

Registered pharmacy inspection report

Pharmacy Name: Barkers Chemist, 80 Coombe Lane, Raynes Park,
LONDON, SW20 0AX

Pharmacy reference: 1122046

Type of pharmacy: Community

Date of inspection: 13/03/2024

Pharmacy context

This is an independently owned pharmacy near Raynes Park railway station in southwest London. It is open late into the evenings, including Sundays. It dispenses people's prescriptions, sells over-the-counter medicines and offers health advice. It dispenses some medicines in multi-compartment compliance aids to help people who find it difficult to manage their medicines. And it offers the Pharmacy First 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	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 provides its team members with adequate written instructions on how to carry out their tasks safely and effectively. It keeps all the records that it needs to, but it doesn't check them as often as it should. It has a clear understanding of what people say about it. Its team members have an appropriate understanding of their role in helping protect vulnerable people. They manage and protect people's confidential information satisfactorily. But the pharmacy doesn't always record the mistakes its team members make, which makes harder for them to learn and avoid repeating the same mistakes.

Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to help the pharmacy's team members complete their tasks safely and effectively. There were two folders containing sets of SOPs which had been last reviewed in 2022 and signed by team members to show that they had read and understood the SOPs. The superintendent pharmacist (SI) confirmed that he was shortly due to review them again. There was also another SOP folder, well organised but dated 2017 which hadn't been reviewed or updated since. There was no evidence to show that they had been tailored to the individual pharmacy or that anyone had read them. There was a blank template signature sheet which was unsigned. The inspector suggested that the sets of SOPs be consolidated into one single set so that team members would know which one to rely upon.

The daily near-miss record sheet had not been completed since August 2023. However, the responsible pharmacist (RP) explained how the SI would discuss their mistakes with them to help ensure they weren't repeated. The inspector emphasised the importance of recording them and then regularly reviewing them to identify trends or patterns. Upon reflection the RP accepted the need to record all near misses or errors and to keep notes of the regular team meetings where they discussed their learnings. The SI subsequently confirmed that they would record all their near misses, and regularly review them. Staff were aware of 'Look Alike Sound Alike' (LASA) drugs, such as epleronone 25mg and 50mg tablets, which had labels under them to highlight the difference.

Staff were able to describe what action they would take in the absence of the RP, and they explained what they could and could not do. All dispensing labels were signed to indicate who had dispensed the item and who had checked it. The RP outlined how they checked their own work for accuracy before bagging the items. The RP notice was correct and clearly displayed for people to see. All the entries examined in the paper RP record were complete and in order.

People could give their feedback about the pharmacy's services either verbally or online via the NHS website and Google reviews. The medicines counter assistant (MCA) was easily able to find the online reviews, the majority of which were very positive. Team members knew who to contact for assistance so they could maintain the pharmacy's services in the event of an unforeseen emergency. There was a certificate of professional indemnity and public liability insurance which was valid until the end of December 2024.

Private prescription records were kept in a book and those checked were all in order. Those sections of the Controlled Drug (CD) registers examined were generally in order. Stock balances did not appear to be checked regularly. Some last checked in 2020, although those items checked during the inspection

did correspond with their respective entries in the CD register. According to the SOP, the stock balances should have been checked once a month. The inspector reminded the team of the need to either follow the SOP or discuss amending the SOP with the superintendent pharmacist (SI). The SI subsequently confirmed that they would check them every month and that he had drawn up a timetable for doing so. Alterations were annotated with an asterisk and an explanation at the foot of the page. The footnote didn't always include the initials and registration number of the pharmacy professional making the alteration, so this was suggested so that it would be clear who had made the alteration.

There was a book for recording controlled drugs (CDs) returned by people who no longer needed them. Those entries examined were all in order, with two items awaiting destruction dating back to December 2022. There was a folder for keeping records of unlicensed medicines (specials). Those certificates of conformity examined all contained the required information.

All staff were able to demonstrate an understanding of data protection and they had signed confidentiality agreements. They were able to provide examples of how they protected people's confidentiality, for example not disclosing personal information over the phone or not leaving patient-sensitive information lying about for people to see. Completed prescriptions in the prescription retrieval system were not visible to people waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite. The SI was currently completing the paperwork necessary for the annual Data Security & Protection (DSP) toolkit submission to the NHS.

There were safeguarding procedures in place for both adults and children, and the RP knew how to contact the appropriate authorities if required. The RP had been trained to level 2 in safeguarding and was signposted to the NHS Safeguarding app as a useful additional resource.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small but committed team of people who manage the workload safely and effectively. Team members are very well-trained and there was a clear culture of continually improving their knowledge. They work well together and can make suggestions to improve safety where appropriate.

Inspector's evidence

There was one full-time medicines counter assistant (MCA) and the RP on duty at the time of the inspection. They were well supported by the SI who also regularly worked in the pharmacy. They covered any unforeseen absences between themselves, usually with part-time team members flexing their working hours.

The MCA had completed the necessary accredited training course and had now started an accredited NVQ2 dispensing assistant course. She appeared very keen to learn and described how she kept up to date by making use of training material provided by company sales representatives. She also used the e-learning for health platform to access training modules that didn't require a GPhC registration number. She had also learned about the Pharmacy First service so that she was better informed when people arrived at the pharmacy following a referral or other query.

The MCA was seen asking appropriate questions when responding to requests or selling medicines. They demonstrated a clear understanding of medicines liable to misuse and would speak to the pharmacist if they had any concerns about individual requests. They also recognised when the same people made repeated requests and would refer them to the pharmacist.

All team members appeared open and comfortable with discussing any concerns and supported each other. Those questioned knew who they could speak to if they had any concerns and there didn't appear to be any pressure that may affect their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises present a clean, secure and professional image to people using its services. The premises include a private room which the team uses for some of its services and for private conversations. But behind the scenes the pharmacy doesn't keep its workspaces sufficiently tidy.

Inspector's evidence

The pharmacy's premises were bright and open. Although the retail area wasn't very large, it appeared to be well laid out with enough room for people to wait for their prescriptions. The dispensary had a workbench at the front and back with a table in the middle. There were baskets of stock, piles of paperwork, totes full of uncollected prescriptions filling almost every available space so that there was very little room to move or work. The SI subsequently agreed to clear out old paperwork that was no longer required, so that there was more space to store the stock and to work in. Some of the stock had been placed there to move it away from a minor leak so that it wouldn't be damaged. There was some cardboard on the floor to absorb the excess water. The dispensary sink was clean and equipped with hot and cold running water, although the tap was constantly dripping. The temperature in the pharmacy was maintained at a comfortable level although the air-conditioning system wasn't currently in use.

There was an additional stock area leading off from the dispensary, which in turn led to a staff rest area. There was also a passageway leading from the other side of the dispensary to another stock room, the staff toilets and a fire exit at the rear. The RP was advised of the need to keep the passageway to the fire exit clear of obstructions. There was a perspex screen at the counter to help minimise the spread of airborne viruses. The floors were swept once or twice a day, shelving and toilets at least once a week. There was a chart recording when each section had been cleaned.

There was a consultation room available for confidential conversations and the provision of some services. Conversations inside the room could not be heard from outside. The doors from both the dispensary and the retail area were closed when the room was not in use. There was no confidential material visible. There was a small medical fridge, some storage and a desk with two chairs. There was also a sharps bin and adrenaline autoinjectors for use in case of emergency

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and it makes them easily accessible to people. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take. It identifies people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. But it doesn't always keep a suitable record of the checks it makes.

Inspector's evidence

The pharmacy provided a range of services which it highlighted using signs by the entrance and posters in the windows. There was step-free access through a single door directly from the street.

There were controls in place to help reduce the risk of errors, such as using baskets to keep individual prescriptions separate. People were given an owing ticket when their medicines could not be supplied in their entirety. The RP explained that if people were likely to run out of their medicine, they would contact the GP on their behalf to seek an alternative. The RP explained that she checked all the bagged prescriptions on their retrieval shelves every three months, removing any that had remained uncollected over that period. They would call or text a reminder to people before returning the items to stock and the prescription to the NHS spine.

Multi-compartment compliance packs were mainly assembled in the consulting room during the evening when it was quiet and away from distractions. The pharmacist who managed the compliance pack dispensing kept a folder containing details of each person's medicines, the doses and the time of day they took each one. It also contained a four-week schedule so that she knew when each person's medicine needed to be ordered, assembled and delivered. The RP explained how they used this to ensure people received their medicines on time. The compliance packs were labelled with product descriptions and Patient Information Leaflets (PILs) were provided. The RP described how they would contact the prescriber if any prescriptions were missing or if doses had changed.

The pharmacy had a part-time delivery driver to deliver medicines to those who couldn't visit the pharmacy in person. There was a delivery book which the driver ticked off each successful drop. Any failed deliveries were brought back to the pharmacy. The pharmacy would then contact the person to rearrange delivery the following day.

The pharmacy had started receiving referrals through the recently introduced Pharmacy First service. Although the RP hadn't yet completed the necessary declarations, the other pharmacists who worked at the pharmacy had. They found that demand was highest during the evenings when the pharmacy was open late. There were current Patient Group Directions (PGDs) for each of the Prescription-Only Medicines (POMs) that the pharmacy could supply under the service. Although the consolidated signature sheet covering all those PGDs hadn't yet been signed by the pharmacists providing the service, the SI confirmed that it would be done the following day. The online Sonar platform was used for recording the consultations, taking the pharmacist through each step and highlighting any red flags they needed to be aware of.

The RP was aware of the risks involved in dispensing valproates to people who could become pregnant, and the need to check whether they had long-term contraception in place. They were also aware of the recently updated requirement to dispense valproates in the manufacturer's original packaging, and to avoid covering any of the warnings with their dispensing label. The RP was reminded of the need to record each intervention on the PMR should the need arise. They were aware of the need to check whether people had had a recent blood test when presenting prescriptions for other high-risk medicines such as lithium or methotrexate. And again, reminded to record each intervention on the PMR.

Medicines, including unlicensed specials, were obtained from recognised licensed pharmaceutical wholesalers. Fridge temperatures were recorded daily for the main dispensary fridge and seen to be within the correct temperature range. But there was no record to show that the temperature of the second fridge in the consultation room was being checked. The RP was advised to set up a second fridge record on the PMR so that they could record that fridge's temperature in future. The SI subsequently confirmed that this had been done. All medicines were kept in manufacturers' original packs, and open containers of liquid medicines were annotated with the date of opening. Pharmacy medicines were displayed behind the medicines counter to avoid unauthorised access or self-selection. There was a clearly laid out chart recording when staff had completed date checks on their stock.

The pharmacy provided services to people who used drugs, some of whom were supervised when taking their medicine. The RP stated that they didn't often miss any doses, and she knew to refer them back to the clinic if they missed three consecutive doses. The pharmacy also informed the clinic of any individual missed doses when arranging new prescriptions.

Unwanted medicines returned by people were screened to ensure that any CDs were appropriately recorded by the pharmacist, and that there were no sharps present. People trying to return sharps were signposted to the local council who then arranged to collect them from their homes. There was a record of all returned CDs that had been destroyed within the pharmacy. The pharmacy received drug alerts and recalls from the MHRA via email. There was a folder containing the records of those alerts, annotated with the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities for the services it provides, and it makes sure that they are adequately maintained. The pharmacy makes sure that the way its team uses those facilities keeps people's private information suitably protected.

Inspector's evidence

The pharmacy had a set of crown-stamped conical measures, which although clean did have some limescale. Some were marked for use only with methadone. There was equipment for manually counting loose tablets and capsules, with a separate counting triangle for cytotoxics such as methotrexate. The pharmacy had recently received an otoscope for the new Pharmacy First service.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use and team members were using their own cards. The pharmacy made use of recognised online reference sources as well as the BNF and BNF for children.

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.