

Registered pharmacy inspection report

Pharmacy Name: Gaiger Chemist, 296 High Street, SUTTON, Surrey,
SM1 1PQ

Pharmacy reference: 1121909

Type of pharmacy: Community

Date of inspection: 20/07/2022

Pharmacy context

This is a Healthy Living Pharmacy (HLP), open six days a week, in Sutton high street. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. It also supplies medicines in multi-compartment compliance aids (blister packs or trays) for those who may have difficulty managing 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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing risks effectively. The pharmacy keeps satisfactory records of the mistakes it makes during the dispensing process. But it doesn't review them as thoroughly as it did before the pandemic. So it may be missing opportunities to learn from them and avoid them being repeated. The pharmacy keeps most of its records up to date and these help to show that it is providing its services safely. It manages and protects confidential information well and it tells people how their private information will be used. Team members also understand their role in helping to protect the welfare of vulnerable people. The pharmacy has suitable insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) in place to underpin all professional standards. Newer members of staff had been sent copies electronically so that they could read them at their own pace away from work. But there were no recent signature sheets to confirm that they had been read and understood. One of the dispensing assistants agreed to update the signature sheets.

Errors and near misses were recorded in a book as soon as they were identified and discussed with the individual involved. The team did not formally review them, but they did share their learnings between themselves. Upon reflection, the responsible pharmacist (RP) did agree to reinstate regular monthly team meetings to review the errors and to identify any trends. The staff were aware of "Look Alike Sound Alike" (LASA) drugs and two of the dispensing assistants explained that they completed LASA training. They highlighted LASAs on the electronic prescription service (EPS) token when processing the prescriptions so that the person assembling it would know to take extra care when selecting the item. In addition to the more commonly recognised LASAs, they had also identified some of their own including co-beneldopa and sinemet tablets for particular care.

Staff were able to describe what action they would take in the absence of the responsible pharmacist (RP), and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for people to see, and the RP record was in order. A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) was on display. Private prescription records were maintained in a book and those entries examined were complete and correct. The RP explained that they hadn't made any emergency supplies and they received very few referrals under the Community Pharmacy Consultation Service (CPCS).

Stock balances of two randomly selected controlled drugs (CDs) were checked and found to correspond with their respective entries in the CD register. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. The pharmacy had received written authorisation from the local Controlled Drugs Accountable Officer (CDAO) to destroy a list of specified out of date CDs, and all was seen to be in order. Running balances of the CDs held in stock had been checked at the same time and no discrepancies identified. There were some entries that had been amended with an asterisk and associated footnote, but no indication of who had made the

amendment. Records of unlicensed “specials” were seen to be complete.

All staff were able to demonstrate an understanding of data protection and had completed General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. Delivery sheets were kept as a record of deliveries made. People hadn’t been asked to sign for their deliveries themselves since the onset of the pandemic, so the driver ticked each name off to confirm delivery unless it was for a CD. In which case people were asked for a signature.

Bags containing completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite. The annual Data Security and Protection (DSP) toolkit had been completed and there was a privacy notice. The RP was the named Information Governance (IG) lead for the pharmacy. There was a certificate to show that the pharmacy was registered with the Information Commissioner’s Office (ICO) until May 2023.

There were safeguarding procedures in place and contact details of local referring agencies were available in the signposting folder. The RP had been trained to level two in safeguarding and all staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well trained and work well together. They have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There were three part-time dispensing assistants, one full-time dispensing assistant plus the responsible (superintendent) pharmacist on duty at the time of the inspection. In the event of staff shortages, part-time staff could increase their hours to make up the difference.

Training records were seen confirming that all staff had either completed or were undertaking the required training. All staff had completed the medicines counter assistant training before going on to complete NVQ2 dispensing assistant training. Two members of the team had just completed this training and were awaiting their final results. Staff were seen asking appropriate questions when responding to requests or selling medicines. One of the dispensing assistants described how she would refer to the pharmacist if she had any concerns about requests for medicines liable to abuse.

Team members were involved in open discussions about their mistakes and learning from them. Team members said that they could raise concerns and that there was a whistleblowing policy available for them if needed. There were no targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and open-looking with plenty of space. The pharmacy provides a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy premises were clean and tidy with sufficient space to work safely and effectively. The retail area was spacious with plenty of room for people to wait for their prescriptions. The temperature in the pharmacy was maintained at a comfortable level by combined heating and air-conditioning units, and was suitable for the storage of medicines. There was a large clear plastic screen across the full width of the medicines counter to help reduce the spread of airborne viruses.

There was a small consultation room for confidential conversations, consultations and the provision of services. Inside, there was a sink with a cupboard underneath, a desk and a computer. The door was kept locked when not in use. The dispensary sink was clean and had hot and cold running water.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can easily access them. The pharmacy sources, stores and manages its medicines safely, and makes sure that all the medicines it supplies are fit for purpose. It identifies people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds adequately to drug alerts or product recalls to make sure people only get medicines or devices which are safe.

Inspector's evidence

The pharmacy was providing a range of services which people could easily access. The entrance had step-free access and there was a wide-open space between the door and the counter, allowing easy access for wheelchair users. People were signposted elsewhere for services not provided in the pharmacy. The pharmacy had a signposting folder containing details of a number of local service providers.

Controls were seen to be in place to reduce the risk of picking errors, such as separating some of the LASAs, and the use of baskets to keep individual prescriptions separate. Owings tickets were in use when medicines could not be supplied in their entirety. Prescriptions in retrieval awaiting collection were clearly marked to indicate if further intervention was required when handing them out, eg additional counselling or items in the fridge. Schedule two CDs were not assembled until the person arrived to collect them. CDs in schedules three and four were not highlighted but the dispensing assistants confirmed that they knew not to hand them out after 28 days. They added that people usually collected those items very soon after they were ready. The prescription retrieval shelves were cleared every three months so that uncollected items could be returned to stock and the EPS tokens back to the NHS spine.

Multi-compartment compliance packs were assembled towards the rear of the dispensary, or in a separate room away from distractions. Each person had an individual record sheet showing their current medicines and dosage times. These were updated to reflect any changes which were also included on the individual patient medication record (PMR). There was a tracker document providing an audit trail to show who had completed each step in the process and when they had done so. There were some assembled compliance aids in the back room awaiting an accuracy check by the RP, complete with product descriptions and patient information Leaflets (PILs).

Staff were aware of the risks involved in dispensing valproates to women who could become pregnant. Any people in the at-risk group were counselled and provided with leaflets and cards highlighting the importance of having effective contraception in place. But the dispensing assistant indicated that they received very few prescriptions for people in the at-risk group. They were reminded of the need to record any such interventions on the individual's PMR.

Medicines were obtained from recognised licensed wholesalers. Monthly date checks were undertaken but they were not routinely recorded. There were packs on the shelves that had been marked to alert staff that they were within six months of their expiry date. No packs were found to contain mixed batches. Bottles of liquid medicines were suitably annotated with the date of opening. Fridge

temperatures were recorded daily and seen to be within the two to eight degrees Celsius range.

The pharmacy dispensed prescriptions for people who were being treated for addiction or substance misuse. The substance misuse service appeared to be well managed, with evidence of people's key workers being informed in a timely fashion if they failed to attend for three consecutive days.

Pharmacy medicines were displayed behind the medicines counter to avoid unauthorised access or self-selection. Patient-returned medicines were screened by placing them in a tray to ensure that any CDs were appropriately recorded, and that there were no sharps present. There were designated cardboard containers for those unwanted medicines to be stored in until they were collected by an approved waste contractor. The pharmacy also had a separate purple-lidded container for the safe disposal of hazardous medicines. People with used sharps were signposted to the local council and DOOP containers were seen for the safe disposal of CDs.

The pharmacy received drug alerts and recalls from the MHRA. Only those alerts requiring action were printed off. The remainder were saved online for future reference if required. Staff described how they annotated the alerts with the action taken, the date and initials of those involved. But the file containing them could not be found during the inspection. The RP discussed the impact the pandemic had had upon the pharmacy and its procedures. He acknowledged that things were getting back to normal and that they could now pay more attention to their record-keeping and make better use of the templates they already had.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides. And it makes sure that it is properly maintained. The pharmacy keeps people's private information safe.

Inspector's evidence

The pharmacy had a set of clean crown-stamped conical measures, and a separate measure for methadone. There was also a separate counting triangle for cytotoxics such as methotrexate. The fridge was clean and not overfilled. There was no evidence of any ice or frost inside.

All computer screens were positioned so that they were not visible to the public, and they were password protected. Individual NHS smartcards were in use, and passwords were not shared. Team members were seen to take the phone to the rear of the dispensary when discussing sensitive matters on the phone. There were up-to-date reference books available and the pharmacy had internet access.

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.