and replace the signage at the front of the shop.

Dispensing audit trails to identify who dispensed and checked medicines were seen to be completed during the inspection. Medicines were delivered to people's homes by the delivery person. Deliveries were contactless and the audit trail was completed by the delivery person. Medicines were returned to the pharmacy and a note was left if a person was not available.

The pharmacy team prepared multi-compartment compliance packs for people who needed help managing their medicines. The pharmacy managed most prescription re-ordering on behalf of people. Each patient had their own record sheet which detailed the medication they were on and their timings. Record sheets were seen to be neat and clear. A tracker was updated with dates on which prescriptions were ordered, dispensed and supplied. This helped the team keep track of due dates so that people received their packs on time. Labelling included a description to help people or their carers identify the medicines in the compliance aid. Patient information leaflets (PILs) were supplied with each set of compliance aids so people had the most up-to-date manufacturer's information on their medication.

The SI and technician knew the procedure for supplying sodium valproate to people in the at-risk group. There was information to give to people in the at-risk group and this was readily available near the computer station. The SI said that prescriptions for CDs were highlighted to ensure the supply was made within 28 days of the date the prescription was issued. Some bag labels were seen to be annotated to remind people to book their blood tests in order to receive their next supply of medicines. The retrieval system was checked every month and uncollected medicines were removed.

Medicines were obtained from licensed wholesalers and stored appropriately. Stock was date checked in sections every quarter and a date-checking record was updated. Medicines with a short expiry date were marked with a coloured sticker. No expired medicines were found on the shelves in a random check in the dispensary. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. CDs were kept securely. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were actioned, annotated and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Clean glass measures were available. Clean counting triangles were also available, including a separate one for cytotoxic medicines. This helped avoid cross-contamination. The fridge was clean and suitable for the storage of medicines. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources. Confidential information was stored securely and was not visible to people visiting the pharmacy. The shredder was in good working order. The telephone in the dispensary was portable so it could be taken to a more private area if needed.

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.