

Registered pharmacy inspection report

Pharmacy Name: SVR Chemist, 141-147 East Barnet Road, Barnet,
EN4 8QZ

Pharmacy reference: 9011504

Type of pharmacy: Community

Date of inspection: 19/07/2024

Pharmacy context

This community pharmacy is located on a main road in the town of Barnet. The pharmacy sells medicines over the counter and dispenses both NHS and private prescriptions. The pharmacy provides services such as the NHS Pharmacy First service. It supplies medicines in multi-compartment compliance packs to some people and it offers a prescription delivery service for people who cannot get to the pharmacy.

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

Overall, the pharmacy manages risks well and provides its services safely and effectively. Team members follow written procedures to make sure they are working safely. The pharmacy responds appropriately to feedback from people about its services. And it keeps the records it needs to by law. People's private information is protected from unauthorised access and team members understand their role in protecting vulnerable people. The pharmacy's team members try to learn from their mistakes to prevent similar mistakes re-occurring. But they don't always record their mistakes so it may be harder for the pharmacy to spot any patterns or trends and make further improvements.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) in place to help its team members know how to provide its services safely. These had last been reviewed in 2019 so may not always reflect current processes in the pharmacy. All team members had signed SOPs relevant to their role to show that they had read and understood them. A dispensing assistant was clear on the activities they were able to carry out in the absence of the Responsible Pharmacist (RP).

Team members did not always record near misses (mistakes that were picked up during the dispensing and checking process). However, the RP explained team members were alerted to their mistakes and asked to rectify them. They would then have a discussion to understand why the mistake happened. The RP said they would ensure they recorded near misses more regularly going forward to help improve the pharmacy's practice. Dispensing incidents (mistakes that left the pharmacy) were investigated by the pharmacist and recorded on the National Learning and Reporting System. The team would put actions in place to try and stop similar mistakes happening again. For example, following a recent dispensing incident, the team had separated the two medicines involved more clearly.

The RP notice was displayed where members of the public could see it. And the RP record was maintained correctly with start and finish times. The private prescription register contained all the necessary information. And the controlled drugs (CD) register was in kept in order. A random check of two CDs showed no discrepancies between the physical quantity in stock and the balance in the register. The pharmacy also kept a record of patient-returned CDs and these were disposed of appropriately. The RP explained they didn't generally make many emergency supplies.

The pharmacy had valid indemnity insurance in place. And it had a complaints procedure. People could complain or give feedback online, over the phone or in person. Team members would refer people to the RP or SI to manage complaints. The pharmacy also had a business continuity plan in the event of any problems affecting service provision.

Team members had completed training on data protection and had signed the pharmacy's privacy policy. They were aware of how to protect people's personal information. Confidential waste was disposed of appropriately. Team members had their own NHS smartcards to access electronic

prescriptions. The team members knew how to manage any safeguarding concerns they came across and were clear on actions they could take. The RP had completed level two safeguarding training. And team members knew where to find contact details should they require them to raise a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members are appropriately trained or are completing accredited training courses relevant to their role. And the pharmacy has enough staff to manage its workload effectively. Team members receive training to keep their knowledge up to date and are provided with regular updates on any changes within pharmacy. They work well together, and they feel comfortable about making suggestions or raising any concerns they have.

Inspector's evidence

During the inspection, there was the RP, a dispensing assistant and three counter assistants present. Team members had completed or were completing accredited training relevant to their roles. The pharmacy also had a delivery driver to deliver medicines to people's homes and they were also completing specific training for their role. The team was observed working collaboratively together and engaging well with people using the pharmacy. The RP explained they were comfortable the staffing levels were sufficient to manage the workload in the pharmacy safely.

Team members were not generally given time at work to complete formal training but did get regular updates from the SI. These updates included training on new medicines or services. The dispensing assistant explained they had recently completed Dementia Friends training and training about Covid vaccinations. The team was also provided with time to read any updates to SOPs and check their understanding with the RP. The RP had completed all the necessary training to provide the NHS Pharmacy First service.

Team members were clear about their roles. They could explain how they would safely make a sale of medicine and when they would refer to the pharmacist for further support. And they understood how to manage requests for medicines liable to misuse. They had annual appraisals where they would discuss their performance with the SI. Team members were not set specific targets that they had to achieve. They said they felt well supported and were comfortable about raising any concerns or giving feedback to the SI.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide a professional environment for providing pharmacy services. The pharmacy is kept clean and is secured from unauthorised access. And it has a suitable space for people to have a private conversation with a member of the pharmacy team if required.

Inspector's evidence

The pharmacy was clean and secure. And it projected a professional image for a healthcare setting. The pharmacy counter was clean and clutter free. The dispensary was an appropriate size for the services the pharmacy provided. And it had suitable space to store medicines safely. There was enough workbench space for dispensing to take place. Pharmacy Only medicines were stored behind the counter and in lockable glass cabinets to the side of the counter. The lighting and temperature were suitable for working and storing medicines. And there was a sink in the dispensary with hot and cold running water.

There were two consultation rooms. One was currently being used for storing dressings. The other room was a suitable size for the provision of services. It was clean and there was no confidential information visible. The rooms were kept locked when not in use.

The pharmacy had a cleaner who cleaned the pharmacy weekly. And the staff maintained the cleanliness of the pharmacy for the remainder of the week. Staff facilities included a kitchen area and a WC.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people with different needs and it provides its services safely. The pharmacy obtains its medicines from licensed wholesalers and stores them appropriately. And it ensures medicines are suitable for use by responding to drug alerts and recalls in a timely manner. Team members highlight higher-risk medicines, so people receive additional information to take their medicines safely. And it disposes of unwanted medicine appropriately.

Inspector's evidence

The pharmacy had step-free access off the street. And there was an open retail space which allowed for enough space for wheelchair users or those with pushchairs be able to access the pharmacy's services. There was seating available in the retail area for people wanting to wait. And there was a range of leaflets available which provided information for people about various health conditions. The pharmacy was able to print large font labels if required for those with visual impairment. And the pharmacy delivered medicines to people who could not get to the pharmacy. A log was kept about deliveries and any failed deliveries were brought back to the pharmacy and delivery re-arranged.

Team members used baskets when dispensing to prevent prescriptions and medicines being mixed up. The team was observed managing the workload effectively and dispensing in an organised manner. Assembled medicines were not bagged until people came to collect so a further check was carried out when handing out the medicines. However, the dispensed and checked boxes on the dispensing labels were not always signed which meant there was not a clear audit trail. This was discussed with the pharmacist during the inspection.

Medicines were dispensed in multi-compartment compliance packs for several people. Team members ordered prescriptions for these packs a week before they were needed. Prescriptions were checked against patients' records and any changes were noted. Team members would liaise with the GP if there were any concerns. Assembled packs did not include drug descriptions so it may be harder for people to identify the contents of the packs. However, patient information leaflets were provided with packs each month.

The pharmacy provided the NHS Pharmacy First service and the RP had completed the necessary training to provide the service. Evidence of signed patient group directions (PGDs) was sent to the inspector following the inspection. There was a private ear-wax removal service available to book on selected days at the pharmacy which was provided by a third-party company.

Team members highlighted higher risk medicines such as warfarin when dispensing. This was so that people taking these medicines could be counselled appropriately when the medicines were handed out. The pharmacy team was also aware of the risks associated with medicines containing valproate and the pharmacist explained the additional counselling points they would provide to people taking these medicines. Team members understood the requirement to dispense in manufacturers' original packs and how to label the packs so as not to cover any important safety information.

The pharmacy obtained its medicines from licensed wholesalers and stored them appropriately. Medicines requiring cold storage were stored in the fridge. And fridge temperatures were recorded

daily. On the day of the inspection, the maximum temperature was found to be out of range. The probe was reset, and the temperature fell back into range. CDs requiring safe custody were secured. Patient-returned medicines were stored separately from stock medication in a designated area in the dispensary. Safety alerts and drug recalls were received via Pharmdata and actioned as appropriate. The pharmacy marked short-dated stock. And a random check of medicines found no-date expired medicines on the shelves. The dispenser said they carried out an extra check of dates while dispensing.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Team members have the equipment they need to provide pharmacy services safely. Equipment is generally well maintained and is used in a way that protects the privacy of people using the pharmacy.

Inspector's evidence

The pharmacy team had access to online resources for clinical checks and other services. Information on the pharmacy's four computer screens could not be seen by people visiting the pharmacy. All computers were password protected to ensure sensitive information was kept private. And there was a cordless phone so team members could take phone calls in private if needed. Team members all had their own NHS smartcards to access electronic prescriptions.

The pharmacy had one fridge for medicines requiring cold storage and suitable, secure storage for CDs. There were tablet and capsule counters available. These had some medicine residue on them, but the dispensing assistant said they would ensure these were kept clean going forward. There were suitable, clean measures for measuring liquid medicines.

The pharmacy had a blood pressure monitor. The RP said that this 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.