General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: The Thorkhill Pharmacy, 94 Thorkhill Road, THAMES DITTON, Surrey, KT7 0UQ

Pharmacy reference: 1036794

Type of pharmacy: Community

Date of inspection: 01/09/2021

Pharmacy context

This is an NHS community pharmacy set in a residential area of Thames Ditton. The pharmacy opens six days a week. It sells a small range of health and beauty products, including over-the-counter (OTC) medicines. It dispenses people's prescriptions. And people can collect coronavirus (COVID-19) home-testing kits from its premises. The pharmacy provides multi-compartment compliance packs (compliance packs) to some people who need help managing their medicines. And it delivers medicines to people who can't attend its premises in person. This inspection took place during the COVID-19 pandemic.

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	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 adequately manages its risks. And it has procedures to help make sure its team works safely. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They mostly keep people's private information safe. And they talk to each other about the mistakes they make. So, they can learn from them. People using the pharmacy can provide feedback to help improve its services. The pharmacy mostly keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these have been reviewed since the last inspection. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The pharmacy had risk assessed the impact of COVID-19 upon its services and the people who used it. But a written occupational COVID-19 risk assessment for each team member hadn't been completed. Members of the pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. They were self-testing for COVID-19 twice weekly. They wore fluid resistant face masks or a full-face shield visor to help reduce the risks associated with the virus. And they washed their hands regularly and used hand sanitising gel when they needed to.

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP). The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chances of them happening again. But they didn't routinely record them or the lessons they learnt from them. So, they could be missing opportunities to spot patterns or trends with the mistakes they made. The RP explained that medicines involved in incidents, or were similar in some way, such as eplerenone and exemestane, were generally separated from each other in the dispensary.

The pharmacy displayed a notice that told people who the RP was. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. A team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist. The pharmacy had a complaints procedure. And it had received positive feedback from people online. The pharmacy asked people for their views and suggestions on how it could do things better. And, for example, it tried to keep people's preferred makes of prescription-medicines in stock when its team was asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy kept a record to show which pharmacist was the RP and when. The pharmacy had a controlled drug (CD) register. But its team had fallen behind with making sure the CD register was kept up to date. And the stock levels recorded in the CD register hadn't been checked

for some time. So, the pharmacy team could have been missing opportunities to spot mistakes quickly. The RP notified the inspector within a few hours of the inspection that the entries in the CD register were now up to date. And they provided evidence to demonstrate this. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. But it didn't always record when one of these products was received or who it was supplied to and when. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied electronically. And these generally were in order. But the name and address of the prescriber were sometimes incorrectly recorded.

The pharmacy was registered with the Information Commissioner's Office. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. Its team tried to make sure people's personal information couldn't be seen by other people and was disposed of securely. And, for example, its team quickly removed an unsealed box containing people's repeat prescription request slips when this was brought to its attention. The pharmacy had a safeguarding SOP. And the RP had completed a safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy generally has enough people in its team. Members of the pharmacy team need to do training for the jobs they do. They work well together and make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (the RP), a part-time dispensing assistant, a part-time trainee dispensing assistant, a part-time medicines counter assistant and a part-time delivery driver. The pharmacy relied upon its team to cover absences. And it sometimes used student pharmacists from a local university to help with its workload too. The RP was supported at the time of the inspection by a team member who had been recruited during the pandemic. But they were due to leave the pharmacy at the end of the week.

Members of the pharmacy team needed to undertake accredited training relevant to their roles. They worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP was responsible for managing the pharmacy and its team. And they supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had an OTC sales and self-care SOP which its team needed to follow. This described the questions the team member needed to ask people when making OTC recommendations. And when they should refer requests to a pharmacist. The pharmacy didn't set targets for its team. And it didn't incentivise its services. Members of the pharmacy team could make decisions to help keep people safe. They could ask the RP questions and familiarise themselves with products when they had the time to do so. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to a plastic screen being installed on the pharmacy counter.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides an adequate environment to deliver it services from. And people can receive services in private when they need to. But its team don’t always have the space they need to work in when it’s busy.

Inspector's evidence

The registered pharmacy premises were bright and secure. And steps were taken to make sure the pharmacy and its team didn’t get too hot. The pharmacy had a retail area, a counter, a small dispensary and a storeroom. Its flooring was worn in places. And some of its fixtures were dated too. The pharmacy didn’t have a consulting room. So, people wanting to have a private conversation with a team member needed to use the storeroom at the rear of the building. The dispensary had limited workspace and storage available. So, items were sometimes stored on the floor behind the pharmacy counter. And worksurfaces in the dispensary could become cluttered when the pharmacy was busy. The pharmacy had a sink. And it had a supply of hot and cold water. Members of the pharmacy team were responsible for keeping the pharmacy’s premises clean and tidy.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy tries to help people access its services. Its working practices are generally safe and effective. And its team is helpful. The pharmacy delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources. And it mostly stores them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. The pharmacy team disposes of most people's waste medicines properly too.

Inspector's evidence

The pharmacy didn't have an automated door. And its entrance wasn't level with the outside pavement. This made it harder for people who found it difficult to climb stairs, such as someone who used a wheelchair, to enter the building. But the pharmacy team tried to make sure these people could use the pharmacy services. The pharmacy had a notice that told people when it was open. And other notices in its window told people about some of the other services the pharmacy offered. The pharmacy had a small seating area for people to use if they wanted to wait. And this area was set away from the counter to help people keep apart. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could advise and help them. And they signposted people to another provider if a service wasn't available at the pharmacy.

The pharmacy offered a repeat prescription collection service. And people could order their prescriptions through the pharmacy. The pharmacy provided a delivery service to people who couldn't attend its premises in person. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The pharmacy supplied COVID-19 rapid lateral flow tests that people could use at home. This was to help find cases in people who didn't have symptoms but were still infectious. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance packs. But it didn't always provide patient information leaflets. So, people didn't always have the information they needed to make sure they took their medicines safely. Members of the pharmacy team didn't always know which of them prepared a prescription too. But they marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting or if other items needed to be added. They were aware of the valproate pregnancy prevention programme. And they knew that girls or women in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer's packaging. But the dispensary wasn't as tidy as it could have been. The pharmacy team checked the expiry dates of medicines when it dispensed them and a few times a year. And it generally recorded when it had done a date-check. But some expired medicines were found on the shelves amongst in-date stock. These were quickly removed during the inspection. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it mostly stored its CDs, which weren't exempt from safe custody

requirements, securely. The pharmacy had procedures for handling the unwanted medicines people returned to it. And these medicines were kept separate from stock or were placed in one of its pharmaceutical waste bins. But some recently received patient-returned CDs still needed to be processed. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a plastic screen on its counter. And its team could restrict the number of people it allowed in the premises at a time if needed. The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had a few glass measures for use with liquids, and some were used only with certain liquids. It had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure they cleaned the equipment they used to measure out, or count, medicines before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked the maximum and minimum temperatures of the refrigerator. But it didn't always record these. The pharmacy had a shredder. So, its team could dispose of confidential waste appropriately. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members made sure their NHS smartcards were stored securely when they weren't working.

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.