

# Registered pharmacy inspection report

**Pharmacy Name:** Twickenham Pharmacy, 17 Richmond Road,  
TWICKENHAM, Middlesex, TW1 3AB

**Pharmacy reference:** 1035163

**Type of pharmacy:** Community

**Date of inspection:** 25/09/2019

## Pharmacy context

The pharmacy is one of five belonging to the same company. It is on a busy main road on the edge of Twickenham town centre. As well as the NHS Essential Services, the pharmacy supplies Methadone to substance misuse clients. It also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), a delivery service and multi-compartment compliance aids for people living in the local community. The pharmacist hopes to provide a travel vaccination and malaria prophylaxis service within next few weeks.

## 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

In general, the pharmacy's working practices are safe and effective. The pharmacy's team members listen to people's concerns and keep people's information safe. They discuss any mistakes they make and share information on what could go wrong to help reduce the chance of making mistakes in future. But they do not do enough in the way that they gather information and use it to learn and improve.

### Inspector's evidence

Staff worked under the supervision of the RP whose sign was displayed for the public to see. There was a set of standard operating procedures (SOPs) in place which were currently being updated. Staff had read and signed the SOPs relevant to their roles. The pharmacy had procedures for managing risks in the dispensing process and staff said that mistakes were relatively rare. All incidents, including near misses, were discussed at the time. The team also had regular meetings to review and discuss any mistakes and ways of preventing a reoccurrence. The pharmacist described how the stocks of various Teva products had been re-organised and separated to help prevent them from becoming mixed up. Stock was seen to have been clearly segregated in drawers through the use of dividers.

This was small close-knit team and it was clear that discussions about the tasks in hand were integral to the day to day running of the pharmacy. However, near misses had not been recorded in recent months. This meant that not all the information was available for review. Those which had been recorded showed who was involved but did not show what should change as a result of the mistake or what had been learned from it. Staff could have reflected more on their individual dispensing process to help identify any specific steps or checks which could have prevented the mistake from happening in the first place.

The pharmacy had a documented complaints procedure. A SOP for the full procedure was available for reference. Where possible, customer concerns were dealt with at the time by the regular pharmacist. Formal complaints were recorded and referred to the owner but, staff said complaints were rare. Details of the local NHS advocacy service and PALs could be provided on request. But, the pharmacy team had a positive approach to customer feedback. A previous survey demonstrated a high level of customer satisfaction. The team described how they ordered the same brands of medicines for certain people to help meet their needs. Customer preferences included the Almus brand of simvastatin 40mg and the Teva brand of atorvastatin 40mg. Notes were added to patients' patient medication records (PMRs) as a reminder for staff. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 30 September 2020 when they would be renewed for the following year.

All the necessary records were kept and were in order including Controlled Drug (CD) registers. Records for private prescriptions, the responsible pharmacist (RP) and unlicensed 'Specials' were also in order. Records for emergency supplies were generally in order although several did not provide a clear reason for supply. The pharmacy had records for CDs, returned by people, for destruction. Records of returned CDs were kept for audit trail and to account for all the non-stock CDs which RPs had under their control.

Staff had undergone information governance and GDPR training. They had also read and signed a confidentiality agreement as part of their employment contracts. Discarded labels and tokens were disposed of in a white confidential waste bag for collection by a licensed waste contractor. Completed prescriptions were stored with patient details facing away from the counter and customer areas so that they could not be seen by other people using the pharmacy. The pharmacist on duty had completed level 2 CPPE training for safeguarding. The dispensers had completed level 1. All staff had completed dementia friends training. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload safely and effectively and team members work well together. They are comfortable about providing feedback to employers and are involved in improving the pharmacy's services

### Inspector's evidence

The pharmacy had two regular responsible pharmacists (RP)s who managed services between them five and a half days per week. The rest of the team included one full-time and one part-time dispenser. On the day of the inspection the RP was supported by the part-time dispenser who was working extra that week to cover the full-time dispenser's holiday. Team members were observed to work well together. They assisted each other when required and discussed matters openly. The daily workload of prescriptions was in hand and customers were attended to promptly.

The RP described being able to raise concerns. She said she had regular informal discussions with the owner and the area manager. Staff would have informal discussions during which they could make suggestions and raise concerns. The part-time dispenser described how she had set up a reporting document which could be accessed online by the owner to reduce interruptions and phone calls to the branch. The pharmacist felt able to make her own professional decisions in the interest of patients. She would offer an MUR or NMS when she felt it beneficial for someone. She was also targeted with managing the daily workload and to provide a good service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

In general, the pharmacy's premises are clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services. But the pharmacy's decor does not look as clean as it could and needs to be refreshed.

### Inspector's evidence

The pharmacy's premises were close to the local high street. They had a traditional appearance with a double front, full height windows and a glass door to provide natural light. Although this was partially obscured by display stands in front of the windows and posters on the glass. The pharmacy had step free access from outside. The shop floor was to the front with the dispensary behind. The shop floor was clear of obstructions and wide enough for wheelchair users. There was a small seating area for waiting customers. Items stocked included a range of baby care, healthcare, beauty and personal care items.

The pharmacy had a consultation room which the pharmacist used for private conversations and services such as MURs. The door to the room was open when the inspector entered the pharmacy. Staff said it was generally closed although not locked. But the sharps waste bin for the flu service had been left on the top of the bench rather than being locked away in a cupboard. The dispensary was relatively spacious. It had an eight to nine metre L-shaped run of dispensing bench to the front and side, with a sink, and a further three to four metre L-shaped run of bench space to the other. The longest run of bench space was where most of the dispensing and checking took place. This included multi-compartment compliance aid dispensing. Work surfaces were well used but there was a clear work flow.

The dispensary was clean, tidy and organised but the floor was scuffed and marked which meant it did not look as clean as it could. This could be seen from the customers' viewpoint at the counter. To the rear of the premises, the pharmacy had a staff room, toilet and a storage area with a fire door to the outside. Staff areas were generally clean, although its scuffed and marked paintwork made it appear less so. In general, the pharmacy was tidy and organised and had a professional appearance. Shelves, worksurfaces, floors and sinks were generally clean.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively and makes them available to everyone. Members of the pharmacy team give people the advice and support they need to help them use their medicines safely and properly. In general, the pharmacy manages its medicines safely and effectively although it does not yet scan the unique bar codes on the medicines it dispenses. The pharmacy's team members check stocks of medicines regularly to make sure they are in date and fit for purpose. They store medicines appropriately and dispose of waste medicines safely.

### Inspector's evidence

A selection of the pharmacy's services was advertised at the front window. The pharmacy also had a small range of information leaflets for customer selection. The consultation room was suitable for wheelchair access which meant that wheelchair users could access services requiring a private consultation, such as a MUR. But, the list of services advertised needed updating (pregnancy testing was advertised but no longer provided) and the pharmacy window and healthy living pharmacy display areas were cluttered with posters and promotional information, such that current health promotion messages were not clear.

There was a set of SOPs in place and in general, staff appeared to be following them. CD stock was audited regularly as per the CD SOP and the quantity of stock checked (Morphine 10mg/ml ampoules) matched the running balance total in the CD register. Multi-compartment compliance aids were provided for people who needed them. Patient information leaflets (PILs) were offered to patients with new medicines but were not provided regularly with repeat medicines. The medication in the compliance aids was given a description, including colour and shape, to help people identify them. And, the labelling directions had the required BNF advisory information to help people take their medicines properly. The pharmacy had procedures for targeting and counselling all female patients taking sodium valproate. Staff could locate warning cards, and the MHRA guidance sheet. The RP said she had checked the pharmacy's records and found no patients in the at-risk group taking the drug. All packs of sodium valproate in stock bore the updated warning label, but, the pharmacist had extra warning labels to apply to packs if needed.

Medicines and Medical equipment were obtained from: AAH, Day Lewis Alliance Colorama and DE. Unlicensed 'specials' were obtained from Thame Laboratories. All suppliers held the appropriate licences. Stock was generally stored in a tidy, organised fashion. A CD cabinet and a fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read and recorded daily. Stock was regularly date checked and records kept. Short-dated stock was highlighted. But, the pharmacy did not yet have equipment for scanning products in accordance with the European Falsified Medicines Directive (FMD). Staff were aware of FMD requirements but were awaiting further information from the owner.

Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. But staff did not have a list of hazardous waste to refer to or a separate container, so they could ensure that they were disposing of all medicines appropriately. Drug recalls and safety alerts were generally responded to and records were kept. No faulty stock had been identified in the recent recall for aripiprazole 1mg/ml. Staff recalled returning a pack of, Dovobet gel following a recall in July.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities for the services it provides. In general, it uses its facilities and equipment to keep people's information safe.

### Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures and tablet triangles were of the appropriate BS standard and generally clean, although triangles had a dusty residue. Precautions were taken to help prevent cross contamination by using a separate triangle for counting loose cytotoxic tablets. Amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris. CD denaturing kits were used for the safe disposal of CDs. There were up-to-date information sources available in the form of a BNF, a BNF for children and the drug tariff. Pharmacists also used the NPA advice line service and had access to a range of reputable online information sources such as NHS, NICE and EMC websites.

There were two computer terminals available for use in the dispensary and an additional laptop in the consultation room. All computers had a PMR facility, were password protected and were out of view of patients and the public. It was noted that the RP was using her own smart card when working on PMRs. The dispenser used the other computer and her own smart card. Staff used their own smart cards to maintain an accurate audit trail and to ensure that access to patient records was appropriate and secure. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was collected for safe disposal.

### 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.