

Registered pharmacy inspection report

Pharmacy Name: Laurel Pharmacy, 112-112a Canbury Park Road,
KINGSTON UPON THAMES, Surrey, KT2 6JZ

Pharmacy reference: 1036638

Type of pharmacy: Community

Date of inspection: 09/01/2024

Pharmacy context

This is a family-owned independent pharmacy in a largely residential area of Kingston-upon-Thames, near the railway station. It dispenses people's prescriptions, sells over-the-counter medicines and provides healthcare advice. It also supplies medicines in multi-compartment compliance packs for people who have difficulty managing their medicines. It has a website which it uses to highlight the services it has available.

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	1.4	Good practice	The pharmacy demonstrates how it listens to and responds to feedback, improving the quality and safety of its service. For example team members realised that people were concerned about sharing personal details in public and so the pharmacy devised and encouraged people to complete ID slips to hand in when collecting prescriptions. This prevented other people overhearing their personal details and helped the pharmacy avoid mistakes when handing out prescriptions
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 provides its team members with clear written instructions on how to carry out their tasks safely and effectively. It is good at making sure they know where to find those instructions and other important paperwork. The pharmacy regularly reviews the mistakes its team members make and takes appropriate action to reduce the chances of similar mistakes happening again. It keeps all the records that it should, making sure they are easily accessible. It listens to what people say about it and finds creative solutions in response. Its team members have an appropriate understanding of their role in helping protect vulnerable people. They manage and protect people's confidential information well and let them know it will be used.

Inspector's evidence

The pharmacy had a well-organised file containing standard operating procedures (SOPs) to help ensure its team members carried out their tasks in a consistent, safe and effective manner. They were reviewed every two years and their next review was imminent. Each individual SOP had been signed by all team members within the previous two years 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. The plan also included details of a buddy pharmacy for people to use instead if necessary. Every file containing the pharmacy's important paperwork was numbered and kept in specific designated locations. Beneath the main workstation, there was a sheet listing the contents of each of those numbered files, along with their individual locations so that anyone could easily find the information they needed.

There were near miss and error record sheets available for team members to document any mistakes they made. The form didn't include any learnings from the mistakes as the responsible pharmacist (RP) wanted to make it as easy as possible for everyone to make the entries immediately. Individual mistakes were corrected at the time and any actions needed to prevent a recurrence were taken then. The pharmacists formally reviewed the errors and near misses every three months, and learnings were discussed with the whole team before being recorded on the summary sheets kept in one of the numbered files referred to above. 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 patient safety report. Medicines that looked alike, or whose names sounded alike (LASAs) were kept separate on the shelves, and there were some stickers on the shelf edges to highlight items which could easily be mixed up. The pharmacy completed regular clinical audits as part of the pharmacy quality scheme (PQS).

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 their job descriptions.

The pharmacy had a notice on display explaining its complaints procedure, including contact details for the NHS Patient Advice and Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS). There was also a suggestion box along with feedback forms for people to use. The RP explained that people didn't use that very much now, but they made sure they listened to people's feedback. He then described they noticed how people sometimes appeared uncomfortable when asked to provide,

or confirm, personal details when collecting prescriptions. Having identified that they were concerned about other people hearing their details, the pharmacy developed a small name and address slip for people to fill out and hand in when collecting prescriptions. These slips were easily available on the top shelf facing the reception counter, along with a pen. Several people were observed using them during the inspection. The RP explained how they had spent some time explaining the purpose of doing this when they first introduced it, and now people used them all the time to keep their personal details private. Staff also found that it made it easier for them to locate the required prescriptions as there was less scope for mishearing or misunderstanding a name or address, thus reducing handout errors. When they were no longer required, the slips were shredded along with the rest of the pharmacy's confidential waste.

The pharmacy had a certificate of professional indemnity and public liability Insurance on display, valid until 30 September 2024. Private prescription records were maintained on the pharmacy's patient medication record (PMR) computer system, and those records examined were all in order. The RP explained that they rarely needed to order unlicensed medicines ('specials') and was aware of the need to annotate the certificates of conformity with patient details, prescriber details and a copy of the dispensing label. The controlled drugs (CD) records were complete and up to date. The RP explained that some tasks were divided between himself and the other pharmacist so that they knew who was responsible for what. He was responsible for maintaining the CD registers and explained that he always completed all the required entries before finishing for the day. Methadone balances were checked every three months and any 'overage' was correctly documented and signed. Balances for the other CD were checked every four months (as per the SOP) and there were no discrepancies. Any alterations were made using an asterisk and a signed and dated footnote. After a brief discussion, the RP agreed to include his registration number so that it would be clearer for anyone checking the register to see who had made the alteration. There was 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 was a small number of out-of-date CDs in the cupboard, kept separate from usable stock. The RP explained that he waited until there was a reasonable amount to be destroyed before applying to the local controlled drugs accountable officer (CDAO) for authorisation to do so.

Those team members questioned understood how they could protect people's confidential information, describing for example, how they would check people's details carefully before discussing their medicines over the phone. The pharmacy had an information governance (IG) policy and completed the Data Security and Protection (DSP) toolkit as required by the NHS. There was a privacy notice on the consultation room door. Confidential waste was kept in sacks which were sealed and securely stored on the premises until a suitably registered waste contractor came to shred it in bulk every six months.

All staff had completed safeguarding training to at least level one. The pharmacists had completed level two training and one of them to level three. Safeguarding procedures were in place with current local contact details available on a sheet kept below the main workstation. The trainee pharmacist was able to describe some of the signs to look out for which may indicate a safeguarding concern, and she knew when to refer to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely and effectively. Pharmacy team members are very well-trained and there was a clear culture of continually improving their knowledge. They work well together and can make suggestions to improve safety where appropriate.

Inspector's evidence

There were two pharmacists (including the RP), a trainee pharmacist, three dispensing assistants and a medicines counter assistant (MCA) 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 was a training folder containing certificates for the training courses that each member of the team had completed. The MCA had worked in the pharmacy for over 20 years and took every opportunity to complete new training. In addition to the required accredited training, there were certificates for preventing falls, safeguarding, sore throats and smoking cessation among others. One of the dispensing assistants kept her certificate of completion for the required accredited training stored on her phone so it was easily accessible. A second was shortly due to have completed three months of employment at the pharmacy, so would then be enrolled a combined MCA and dispensing assistant course. The third dispensing assistant worked at the pharmacy for 30 hours each week on a three-month placement as part of his pharmaceutical sciences course. The RP explained that he always offered these placements for students at the local School of Pharmaceutical Sciences, with an option to extend it if they wished. At which point they would then be enrolled on an accredited course as required by the regulator. 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.

The trainee pharmacist explained that she had started her foundation year at the pharmacy in October and would be sitting the registration assessment in November 2024. The RP was her supervising pharmacist and they had recently completed the first 13-week review. They were both happy with the progress made to date and the trainee pharmacist appeared very enthusiastic about her training. Upon questioning she demonstrated a good awareness of the signs to look out for when dealing with requests for medicines which may be liable to abuse. Staff 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. The policy hadn't been reviewed since 2019 so upon reflection the RP agreed to do so, updating it if required.

There was a folder with individual job descriptions, and personal development plans. The RP explained that he didn't carry out formal performance reviews but did so on a continuous informal basis. Individual training needs, together with the requirements of the pharmacy quality scheme (PQS) helped determine the training undertaken by each team member.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure and professional environment for people to receive its services. The team keeps them very clean and tidy, presenting a suitably professional image. The premises include a private room which the team uses for some of its services and for private conversations. The pharmacy's website provides people with helpful information about its services.

Inspector's evidence

The first impression upon approaching the pharmacy was very professional. Although the external fascia was approximately ten years old, it had been well maintained and was regularly cleaned so that it still looked new. There was a shallow ramp and an automatic door to help make it easier for people using mobility aids to enter the pharmacy as the entrance was slightly raised. There were some signs in the windows (which were otherwise uncluttered) telling people about the services the pharmacy offered.

The retail area and dispensary were clean, tidy and in a good state of repair. There was sufficient space for the team to work safely and effectively. There was a computer workstation at the front of the dispensary overlooking the medicines counter, a second on the central island in the middle of the dispensary, and a third in a separate room to one side used for assembling multi-compartment compliance aids. The floors were swept every day, work surfaces regularly cleaned, and the shelves were all cleaned during the rolling three-month date checking process.

There was a generously sized consultation room, accessible directly from the retail area. There was a bench along one wall with a clean sink, hot and cold running water with liquid soap and towels. There was a separate desk with another computer and seating for two people. The door was kept closed when the room wasn't being used. Conversations held inside the room couldn't be heard from outside.

Staff toilets were upstairs, along with a staffroom and a separate room used for storing paperwork, bags and bottles. The storage room was cluttered with lots of boxes, so after a brief discussion the RP agreed to arrange for it to be tidied up. The premises were well lit, and the temperatures were comfortable for people to work in and suitable for the storage of medicines. There were heaters for use when it was cold and fans to cool it down in the summer.

The pharmacy had its own website, <https://www.laurelpharmacy.co.uk/>, which it was using to highlight its services. The RP explained that they don't sell any products through their website. People were able to use the website to order their NHS repeat prescriptions. And they could click on a health condition to learn a little more about it, see what medicines may be suitable and then click a button to call the pharmacy. The website was clearly laid out and displayed the required information in accordance with the GPhC guidance for registered pharmacies providing pharmacy services at a distance, including on the internet.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and it makes them easily accessible to people. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take. It identifies people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. But it doesn't always keep a suitable record of the checks it makes.

Inspector's evidence

The pharmacy was accredited as a Healthy Living Pharmacy Level two. There was a healthy living area 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 ramp and automatic door 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.

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. There was however no audit trail to identify who had carried the clinical check on each prescription. This was particularly relevant as there were almost always two pharmacists working on the premises, so it would be difficult to identify who had carried out that check. Upon reflection the RP agreed that it would be a good idea for the pharmacist to initial the prescription token, or similar, to show that they had clinically checked it. Owings slips were used when prescriptions couldn't be supplied in full.

The pharmacists generally made a few deliveries when they had finished for the day. Three delivery labels were printed for each item to be delivered. One was stuck in the record book kept in the pharmacy so that staff could see what was out for delivery if anyone asked. The second was attached to the bag, clearly marked 'delivery', and the third was stuck, one per page in the delivery book. The pharmacists signed the label in the book when the delivery was successfully completed. If other team members made the delivery, then they obtained a signature from the recipient. The pharmacy didn't deliver any CDs, and fridge lines were delivered separately to help maintain the cold chain. People were encouraged to collect those items 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. They were assembled and stored in a separate room away from distractions. 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. The RP explained that they checked the compliance packs for accuracy at three stages in the process. Firstly when the instruction sheets were printed and laid out, second when all the necessary medicines had been selected and finally after they had been sealed. Patient information leaflets were provided and there was a brief description of each tablet or capsule inside the compliance pack. The RP added that most of the packs were assembled four weekly and delivered.

The pharmacy dispensed 'blue scripts' for a small number of people using the local substance misuse service. Some of them consumed their medicines on the pharmacy premises under the supervision of the pharmacist. People who failed to turn up for their medicines on three consecutive days were referred back to the substance misuse team and no further supplies were made until a new prescription was provided. The pharmacist reminded people about the 'three-day rule' if they missed two doses to help avoid them having their prescription cancelled.

Those team members questioned were aware of the risks involved when supplying valproates to people who could become pregnant. The RP demonstrated the file where they kept the necessary warning label and stickers. They did check whether people had long-term contraception in place as part of the pregnancy prevention programme (PPP), but they didn't always record these interventions on their PMR system. Upon reflection, following a brief discussion, both pharmacists agreed to record each intervention. The same applied to other high-risk medicines such as lithium, warfarin or methotrexate and the regular blood tests that people should have.

The pharmacy administered flu vaccinations during the autumn and winter seasons. There were valid patient group directions (PGDs) in place as the legal mechanism for providing the service. They had been signed and dated by the pharmacists. They also had an online PGD for the private flu vaccination service. The pharmacy kept the necessary records and had adrenaline ampoules available in case of an emergency.

The pharmacy provided the Community Pharmacist Consultation Service (CPCS) and records of each consultation were kept in a file as well as being submitted to the NHS on the Sonar online platform. The RP explained that most of them related to minor ailments and self-care. The pharmacy also participated in the Discharge Medication Service (DMS) but had only received two or three referrals in the previous six months. The RP added that he wasn't signing up immediately for the recently announced 'pharmacy first' service, as he wanted time to assess what he needed to do in preparation. There were some training sessions coming up to help with the necessary skills and accreditation, which he was considering attending.

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 fridge temperature records. Those for the fridge in the dispensary were checked and entered daily but the temperature of the fridge upstairs was not as regularly checked. Upon reflection the RP agreed to make sure its temperature was checked and recorded every day.

There were two CD cabinets 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. Sharps were put in a yellow sharps bin as part of a service funded by the local public health team. There was a list of hazardous medicines such as cytotoxics so that team members would know to dispose of them separately in a designated purple-lidded bin. Unwanted medicines were collected by an approved waste contractor every six weeks. Sharps were collected every four weeks during the flu season and then every four months during the remainder of the year.

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 necessary equipment and facilities for the services it provides, and it makes sure that they are adequately maintained. The pharmacy makes sure that the way its team uses those facilities keeps people's private information suitably protected.

Inspector's evidence

The pharmacy had a set of appropriately calibrated glass measures, with separate measures kept by the CD cupboard for use when measuring liquid CDs. The second pharmacist explained how he used the electronic BNF on his phone 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 two medical grade fridges, the one upstairs used solely for storing vaccines. There was also equipment for measuring blood cholesterol and glucose levels which had been provided by the local public health team for their health check service. All of which 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.