

Registered pharmacy inspection report

Pharmacy Name: Chemco Pharmacy, 221-223 The Broadway,
London, SW19 1SD

Pharmacy reference: 9012217

Type of pharmacy: Community

Date of inspection: 10/04/2024

Pharmacy context

This Healthy Living Pharmacy (HLP) is located a short walk away from the centre of Wimbledon. It dispenses people's prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers a number of different vaccination services and a home delivery service for those who cannot get to the pharmacy themselves. It dispenses some medicines in multicompart ment compliance aids for those who may have difficulty managing their medicines. And it provides the recently introduced Pharmacy First service.

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 premises have been chosen and designed specifically for both the current needs of the pharmacy and the anticipated future services it plans to provide. They present a very professional while welcoming appearance.
		3.2	Good practice	The pharmacy design incorporates three spacious consultation rooms in anticipation of the future needs of the pharmacy and people who use its services. They have been very well fitted out, with effective soundproofing to maintain people's privacy.
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 risk well and has suitable written instructions to tell its team members how to complete their tasks safely. It keeps satisfactory records of the mistakes its team makes and learns from them. It shares that learning within the team so they can improve the service they provide. The pharmacy keeps the records it needs to by law and appropriately protects people's confidential information. The pharmacy's team members 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

The pharmacy had a new file containing updated standard operating procedures (SOPs) to help ensure its team members carried out their tasks in a consistent, safe and effective manner. The responsible pharmacist (RP) explained that he and the superintendent pharmacist (SI) reviewed them every two years and had updated them to reflect the recent move to their new premises. Each individual SOP had been signed by all team members between September 2023 and January 2024, shortly after the pharmacy had opened, to indicate that they had read and understood them. The pharmacy also had a business continuity plan in place so that the pharmacy could carry on providing its services in the event of some unforeseen emergency.

There were near miss and error record sheets available for team members to document any mistakes they made. Individual mistakes were corrected at the time and any actions needed to prevent a recurrence were taken then. The pharmacist formally reviewed the errors and regularly discussed them with the team. The superintendent also joined these discussions. Any errors that left the pharmacy were reported to the NHS learning from patient safety events (LFPSE) service, formerly known as NRLS. They also used this information to complete their annual patient safety report. The dispensing team was aware of medicines that looked alike, or whose names sounded alike so took extra care when selecting those. The pharmacy completed regular clinical audits as part of the pharmacy quality scheme (PQS). Examples included an anticoagulant audit and another on antibiotic stewardship.

There was a notice on display to tell people the name of the pharmacist responsible for the pharmacy on that day. The RP record was maintained on the pharmacy computer system, and those entries examined were all in order. Staff roles and responsibilities were set out in SOP folder.

The pharmacy had a written complaints procedure in its SOP folder. The RP explained that they had received lots of positive feedback since relocating to their new premises. The RP showed some of the recent online feedback which was all positive and increasing in frequency.

The pharmacy had a certificate of professional indemnity and public liability Insurance, valid until 31 October 2024. Private prescription records were maintained on the pharmacy's patient medication record (PMR) computer system, and those records examined were all in order. There was also a file containing the certificates of conformity for the unlicensed medicines ('specials') that the pharmacy had ordered. Those examined contained all the necessary details. The controlled drugs (CD) records were kept on the PMR system. Those entries examined were complete and up to date. CD stock balances were usually checked every month (as per the SOP) but the RP had found it particularly difficult over

the past two months to complete everything on time. He was reminded of the importance of regularly checking them in accordance with the SOP. The PMR ensured that any alterations to the record were fully recorded showing who had made the adjustment, why and when. The system also included a record of CDs returned by people who no longer needed them. All the entries were in order and there were no outstanding returns to be destroyed. There were only a couple of out-of-date CDs in the cupboard, kept separate from usable stock, which would be safely destroyed only upon receipt of the necessary authorisation from the CD Accountable Officer (CDAO).

Those team members questioned understood how they could protect people's confidential information, describing for example, how they would take people to a screened off section of the counter if they were discussing their personal details, or filling out any forms. They also described how they would get people to write their names and addresses down rather than saying them out loud if there were other people around. The pharmacy had an information governance (IG) policy and completed the Data Security and Protection (DSP) toolkit as required by the NHS. Confidential waste was kept in sacks before being shredded in-house. The RP explained that he was planning to have it shredded by a suitably registered waste contractor in future.

All staff had completed safeguarding training to at least level one. The pharmacists had completed level two training. Safeguarding procedures were in place with current local contact details easily available. The RP also had access to the NHS Safeguarding app as an additional resource.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

There was one dispensing assistant, two medicines counter assistants (MCAs) and the RP on duty during the inspection. They were working well together, supporting each other with their tasks if required. There was a mix of full-time and part-time staff who could cover any unplanned absences. They were well-supported by the owners of the pharmacy and knew who to speak to if they needed help.

There were training certificates to show the training courses that each member of the team had completed. The dispensing assistants had completed the combined NVQ2 dispensing and medicines counter assistant course. One of the MCAs had completed the MCA course with a previous employer and was shortly due to register on an accredited dispensing course. The second MCA was a qualified nutritionist and had been enrolled on the MCA course. She was also the pharmacy's healthy living champion. Certificates of completion and declarations of competence were seen for the two pharmacists and the services they were accredited to offer, such as seasonal flu vaccinations.

Upon questioning, the MCAs demonstrated a good awareness of the signs to look out for when dealing with requests for medicines which may be liable to abuse. They were observed while serving at the medicines counter. They asked appropriate questions and knew when to refer to either of the pharmacists. There were no targets in place. There was a whistleblowing policy in place and team members felt able to make suggestions to help improve their service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are well designed for the provision of the services it currently provides and offer plenty of scope for more in future. They provide a safe, secure and very professional environment, including several private consultation rooms for confidential conversations and additional services.

Inspector's evidence

The first impression upon approaching the pharmacy was very professional as the premises were very new, bright and clean. There was level access from the street through wide automatic doors. This made it easier for people using mobility aids to enter the pharmacy, and there was plenty of room for them around the fixtures. There were professionally printed decals inside the windows telling people about the services the pharmacy offered.

The retail area and dispensary were clean, tidy and in new condition. There was sufficient space for the team to work safely and effectively. There was a computer workstation with a long workbench at the front of the dispensary overlooking the medicines counter. There was a second at one end of the dispensary, again with its own workbench. There were two more long workbenches running the length of the dispensary backwall. The floors were swept every day and wet mopped on Saturdays. Work surfaces were regularly cleaned, and stains removed as they were noticed. The shelves were all cleaned during the rolling three-month date checking process.

There were three generously sized consultation rooms, all accessible directly from the retail area. Only one was currently in use and the other two hadn't quite been finished with their fittings. Each room had a flip-up desk with seating for two people, connections for the computer network, and a sink with hot and cold running water. The doors were kept closed when the rooms weren't being used. Conversations held inside the room couldn't be heard from outside.

Staff toilets were in a separate area, along with a staffroom. The premises were well lit, and the temperatures were comfortable for people to work in and suitable for the storage of medicines. There were air-conditioning units designed to filter out pollutants and allergens from the atmosphere rather than simply recycling air that had been polluted by the traffic outside.

The pharmacy had its own website, <https://www.chemcopharmacy.co.uk/>, which it was using to highlight its services. The RP explained that they weren't selling any products through their website. They could click on a health condition to learn a little more about it and see what medicines may be suitable. The website was clearly laid out and displayed most of the required information in accordance with the GPhC guidance for registered pharmacies providing pharmacy services at a distance, including on the internet. The RP was reminded of the need to include the registration details for the superintendent pharmacist and for the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner. It takes good care to ensure people with a range of needs can easily access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all of the medicines it supplies are fit for purpose. The pharmacy responds satisfactorily to drug alerts or product recalls, ensuring that people only get medicines or devices which are safe. It also acts appropriately to identify people supplied with high-risk medicines, making suitable checks and giving appropriate advice to help people take their medicines safely.

Inspector's evidence

The pharmacy was accredited as a Healthy Living Pharmacy Level two. There was a healthy living area just inside the main entrance with leaflets and posters highlighting health matters and some local providers. There were also signs in the window to tell people what services the pharmacy provided. This information, along with the pharmacy's telephone number and email address were also on its website. The automatic doors made it easier for people using wheelchairs to enter the pharmacy. There was also plenty of space for them to move around the displays or to access the consultation room. The pharmacy also had an equality act reminder sheet for staff to refer to containing points to note when dispensing prescriptions, such as ensuring people could read the labels, or that they could manage to pour their bottle of liquid.

There were controls in place to help minimise errors, such as using baskets for each prescription so that their contents were kept separate from other prescriptions. Dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks. People were advised verbally when their prescriptions couldn't be supplied in full. Part-filled prescriptions were kept in a separate owing tray and people were sent a text message to let them know when the balance was ready for collection. If people wanted something in writing to confirm the owing then the pharmacy would print an owing label for them. According to the RP most people were regulars and aware of the supply difficulties with some medicines.

The RP and the SI made a few deliveries when they had finished for the day. They printed a drop sheet for the delivery run and shredded it the following day. They were advised to contact one of the pharmacy membership organisations for advice on how long to keep it in case any queries arose. People were encouraged to collect CDs from the pharmacy if possible.

The pharmacy assembled some prescriptions in multi-compartment compliance packs for people who found it difficult to manage their medicines. The pharmacy ordered prescription on people's behalf and upon receipt they checked that they were as expected. Any discrepancies were followed up with the GP practice and their PMR updated accordingly. Patient information leaflets were provided and there was a brief description of each tablet or capsule inside the compliance pack.

Those team members questioned were aware of the risks involved when supplying valproates to people who could become pregnant. They had supplies of suitable warning labels and stickers. They did check whether people had long-term contraception in place as part of the pregnancy prevention programme (PPP). They asked about blood tests when dispensing other high-risk medicines such as lithium, warfarin or methotrexate. They also asked people for their yellow book when dispensing warfarin so they could

check their INR.

The pharmacy administered flu vaccinations during the autumn and winter seasons. As the season had just finished, the patient group directions (PGDs) were no longer valid. However, there were valid online PGDs and associated SOPs for a range of other vaccinations such as pneumonia, hepatitis and typhoid. The RP stated that they had recently been accredited as a yellow fever vaccination centre. The PGD for this was valid for just one year at a time, so would expire in January 2025. The pharmacy kept the necessary records and had adrenaline ampoules available in case of an emergency.

The pharmacy provided the Pharmacy First service and regularly received referrals for this. The PGDs and clinical pathways had been printed and kept in a separate folder. There was a summary sheet for all the PGDs which had been signed by the pharmacist, along with his declarations of competence. Records of each consultation were kept in a file as well as being submitted to the NHS on the PharmOutcomes online platform. The pharmacy also had online prompts, provided by one of the pharmacy membership organisations, for its team members to go through when people presented for the service. The RP explained that even though other team members filled these prompt forms out, he always reviewed them himself and ensured that he advised people himself if they didn't meet the criteria for the service. The pharmacy also participated in the Discharge Medication Service (DMS) but hadn't received any referrals in the previous six months.

The pharmacy obtained its stock from recognised pharmaceutical wholesalers. It stored its stock in the manufacturers' original containers. There was a date checking matrix and stock approaching its expiry date was stickered and placed in a separate box so that staff knew to take extra care about the date before supplying it. The matrix hadn't been completed for the past two months so the RP was advised to ensure this was done in future. Fridge temperatures were checked and entered on the PMR system daily.

The CD cabinet was securely bolted to the wall in accordance with the regulations. The pharmacy had the necessary kits to denature and safely destroy CDs. The CD cabinets were well organised with out-of-date CDs clearly segregated from the rest. Unwanted medicines returned by people were checked for CDs and sharps. CDs were recorded before being put in the CD cupboard ready for safe destruction. There was no list of hazardous medicines which needed to be separated from other waste medicines. But the RP explained that he always oversaw patient returns and knew which items needed to go in the designated purple-lidded bin. Unwanted medicines were collected by an approved waste contractor at regular intervals.

The pharmacy received drug alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) to advise it of any recalls or other problems with medicines or medical devices. The pharmacy annotated each one with any action taken and each team member initialled it to show that they had read it. They were then retained in a designated file.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the 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 appropriately calibrated glass measures for liquid medicines. There were counting trays for manually counting loose tablets and capsules. The RP had the online BNF on his phone and main computer as a useful reference source in addition to the paper version. He also had the NHS Safeguarding app. The pharmacy had online access to other reference sources if required.

The pharmacy had one large medical grade fridge. There was also equipment for measuring blood pressure which met the specification for the NHS hypertension case finding service. The machines had only recently been acquired and would be replaced very two years. There was a machine used for ear microsuction. This appeared to be in good condition and the RP knew who to contact should any problems arise. All the equipment appeared to be well maintained, with contact details available for servicing when required.

All the computers were password protected and those team members with NHS smartcards didn't share their passwords with each other. No computer screens, or other sources of confidential information, were visible to people using the pharmacy.

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.