

Registered pharmacy inspection report

Pharmacy Name: Ronchetti Pharmacy, R S A Island Centre, 68 Island Centre Way, James Lee Square, ENFIELD, Middlesex, EN3 6GS

Pharmacy reference: 1089490

Type of pharmacy: Community

Date of inspection: 25/07/2024

Pharmacy context

This pharmacy is located in the commercial centre of the Island village within the town of Enfield. It is open Monday to Friday and sells medicines over the counter. It dispenses NHS and private prescriptions. And it provides a delivery service to some people who cannot get to the pharmacy. The pharmacy offers the NHS Pharmacy First service and New Medicines service.

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	1.2	Good practice	Team members record and review their mistakes regularly and they use their learnings to improve the quality and safety of the services they provide. The Superintendent Pharmacist also shares feedback about these with other pharmacies in the same group to support safer ways of working more widely.
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 manages risks well and ensures team members follow written procedures to carry out tasks safely. Team members record and review mistakes to improve the quality of the services they provide. The pharmacy keeps the records it needs to by law. And it ensures it protects people's private information. Team members understand their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These were last reviewed in January 2024 by the Superintendent Pharmacist (SI). Signature sheets were used to demonstrate team members understanding of the SOPs. And all team members had signed relevant SOPs for their role. The Responsible Pharmacist (RP) explained she would regularly observe team members to ensure they were adhering to the SOPs. And she would also hold team meetings when there were any updates to ensure team members understood any changes. Team members were clear on what activities they could and could not complete in the absence of the RP.

Near misses (dispensing mistakes that were identified and corrected before medicines were handed out) were recorded onto a paper log. The RP explained that where possible team members would record their own mistakes to support their learning. These were reviewed monthly and relevant actions taken. For example, the team placed cardboard separators between different strengths of the same medicines to minimise picking mistakes. The RP also described how rubber bands were placed over medicines which were frequently mixed up to further highlight these to the dispenser. The recorded near misses were sent to the SI monthly. He would review these across his pharmacies and share any learns with the RPs and these would be discussed with team members. The pharmacy had not had any recent dispensing errors (mistakes which had been handed out) but the RP explained the actions she would take if one occurred.

The RP notice was displayed so people visiting the pharmacy could see it. And the RP record was completed with start and finish times. The pharmacy had indemnity insurance to cover the services it provided. It kept private prescription records correctly. And it maintained appropriate records of supplies of unlicensed medicines. Controlled drugs (CD) registers were kept in order and a random balance check of a CD showed no discrepancies between the physical quantity and the recorded balance. The pharmacy kept records of patient returned CDs and these were disposed of appropriately.

The pharmacy displayed a privacy notice and had a complaints procedure. People would generally feedback to the pharmacy in person or over the phone. And any complaints that required escalation would be referred to the SI who would take the necessary actions to resolve them. Confidential waste was kept separately and shredded. And assembled prescription bags awaiting collection were not visible to people using the pharmacy.

Team members understood how to raise a safeguarding concern and how to identify a person who may need support. And the RP described actions she had taken to support a vulnerable person. Details of the local safeguarding team were displayed in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, trained team members to deliver its services safely. Team members work well together and are supported with ongoing learning to keep their knowledge up to date. The team is comfortable to share ideas to improve the pharmacy's services or to raise any concerns.

Inspector's evidence

During the inspection, the RP, a dispensing assistant, a trainee dispensing assistant and a medicines counter assistant were present. The pharmacy also had two delivery drivers who delivered medicines to people's homes in the local area. All team members had completed accredited training relevant to their roles. The team felt there was sufficient staff for the workload in the pharmacy. And there was enough contingency to cover team member absence. Team members were observed to be working well together and were seen to be approachable to people visiting the pharmacy. When asked, a team member explained what questions she would ask to make a sale of a pharmacy medicine safely and when she would refer to the pharmacist. She was aware of which medicines were liable to misuse and would take extra care when dealing with requests for these.

Team members were given training time when completing their training courses. The SI would email the pharmacy any updates or required training which would be shared with the team. For example, training on flu and Covid vaccinations. Team members would read pharmacy magazines and use resources on the internet to help keep their knowledge up to date. All team members had completed training about data protection, including completing a General Data Protection Regulation (GDPR) assessment through the National Pharmacy Association (NPA). And they had signed the pharmacy's privacy policy. The RP had completed the necessary training to provide the NHS Pharmacy First service.

There was no formal appraisal process for team members, but they were given regular feedback from the RP. The RP was set targets by the SI but did not feel pressure to meet them. Team members felt comfortable to make suggestions or raise concerns to the RP. And the RP explained the team was well supported and she felt comfortable to speak to the SI if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises is secure and provides a suitable environment for the provision of healthcare services. It has a suitable consultation room where people using the pharmacy can have a private conversation if needed.

Inspector's evidence

The pharmacy consisted of a retail space, dispensary, and consultation room. There was a small room behind the dispensary which was used for excess stock. And staff facilities were also located in this area. The pharmacy was clean, secure, and projected a professional image. The dispensary was directly behind the pharmacy counter which meant the RP could observe team members on the counter. And also when people came into the pharmacy. No sensitive information was visible to people using the pharmacy.

The dispensary was an adequate size for the services the pharmacy provided. And there were separate areas designated for dispensing and checking medicines. The pharmacy was well lit and equipped with air-conditioning to maintain a suitable temperature for storing medicines. Team members were responsible for cleaning the pharmacy and a rota was kept and signed when cleaning took place.

The consultation room was clearly signposted. It had dual entry from the dispensary and the public area of the pharmacy. No confidential information was visible in the room. And it was an appropriate size to provide pharmacy services and sufficiently private so conversations could not be heard from outside.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people with different needs. And it provides its services safely. It obtains its medicines from licensed wholesalers and stores them appropriately. It has processes in place to ensure the medicines it supplies are suitable for use. And the pharmacy ensures people taking higher-risk medicines are given important information about their medicines.

Inspector's evidence

The pharmacy had step free access from the pavement. And there was ample car parking available outside the pharmacy. The pharmacy generally served people in the local village. There was enough space for wheelchair users to enter the pharmacy to access its services. And there was seating available for people wanting to wait. The pharmacy was able to print larger font labels for people who were visually impaired. And it kept a magnifying glass for people who needed this aid. It could support those who had difficulty hearing by sending text messages via an app. There were leaflets available to provide information to people about a range of health conditions.

Team members used baskets to dispense prescriptions into which prevented medicines from being mixed up. There were separate areas in the dispensary for dispensing, checking and bagging up prescriptions. People generally ordered their prescriptions from their GP themselves. But the pharmacy did order prescriptions for some people. People could receive a text message when their medicines were ready to collect. Dispensing labels on assembled prescriptions generally contained the initials of the dispenser and checker to maintain a clear audit trail. The RP explained they were having some issues with some medicines being out of stock. She explained if she was unable to obtain certain medicines, she would liaise with the local GP surgery to try and find an alternative. Medicines that required delivery were recorded onto a log. Deliveries containing fridge items or CDs were always highlighted. The driver would record the time the deliveries were made. And any failed deliveries would be brought back to the pharmacy for delivery to be rearranged.

The pharmacy had the required signed patient group directions (PGDs) to safely provide the NHS Pharmacy First service. But the RP explained that there was not a high demand for the service in the village.

The pharmacy obtained its medicines from licensed wholesalers. It stored medicines in a tidy and organised way on the shelves. The team placed an additional sticker to packs of medicines which highlighted expiry dates. And stock was rotated on the shelves to manage expiry dates effectively. Records showed the team carried out date checking regularly, and short dated stock was highlighted. A random check of stock on the shelves showed no expired stock amongst in-date stock. Medicines requiring cold storage were kept in the fridge. And temperature checks were carried out twice a day and seen to be in the required range. Medicines waste was stored in a separate room and collected regularly. The pharmacy received drug alerts and recalls via email from the SI and it also received them directly into the shared mailbox. These were printed off and signed by team members once they had been actioned.

Team members highlighted prescriptions containing higher-risk medicines such as lithium and warfarin. The RP explained they would ensure that people taking these medicines were given the appropriate

advice to take their medicine safely. And the team would make a record of any recent blood tests people may have had. The team was aware of the guidance on supplying medicines containing valproate. Team members would ensure these medicines were supplied in their original packs and dispensing labels did not cover important safety information on the box.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. It maintains its equipment so it is safe to use.

Inspector's evidence

Team members had access to the internet to obtain information and resources they needed. Computer screens were positioned so they were not visible to people using the pharmacy. And all computers were password protected to prevent unauthorised access. There was a cordless phone available so calls could be taken in private if required. A shredder was used to dispose of confidential waste. All electrical equipment was safety tested annually, and records kept.

There were suitable, calibrated glass measures to measure liquids. And tablet and capsule counters were available for use. The pharmacy had a separate tablet counter for cytotoxic medicine to avoid cross-contamination. And all equipment was kept clean. The pharmacy had one fridge for storing medicines requiring cold storage. And the CD cupboard was secured.

The pharmacy had access to a blood pressure monitor which the RP said was new and so did not require replacement or recalibration yet. It also had access to an appropriate otoscope for use with the Pharmacy First service.

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.