

Registered pharmacy inspection report

Pharmacy Name: Q Pharmacy, 3 Station Parade, Kew Gardens,
RICHMOND, Surrey, TW9 3PS

Pharmacy reference: 1036717

Type of pharmacy: Community

Date of inspection: 26/08/2022

Pharmacy context

This is a family run, community pharmacy. It is on a parade of shops serving the local community and visitors to Kew. It provides a core range of essential services including dispensing prescriptions. And it has a small selection of over-the counter medicines and other pharmacy related products for sale.

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 procedures to identify and manage risk. It has written procedures in place to help ensure that its team members work safely. And it has insurance to cover its services. The pharmacy team listens to people to improve the quality of the pharmacy's services. And it keeps people's private information safe. The pharmacy's team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacist owner was the regular responsible pharmacist (RP). And he delivered the pharmacy's services with the support of his brothers. One was a medicines counter assistant (MCA) and the other provided administrative and business support. The RP dispensed and checked prescriptions on his own. But he had allocated different areas of the dispensary for labelling, assembling and accuracy checking each prescription. He had followed the same procedure for many years where he separated out each stage of the process. And he took a mental break or carried out another activity between each stage. He also accuracy checked each prescription twice. The RP had a system for recording dispensing 'near misses'. But he had not had any for some time. The RP described how he would record any mistakes he made on people's patient medication records. He would do this to highlight what had gone wrong. And to help prevent the same mistake happening with that person's medicine again. But the low volume of prescriptions and the pace of business meant that the RP had sufficient time to dispense and check prescriptions thoroughly. And he reported that he had not made many mistakes. And that he had not made any in recent years. The RP was aware of the risk of error between look-alike sound-alike medicines (LASAs), such as prednisolone and prochlorperazine and he took particular care when dispensing and checking those and other LASA products.

The pharmacy had put measures in place to keep people safe from the transfer of infections. The pharmacy team had placed a barrier part way down the shop floor to prevent people from standing closer than two metres in front of the counter. The team also had a 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. The pharmacy offered essential services only. It did this to concentrate on delivering a safe dispensing service without other distractions and interruptions. The pharmacy had a set of standard operating procedures (SOPs) to follow. The SOPs were up to date. And team members had read the SOPs relevant to their roles. They understood their roles and responsibilities. The medicines counter assistant (MCA) consulted the pharmacist when he needed his advice and expertise. The RP 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 RP and the pharmacy's other team members. Recent customer comments indicated that while some people were unhappy if the pharmacy did not have their medicines in stock, they were generally happy for the RP to contact their GPs to arrange alternatives. So that people did not go without their medicines. The pharmacy had a complaints procedure in place. But it had not had to use it. The RP described how the pharmacy had recently taken on several new patients who required multi-compartment compliance packs. This was in response to requests from people whose usual pharmacy did not have the capacity or resources to dispense them. The pharmacy team could provide people with details of where they should register a complaint if they needed to. And if necessary, they could also obtain details of the

local NHS complaints procedure online. But the team 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 private prescription records, its RP record and its controlled drugs (CD) register. 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. But it did not have a CD destruction register for patient-returned CD medicines. The RP described not having had any patient returned CDs. But he agreed to obtain an appropriate record book so that if he were to receive any he could keep the appropriate records. The pharmacy did not have any emergency supply records. But the RP had not had to make any emergency supplies in recent times. This was because he could supply medicines in an emergency under its community pharmacy consultation service (CPCS). He also found that when he referred people to their GP an appropriate prescription would be generated in a timely manner.

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 bins. And they shredded confidential paper waste as they worked. The team kept people's personal information, including their prescription details, out of public view. Team members had been briefed on the pharmacy's responsibilities for safeguarding children and vulnerable adults. And they knew to report any concerns to the pharmacist. The team could access details for the relevant safeguarding authorities online. But they had not had any concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy adequately trains its team members for the tasks they carry out. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can maintain the quality of the pharmacy's services.

Inspector's evidence

This was a close-knit family run business. The responsible pharmacist (RP) was the sole owner, and he ran the business with the support of his two brothers. One providing business and administrative support and the other providing support as an MCA. The inspector conducted the inspection during the pharmacy's usual trading hours. And the pharmacy had all three members of the team present. Team members were seen to work effectively with one another. And they supported one another to complete their tasks. The RP kept the daily workload of prescriptions in hand, and the MCA attended to customers promptly. The RP could make day-to-day professional decisions in the interest of patients. He explained that during the pandemic the pharmacy had felt the pressures of a heavier-than-usual workload. And that he had seen a significant rise in the volume of electronic prescriptions. But the switch from traditional prescriptions to electronic had helped him to manage the workload. It had allowed him to complete prescriptions before people came into the pharmacy to collect them. And the pharmacy had not had any unplanned closures. Team members could discuss their concerns with each other. And they felt supported in their work. They kept their knowledge up to date by reading training material when they could.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. And they are adequately clean and secure. The pharmacy has made some sensible adjustments to help keep people safe during the pandemic. But it does not do enough to dispose of items it no longer needs. And so its premises do not fully benefit from the total space available.

Inspector's evidence

The pharmacy had a glass door and full height windows provided natural light to these small premises. As with many traditional community pharmacies it had retail space and a counter area to the front and a compact dispensary behind. The retail area was uncluttered and there was a seat for waiting customers. Items stocked included a range of baby care, health care and personal care items. The dispensary had 2 separate dispensing benches, one was used to for the computer and for the labelling and bagging process. And the other had separate areas for dispensing and checking. As the pharmacist worked on his own, he preferred to work on the two separate benches to break up the steps in the process. And he kept the dispensary benches tidy and uncluttered. But while the pharmacy was tidy overall. It had an accumulation of old out-of-date paperwork and reference sources. And its paintwork, fixtures and fittings looked in need of a refresh.

The pharmacy had sufficient work surface for the overall workload. The RP stored completed prescriptions on shelving close to doorway but in a position where they could not be viewed by customers. The dispensary led to a storage room with a desk and general office area. The pharmacy did not have a designated consultation room. But if someone required a consultation in private the RP used the desk in the small office area. And if he needed to take someone into the office area, he knew to put people's confidential information out of view. The pharmacy occupied an old building. And the storage room had stairs leading to a cellar beneath which was also used for storage. But the storage area was cluttered with items the pharmacy no longer needed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible for people. And it has appropriate procedures to ensure that it supplies its services safely and effectively. The pharmacy team gets its medicines and medical devices from appropriate sources. And team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. The pharmacy team ensures that the medicines it supplies have the information that people need so they can take their medicines properly.

Inspector's evidence

The entry door to the pharmacy provided step free access. And it had a sign detailing its hours of opening. Its customer area was free of unnecessary clutter, making it suitable for people with mobility issues. The pharmacy could also order people's repeat prescriptions if required. The RP used baskets to hold individual prescriptions and medicines during dispensing. He did this to keep prescriptions and their corresponding medicines together.

The pharmacy provided medicines in multi-compartment compliance packs for people living at home who needed them. And the RP would explain to people how to use their compliance packs when they first started having their medicines this way. The RP described how the pharmacy had a limit on the number of compliance packs it could manage safely. This was because of the amount of work involved in preparing the packs. The RP labelled its compliance packs with a description of each medicine, including colour and shape, to help people to identify them. The pharmacy supplied patient information leaflets (PILs) with new medicines, and with regular repeat medicines.

The RP 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 knew about the precautions he would need to take, and counselling he would give, if the pharmacy was to supply it to someone new. The RP would also give counselling to people on other high-risk medicines such as lithium. And he would counsel patients on how to recognise signs of toxicity.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. And its in-use stock was tidy and organised. It stored its medicines appropriately and in their original containers. The RP date-checked the pharmacy's stocks regularly. And while he did not keep records, he knew what had been checked and when. He also regularly carried out a visual check and could pick out items which were not dispensed often. And may be close to their expiry date. A random sample of stock checked by the inspector was in date. The RP identified and highlighted short-dated stock. And he put the pharmacy's out-of-date and patient-returned medicines into dedicated waste containers. He stored the pharmacy's CD and fridge items appropriately. And he monitored fridge temperatures to ensure that the pharmacy kept the medication inside within the correct temperature range. The pharmacy responded promptly to drug recalls and safety alerts. But it 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 its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. And for dispensing into multi-compartment compliance packs. And its equipment was clean. The RP had access to sufficient and appropriate up-to-date reference sources. The pharmacy team had access to PPE, in the form of sanitiser, face masks and gloves, which were appropriate for use in pharmacies if they needed them. The pharmacy had a computer terminal which had been placed in the dispensary. The computer was password protected. And the RP had a smart card to ensure that other team members did not have access to patient records. And to maintain an accurate audit trail of what records he had accessed and when.

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.