

Registered pharmacy inspection report

Pharmacy Name: Sterling Chemist, 21-23 Wimbledon Hill Road,
London, SW19 7NE

Pharmacy reference: 9011548

Type of pharmacy: Community

Date of inspection: 15/06/2021

Pharmacy context

This pharmacy is part of a local group of pharmacies. It is at the bottom of Wimbledon Hill Road in the centre of Wimbledon. It dispenses people's prescriptions and sells over-the-counter medicines. It dispenses some medicines in multi-compartment compliance packs for people who may have some difficulties managing their medicines. It also offers a delivery service to those who can't get to the pharmacy themselves. The pharmacy shares its premises with a separately owned private GP practice.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	3.1	Good practice	The pharmacy's new premises were well designed and presented to a high standard. There was a spacious consultation room and the overall impression was very professional.
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 has up-to-date written instructions which tell its team members how to complete their tasks safely. It has also made suitable adjustments to those instructions to help prevent the spread of COVID-19. It has adequate insurance in place to help protect people if things do go wrong. Members of its team are clear about their roles and responsibilities. They work to professional standards, identifying and generally managing risks effectively. The pharmacy manages and protects confidential information well, and it tells people how their private information will be used. Team members also understand how they can help to protect the welfare of vulnerable people. But the pharmacy does not adequately record the mistakes its team members make during the dispensing process. This makes it harder for the pharmacy to show that its team members learn from their mistakes.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) in place to support all professional standards. They were updated when the pharmacy moved to its current premises in March 2021. They were well organised with signature sheets signed by all staff to show that they had read and understood the SOPs. The manager confirmed that he had carried out a workplace risk assessment and individual risk assessments for each member of staff. All staff had received at least one dose of COVID-19 vaccine and were self-testing twice weekly. Staff were all wearing fluid resistant face masks of the recommended type, which they changed at frequent intervals.

The daily near miss record sheet had not been completed since January 2020, and the RP put this down to the pressure caused by both the pandemic and moving premises. She did however discuss near misses and errors with the team members involved so that they could avoid making the same mistakes again. 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 would brief the team accordingly. Staff were aware of 'Look Alike Sound Alike' (LASA) drugs, such as ramipril tablets and capsules, which had been placed on different shelves to minimise the risk of selecting the wrong product.

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 RP notice was correct and clearly displayed for people to see, and the electronic RP record was generally in order. There was just the occasional entry where the RP hadn't signed out when their responsibilities had ended for the day. The two entries checked had been made by locum pharmacists, so the manager agreed to remind them about signing out at the end of their shifts.

The pharmacy hadn't needed to complete a Community Pharmacy Patient Questionnaire (CPPQ) this year owing to the pandemic, but they did take note of feedback from people using the pharmacy. There was a valid certificate of professional indemnity and public liability insurance on display which was due to expire at the end of June 2021.

Private prescription records were kept electronically and those checked were seen to be complete and

correct, including the prescriber details. Those sections of the Controlled Drug (CD) registers examined were in order. Stock balances were checked every two or three months. The inspector suggested that it would be easier to resolve any discrepancies if the registers were checked more frequently. Alterations were annotated with an asterisk and an explanation at the foot of the page. The footnote also included the initials and registration number of the pharmacy professional making the alteration. There was a folder for keeping records of unlicensed 'specials' and those examined were found to be in order.

All staff were able to demonstrate an understanding of data protection and they had undertaken General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect 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 NHS Data Security and Protection (DSP) toolkit was not yet due for completion but the RP was aware of the revised deadline.

There were safeguarding procedures in place for both adults and children. And contact details of the local 'multi-agency safeguarding hub' (MASH) were available in the dispensary. All pharmacists working at the premises had been trained to level 2 in safeguarding, but the RP couldn't confirm what training the other staff had been given. This was discussed and the need to ensure that all staff could identify the signs of a potential safeguarding concern and know what to do.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are appropriately trained, keep themselves up to date and they work well together. They have a satisfactory understanding of their role and how they can help people with their medicines. They are suitably aware of the risks involved in selling some medicines and know when to involve the pharmacist.

Inspector's evidence

There were two dispensing assistants (one of whom was the pharmacy manager), one medicines counter assistant (MCA), a pre-registration pharmacy graduate (Pre-reg) and the RP on duty at the time of the inspection. One dispensing assistant and the MCA finished their shifts and left shortly after the inspection began.

The Pre-reg appeared to be happy with her progress and had completed all of her quarterly reviews, including the final sign-off. She was now busy preparing for the forthcoming registration assessment and looking forward to being fully registered as a pharmacist.

The manager confirmed that both dispensing assistants (himself included) had completed the necessary accredited NVQ2 training programme. He described keeping up to date by reading pharmacy magazines and receiving regular updates from the Local Pharmaceutical Committee (LPC).

Staff were 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.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are well designed and provide a very professional, safe and secure environment for people to receive its services. It has made suitable adjustments to its premises to help minimise the spread of COVID-19, helping to protect both its team members and people visiting the pharmacy.

Inspector's evidence

The pharmacy's premises were new, clean and tidy, and presented a very professional image. The retail area was airy, well organised with a clear layout. The dispensary had a number of separate workstations around its perimeter enabling the team to keep their distance from one another. There was also a central island where some multi-compartment compliance packs were in progress. The dispensary sink was clean and equipped with hot and cold running water. The temperature in the pharmacy was maintained at a comfortable level by an air-conditioning system and was suitable for the storage of medicines.

The pharmacy had put some measures in place to help minimise the risks associated with the virus. There was a perspex screen at the counter to help minimise the spread of the coronavirus, and the pharmacy was cleaned more frequently as a result of the pandemic. The cleaning routine wasn't documented in any way so the benefits of keeping a record were discussed. The manager explained that a second screen had been ordered so that they could cover the full width of the counter. There were markings on the floor to indicate a one-way system around the pharmacy, and to help people keep their distance from each other.

There was a large consultation room available for confidential conversations, consultations and the provision of services. The door from the dispensary was open but the other door into the retail area was closed when the room was not in use. There were lockable storage cupboards and no confidential material was visible. The computer was password protected so that only authorised personnel could access it. The room also had a sink with hot and cold running water.

The pharmacy shared its premises with a private GP practice which operated completely independently of the pharmacy. There was an electric shutter between the registered pharmacy premises and the GP practice reception area. This was closed when the pharmacy shut so that people accessing the GP practice wouldn't have unauthorised access to the pharmacy. The GP practice directed its patients to the rear entrance when the pharmacy was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services which it delivers 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. Its team members identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. And they keep suitable records of these conversations. The pharmacy makes sure that all the medicines it supplies are fit for purpose, responding adequately to drug alerts or product recalls.

Inspector's evidence

The pharmacy provided a range of services which were accessible to a wide range of people. There was step-free access through double doors directly from the street.

Controls were seen to be in place to reduce the risk of errors, such as using baskets to keep individual prescriptions separate. Owings tickets were in use when medicines could not be supplied in their entirety. Completed prescriptions awaiting collection were marked to indicate if further intervention was required when handing them out, such as additional counselling or items in the fridge. CD stickers were placed on the bags, and the date of the prescription highlighted so that they would only be dispensed or handed out within the 28-day validity of the prescription.

Compliance packs were mainly assembled at the rear of the dispensary, away from distractions. There was a free-standing noticeboard with a forward planner detailing a re-ordering schedule and the delivery schedule for the compliance packs. The pre-reg 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 pharmacy dispensed compliance packs to approximately 80 people. The pre-reg described how they would contact the prescriber if any prescriptions were missing or if doses had changed. Once confirmed, they would update their own record sheets which they kept in a file.

There were delivery sheets showing who had received a delivery. The driver didn't ask people to sign for their delivery, and simply ticked each name once he'd witnessed them accepting it. The RP explained that they had stopped asking for signatures during the pandemic.

Staff were aware of the risks involved in dispensing valproates to women who could become pregnant. The RP confirmed that they did remind people in the at-risk group of the importance of using long-term contraception, and that they did record the intervention on the pharmacy's Patient Medication Record (PMR) system.

Medicines were obtained from recognised licensed wholesalers including unlicensed specials. Fridge temperatures were recorded daily and seen to be within the correct temperature range. 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.

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. 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. The manager explained that they only printed those they needed to act upon, which were annotated accordingly and kept in a file.

The pharmacy supplied people with lateral flow devices through the recently introduced 'Pharmacy Collect' service. According to the manager they didn't have much demand for this service. They then described how they did receive some discharge summaries for people who had been in hospital, but they didn't use the recently introduced Discharge Medication Service (DMS). The inspector signposted him to the LPC for guidance on the service. They had also received no GP referrals for the Community Pharmacy Consultation Service (CPCS). The manager explained that they offered a blood pressure measurement service which they had suspended because of the pandemic.

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 kept clean and suitably maintained. The pharmacy keeps people's private information safe.

Inspector's evidence

The pharmacy's equipment and facilities were seen to be appropriate for the services provided. The pharmacy had a set of clean crown-stamped conical measures. There was also a separate counting triangle for cytotoxics such as methotrexate. The blood pressure monitor was replaced at the start of every new year.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use, and individual passwords were not shared. 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.