

Registered pharmacy inspection report

Pharmacy Name: Ram Dispensing Chemist, 99 Whitton Road,
HOUSLOW, Middlesex, TW3 2EW

Pharmacy reference: 1034962

Type of pharmacy: Community

Date of inspection: 07/02/2023

Pharmacy context

This is an independent community pharmacy. It is on a parade of local shops and businesses in Hounslow. It provides a range of services including dispensing prescriptions. And it has a selection of over-the-counter medicines and other pharmacy related products for sale. It dispenses medicines into multi-compartment compliance packs for people who have difficulty managing their medicines. And it delivers medicines to a small number of people who are not able enough to collect them from 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

The pharmacy has suitable written procedures in place to help ensure that its team members work safely. And the team understands and follows them. The pharmacy has insurance to cover its services. And it completes the records it needs to by law. The pharmacy team knows how to protect the safety of vulnerable people. And it protects people's confidential information properly. The pharmacy adequately identifies and manages the risks associated with its services. Team members respond appropriately when mistakes happen. And they take suitable action to prevent mistakes in the future.

Inspector's evidence

The pharmacy had a system for recording its mistakes. The responsible pharmacist (RP) was also the owner. And he worked at the pharmacy full time. He described how he highlighted and discussed 'near misses' and errors as soon as possible with the team member involved to help prevent the same mistake from happening again. And in response to a near miss mistake, the team had separated look-alike sound-alike medicines (LASAs), such as sildenafil 100mg and sitagliptin 100mg. It had separated them by placing packs of senna tablets in between them. And as a precaution, the team had also separated other LASAs where it identified the possibility that a mistake could occur between them. But while the team recorded its mistakes, it did not fully record what it had learned or what it would do differently next time. The RP agreed that if they had more details of what they had learned from their mistakes they could review them and monitor improvement more effectively. And it would provide the team with a better opportunity to prevent mistakes and continue to learn.

The pharmacy had put measures in place to keep people safe from the transfer of infections. The team had a regular cleaning routine, and it cleaned the pharmacy's work surfaces and contact points regularly. The pharmacy had hand sanitiser for team members and other people to use. And it had put screens up at its medicines counter. The pharmacy had a set of standard operating procedures (SOPs) to follow. And the RP was in the process of reviewing and updating them. Staff understood their roles and responsibilities. The medicines counter assistant (MCA) was new to his role. And he had started his training only very recently. He consulted the pharmacist and his other colleagues when he needed their advice and expertise. And he described how he always consulted the pharmacist before selling a pharmacy medicine to someone. He also described the questions he asked people so that he could give appropriate information to the pharmacist about their symptoms and any other medicines they were taking. He did this to help the pharmacist decide on the most appropriate course of action for them. The RP owner had placed his RP notice on display where people could see it. The notice showed his name and registration number as required by law.

People could give feedback on the quality of the pharmacy's services directly to the pharmacy's team members. They could also give feedback directly to the RP owner. A lot of the pharmacy's customers had been regulars for many years. And so, when people expected their medicines to be ready after being advised by the surgery that they would be, the RP owner explained the prescription process to them. And he advised people to allow enough time between ordering their prescriptions and collecting their medicines. He did this so that people understood that after the surgery had generated a prescription, it often took time for the pharmacy to be able to access it. And the pharmacy then needed time to order their medicines, sort out any problems and get their medicines ready safely. Other people had been concerned when the pharmacy did not have their medicines in stock. Or when there were

manufacturers' delays. Again, the RP owner took time to explain the situation to people. But to prevent them from going without their medicines, as soon as the team received a prescription for an item with a supply problem, team members messaged the appropriate GP surgery to suggest alternatives. Prescribers generally responded well to this and were willing to provide a new prescription. The pharmacy also tried to keep people's preferred make of medicine in stock so that they were always available for them. Team members could provide people with details of where they should register a complaint if they needed to. But the RP owner generally dealt with people's concerns at the time. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers.

The pharmacy generally kept its records in the way it was meant to, including its controlled drugs (CD) register and its RP records. The pharmacy maintained and audited its CD running balances. And the quantity of a random sample checked by the inspector matched the total recorded in the CD register. The pharmacy had a CD destruction register. So that it could account for the receipt and destruction of patient-returned CD medicines. The pharmacy also kept records of its private prescriptions. And records of its emergency supplies. But its private prescription records did not show the date on which the prescriber had written the prescription. And the emergency supply records did not all give a clear reason for the decision to supply. The pharmacy team agreed that all the pharmacy's essential records should have all the necessary details as well as being up to date.

The pharmacy's team members understood the need to protect people's confidentiality. And they had completed training on confidentiality. They discarded confidential paper waste into separate waste containers before shredding it. And they generally kept people's personal information, including their prescription details, out of public view. Team members had completed appropriate safeguarding training. And they knew to report any concerns to the pharmacist. The team could access details for the relevant safeguarding authorities online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has an appropriate range of skills and experience to support its services. And it manages its workload safely and effectively. Its team members support one another well. And they keep their knowledge up to date. Team members receive sufficient feedback to help them carry out their tasks satisfactorily.

Inspector's evidence

The inspector conducted the inspection during the pharmacy's usual trading hours. The RP owner was on duty along with a technician, a trainee technician, and the trainee MCA. And they worked effectively with one another. They assisted each other when required and discussed issues. They supported one another to complete their tasks. And more experienced team members were observed helping the trainee MCA. The team kept its daily workload of prescriptions in hand. And they dealt with customers promptly.

The pharmacy had a small close-knit team who worked regularly together and could raise concerns and discuss issues when they arose. The RP owner kept team members up to date by providing information about services and new medicines. And they also kept their knowledge up to date by reading training material. The RP owner could make day-to-day professional decisions in the interest of patients. He explained that he counselled every patient about their prescriptions each time. So that they understood why they were taking their medicines and how they should take them. During the pandemic, the pharmacy had felt a reduction in prescription numbers. But more recently it had experienced a significant increase. But team members managed the workload. And the pharmacy had not had any unplanned closures.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. And it is sufficiently clean and secure. The pharmacy is generally organised. But it is cluttered and untidy in some areas.

Inspector's evidence

The pharmacy was on the corner of a busy main road and a residential street. It was in an old building with a traditional appearance. And inside, it had a small network of rooms. The pharmacy had a retail space which was sufficient to stock its general sales medicines, beauty products, baby products, general gift items and items related to healthcare. And it had chairs for people to sit on if they were waiting. The pharmacy had an additional chair and a chest of drawers next to the counter. The team had placed these here to create extra counter surface and to provide a barrier. The barrier helped to prevent unauthorised access behind the counter and the dispensary. But, while this served its purpose, it had a make-shift appearance and detracted from the professional appearance of the pharmacy.

The pharmacy had a consultation room which people could access from the retail area next to the counter. The consultation room was sufficiently soundproof to ensure that private conversations held inside it could not be heard by other people. The pharmacist used the room for private conversations and when providing certain services. This included its new medicines service. But the room had some unnecessary clutter in it. And the team agreed that it could be tidier. The pharmacy kept its pharmacy medicines behind the medicines counter. And next to the medicines counter it had a doorway which led directly to the dispensary. The dispensary led to the pharmacy's back shop area which had a storeroom and staff facilities.

The dispensary had two islands sitting side by side. One island had storage on one side and a dispensing surface on the other. The other island was mainly used for dispensing. The dispensary also had a short run of work surface to the rear. And it had storage shelves and drawers. Extra storage had been put in place by using additional storage units. So, the pharmacy did not have much free floor space. The team cleaned the pharmacy regularly to ensure that contact surfaces were clean. In general stock on shelves was tidy and organised. At the time of the inspection room temperatures were appropriate to keep staff comfortable and were suitable for the storage of medicines. Team members generally tidied up as they worked. So most used dispensing surfaces were tidy. But there was not much free workspace. And other areas of the dispensary's work surface, storage areas and floors were cluttered.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and makes them accessible to people. It supports people with suitable advice and healthcare information. And it ensures that it supplies its medicines with the information that people need to take their medicines properly. The pharmacy team gets its medicines and medical devices from appropriate sources. And team members make the necessary checks to ensure they are safe to use and protect people's health and wellbeing. But it does not ensure that all the medicines on its shelves are packaged and labelled correctly.

Inspector's evidence

The pharmacy had a ramp at its entrance which provided step-free access. And its customer area was generally free of unnecessary obstacles. And it had a delivery service for a few people. The pharmacist provided the service after hours and so was limited to a small number of people who had no other way of getting their medicines. The pharmacy could also order people's repeat prescriptions if required. The pharmacy team used baskets to hold individual prescriptions and medicines during dispensing to help prevent errors.

The pharmacy provided medicines in multi-compartment compliance packs for people living at home who needed them. The pharmacy managed the service according to a four-week rota. And each month it checked and verified any changes to prescriptions. And it updated people's records. The pharmacy also had a system for managing any changes made to people's prescriptions within the monthly cycle. And it received hospital discharge letters so that it could make any necessary changes to packs for people after they had left hospital. The team labelled its compliance packs with a description of each medicine, including colour and shape, to help people to identify them. And its labelling directions gave the required advisory information to help people take their medicines properly. The pharmacy also supplied patient information leaflets (PILs) with new medicines, and with regular repeat medicines. So that people could find the information they needed if they wanted to. The pharmacist gave people advice on a range of matters. And he would give appropriate advice to anyone taking high-risk medicines. The pharmacy had additional leaflets and information booklets on a range of medicines including sodium valproate. The pharmacy had a small number of people taking sodium valproate medicines, none of whom were in the at-risk group. The RP described how he would counsel at-risk people when supplying the medicine to ensure that they were on a pregnancy prevention programme. The pharmacy also knew to supply the appropriate patient cards and information leaflets each time.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. It generally stored its medicines appropriately and in their original containers. But it had one pack of medicine with two distinct brands of the medicine inside it. And the strips had two different expiry dates. And so, the additional strip could be missed if it were part of a medicines recall. The inspector discussed this with the team, and they agreed that team members should review its understanding of the correct procedures to follow when putting medicines back into stock after dispensing. The pharmacy stored its medicines stock in a tidy and organised manner. And it date-checked its stock regularly. But it did not keep records of its date checking. The team agreed that if it kept records, it could use them to track what had been checked and what had not. The team identified and highlighted any short-dated items. And it removed them from stock. It only dispensed them with

the patient's agreement where they could use them before the expiry date. The team put its out-of-date and patient-returned medicines into dedicated waste containers. And a random sample of stock checked by the inspector was in date. The team stored its CD and fridge items appropriately. And it monitored its fridge temperatures to ensure that the medication inside it was kept within the correct temperature range. The pharmacy responded promptly to drug recalls and safety alerts. The team had not had any stock affected by recent recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's confidential information safe

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. Team members had access to a range of up-to-date reference sources. And they had access to personal protective equipment (PPE), in the form of sanitiser, face masks and gloves. The pharmacy had three computer terminals which it had placed at two workstations in the dispensary and one in the consultation room. Computers were password protected. The pharmacy had cordless telephones to enable team members to hold private conversations with people. And it stored its prescriptions out of people's view.

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.