

# Registered pharmacy inspection report

**Pharmacy Name:** Sonigra Pharmacy, 44A-44B, Well Street, Hackney,  
LONDON, E9 7PX

**Pharmacy reference:** 9011766

**Type of pharmacy:** Community

**Date of inspection:** 18/01/2023

## Pharmacy context

The pharmacy is located within a parade of shops on a busy main road. People who use the pharmacy are mainly from the local area. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides the New Medicine Service and flu vaccinations. The pharmacy relocated to a larger premises a year ago.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally identifies and manages the risks associated with providing its services. It largely keeps the records it is required to by law. Team members work to written procedures to help provide the pharmacy's services safely. But some standard operating procedures have not been reviewed for some time, which may mean that the information contained in them is not current. The pharmacy doesn't consistently record or review near misses which may that team members are missing out on opportunities to learn and make the pharmacy's services safer.

### Inspector's evidence

Standard Operating Procedures (SOPs) were available but had not been reviewed since 2016, with some last being reviewed in 2015. All SOPs as required by the Responsible Pharmacist (RP) legislation were not included in the hard copy such as operating in the absence of the RP. These had at the previous inspection been available electronically. Team members had read and signed the hard copy of the SOPs relevant to their roles. Team roles were defined within the SOPs. The RP was not aware of how to access any electronic SOPs since the computer system had been updated.

The pharmacy had processes to record dispensing mistakes where the medicine was handed to a person (dispensing errors). Dispensing mistakes which were identified before the medicine was handed out (near misses) were not recorded. The RP described how the mistake was brought to the attention of the dispenser and discussed. The RP provided an assurance that he would speak to the superintendent pharmacist (SI) and discuss keeping records of near misses. There had not been any reported dispensing errors recently. The RP was able to describe the steps he would take in the event that one was brought to his attention.

The correct RP notice was displayed. The team members were mostly aware of the tasks that could and could not be carried out in the absence of the RP, although a team member said that she would sell a box of 32 paracetamol tablets which are classified as pharmacy only (P) medicines. This was discussed with the team member. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and people were able to leave feedback online. The pharmacy team tried to respond to online feedback. The RP would try and resolve complaints in store where possible. Most recent feedback had been in relation to stock issues The RP explained how within the last couple of weeks stock availability of various antibiotic had been problematic and they had been difficult to obtain.

Records for private prescriptions, emergency supplies, RP records and controlled drug (CD) registers were well maintained. CD registers were kept electronically. Records for unlicensed medicines supplied could not be located. But the RP was able to describe the records he would keep. CDs that people had returned were recorded in a register, but the RP was unsure as to where the register had been kept since the pharmacy had relocated.

The pharmacy had an information governance policy in place. Relevant team members who accessed NHS systems had smartcards. The RP and owner had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was collected in segregated bins and collected by a third party.

The RP and SI had completed Level 2 safeguarding training. The RP thought team members had completed level 1 training and had been verbally briefed. The RP was unsure of where the details for the safeguarding boards were kept. The NHS safeguarding application was discussed. Team members would refer any concerns to the pharmacists.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They generally have the appropriate skills, qualifications and training to deliver services safely and effectively. Team members are given some ongoing training. But this is not very structured, and they are not given time set aside for training. This could make it harder for them to keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection the team comprised of the RP (a locum pharmacist), a trained dispenser, a trained medicines counter assistant (MCA) and another counter assistant who was completing the MCA training course. The RP regularly worked at the pharmacy on two days and felt that there were an adequate number of staff. The SI worked at the pharmacy on the other days. A trainee pharmacist who had already completed their training and was waiting to sit the exam worked at the pharmacy three days a week.

Staff performance was managed informally. The owner gave team members feedback. Team members felt they were able to raise concerns or give feedback. The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. The MCA was aware of the maximum quantities of some medicines that could be sold over the counter and would refer to the RP for any other multiple sale requests.

The dispenser had recently been enrolled on the pharmacy technician training course. The trainee pharmacist completed her own revision and spoke to one of the pharmacists if she had any questions. Pharmacy magazines were provided to team members to read. The SI informed the team if there were any changes to services or legislation. The MCA read through magazines and information received by the pharmacy. The team did not hold formal meetings. Things were discussed as they came up. The RP called the SI if he needed to discuss anything. Team members including locum pharmacists were not set any numerical targets. Most services were provided by the SI.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the pharmacy's services and are mostly clean. People can have a conversation with a team member in a private area. But the pharmacy could do more to make sure that it keeps its consultation room tidy and free from clutter.

### Inspector's evidence

The pharmacy had moved into a new larger premises since the last inspection. This was bright modern and airy and presented a professional image. It was clean. Cleaning was carried out by the team. The dispensary was large and organised with ample work bench space. Workbenches were allocated for certain tasks and multi-compartment compliance packs were prepared on a designated bench. A sink was available in the dispensary for the preparation of medicines.

A large consultation room was available for private conversations; however, the room was cluttered with books, paperwork and boxes. There was some confidential information stored in the room, but the door was locked when not in use, and lockable cabinets were available. The RP provided an assurance that the paperwork would be moved. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely delivers its services in a safe and effective manner. It obtains its medicines from reputable sources, and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts.

### Inspector's evidence

The pharmacy was easily accessible. There was step-free access from the street with an electronic door. There was easy access to the counter, and there were chairs in the waiting area. Team members helped if people need assistance. Services were advertised on the window and a number of posters were displayed throughout the pharmacy. There was a range of information leaflets in the retail area and consultation room. Team members described signposting people to other providers if a service was not available at the pharmacy. The pharmacy team was multilingual and spoke a number of languages. In some cases, people were asked to call a family member or friend who could translate over the phone. The RP felt the minor ailments service had an impact on the local population and was very busy. He explained that recently the council had cut down what could be supplied as part of the service as well as the amount that could be supplied. He felt the service was particularly beneficial due to the demography of the area.

The pharmacy had an established workflow in place. Prescriptions were mostly received electronically and were labelled by either the RP or dispenser then dispensed by the dispenser and checked by the RP. The RP very rarely had to self-check and described taking a mental break in between dispensing and checking if he did. On some occasions he asked the dispenser to check his work. Dispensed and checked by boxes were available on labels; these were routinely used by the team. Baskets were also used to separate prescriptions.

The pharmacist was aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). People who were not part of a PPP were referred back to their prescriber. The team were aware of ensuring information was not covered when attaching a label to the box. Additional checks were carried out when people collected medicines which required ongoing monitoring. When supplying warfarin, people's INR levels were checked, however, team members said warfarin was rarely prescribed locally. The team described an instance where they had spoken to the prescriber to change a prescription for methotrexate from the 10mg tablets to the 2.5mg tablets that the person usually had. Prescriptions for CDs were highlighted, the team used different colours for Schedule 2 and 3 CDs to remind team members to make an entry in the CD register.

There was an electronic device for measuring certain liquids used for the substance misuse service. Once the quantity was inputted the machine automatically measured and dispensed the solution. For people who were on supervised consumption, the solution was dispensed into a plastic cup. Labels were observed to be attached. The RP would call people's key worker if some had missed three consecutive collections. The dispenser also dispensed methadone, under the pharmacist's supervision. The pharmacist supervised all clients. The system highlighted if someone had missed three days and asked if the team still wanted to dispense. Prescriptions were usually dropped off by the clinic.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy received prescriptions automatically on behalf of people for this service. Once received prescriptions were checked against the person's electronic medical record to see if there were any missing items or changes. In the event that there were these were queried with the surgery. Packs were prepared with the medicines blistered but labels were not prepared and attached until the person was due to collect, a table with a list and description of the medicines was attached to the packs. This created an audit trail and allowed the pharmacy to return prescriptions back to the spine if someone did not collect their medication. Packs were prepared by the dispenser or trainee pharmacist and checked by the pharmacists. Packs were not prepared in the absence of prescriptions. Assembled multi-compartment compliance packs seen were labelled with product details and mandatory warnings. Information leaflets were supplied monthly.

Deliveries were carried out either by the dispenser or counter staff. Signatures were obtained when CDs were delivered. In the event that the someone was not home to accept the delivery the medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures had not been monitored or recorded since the relocation. The temperature probe seen during the inspection was broken. The RP provided an assurance that he would speak to the SI and ask him to order a new temperature probe and ensure the temperature was checked and recorded daily. Following the inspection, the SI confirmed that he had ordered a new temperature probe and temperatures were being monitored and recorded. The SI also explained that fridge temperatures had been monitored and recorded but the pharmacy had recently updated their computer systems and team members had not known how to access the information. CDs were held securely. Date checking was carried out as stock was received. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

Some tablets were seen to be stored in brown bottles. There were no records of expiry dates and batch numbers on these. The RP said these would be discarded. One of the bottles was seen to be labelled with ferrous fumarate, however, the label under this was for metformin MR 500mg tablets. The RP agreed that there was a risk of contamination and agreed to brief the team and ensure this was not done in the future. These medicines were discarded during the inspection. The MCA helped to de-blisters tablets which were to be used for the compliance packs. The RP provided an assurance that she would not be asked to do this in the future.

Drug recall notices were received via email by the SI who cascaded the information to the team. The RP also had access to the email account. The alerts were actions, but the pharmacy had not had stock of any recent recalls.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

### Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready to use. A separate tablet counting triangle was used for cytotoxic medicines to avoid cross-contamination. The pharmacy also had an electronic tablet counter. The RP said that the machine was rarely used and was calibrated manually.

The electronic device for measuring certain liquids used for the substance misuse service .was calibrated in the morning and during the course of the day. It was cleaned at the end of each day. Up-to-date reference sources were available including access to the internet. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was collected in a segregated box and shredded. A fridge of adequate size was also available.

### 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.