

# Registered pharmacy inspection report

**Pharmacy Name:** Tower Pharmacy, 50 Wapping Lane, LONDON, E1W 2RL

**Pharmacy reference:** 1039990

**Type of pharmacy:** Community

**Date of inspection:** 10/06/2024

## Pharmacy context

This is a community pharmacy located within a parade of shops in East London. The pharmacy serves the diverse local population. It mainly dispenses NHS prescriptions which are received electronically. It has recently started providing the new Pharmacy First service. It also provides travel and flu vaccines.

## 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

The pharmacy adequately manages the risks associated with its services. And it keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members respond appropriately when mistakes happen during the dispensing process. People who use the pharmacy can provide feedback. And team members are provided with some training about safeguarding to help ensure that incidents are dealt with appropriately.

### Inspector's evidence

Standard operating procedures (SOPs) were available at the pharmacy. The SOPs were last reviewed in 2021 but some had not been updated to reflect changes that had occurred. For example, the pharmacy team was now using an electronic platform to document dispensing mistakes, but the SOPs referenced a paper record. The pharmacy manager said that the SOPs would be updated. All current members of the team had signed the relevant procedures to confirm that they had read and understood them.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were seen to be documented routinely on an electronic platform. QR codes which were linked to the electronic platform were displayed throughout the dispensary. Team members described documenting their own mistakes and discussing them with the pharmacist and the rest of the team. They described some changes they had made to reduce the risk of mistakes, for example, carrying out an additional check before handing the dispensed medicines to the pharmacist for a final check. Dispensing mistakes which reached people, known as dispensing errors, were also recorded electronically. There had not been any for some time. The pharmacy manager explained that they would conduct a root cause analysis to try and identify any contributing factors and areas for improvement. The team would also be made aware of any errors.

The pharmacy had current professional indemnity and public liability insurance. Two responsible pharmacist (RP) signs were displayed. One was removed during the inspection. Samples of the RP record were in order. Private prescription and emergency supply records were held electronically, and these were in order. A sample of controlled drug (CD) registers was inspected, and these were seen to be well maintained. The physical stock of a CD was checked and matched the recorded balance. Balance audits were conducted regularly.

People were able to provide feedback verbally or online. The pharmacy manager said that team members now tried to communicate clearly if there were stock shortages and contacted GP surgeries to inform them, following some feedback from customers.

All team members had completed the NHS information governance toolkit. They knew the importance of protecting confidentiality, and described ways they did this, for example, confirming the person's details before handing out dispensed medicines. Confidential waste was shredded. Computers were password protected and smartcards were used to access the pharmacy's electronic records. But some team members did not have their own smartcard. The pharmacy manager said they would ensure that all members of the team obtained individual cards.

Members of the team had completed the relevant training on safeguarding children and vulnerable

adults. They were able to describe signs of abuse and steps they would take should they wish to raise a concern. There had not been any safeguarding concerns reported at the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained staff to manage its services safely. Team members are trained to carry out their roles and receive ongoing support to keep their knowledge up to date. And they feel able to give feedback and raise any concerns they may have about the pharmacy.

### Inspector's evidence

On the day of the inspection, there was one dispenser, one apprentice pharmacy technician, a medicine counter assistant (MCA) and the superintendent pharmacist (SI) who was also the RP. Another regular pharmacist also worked on other days. Team members had either completed or were enrolled on a training course with an accredited provider. The team was comfortable with the staffing levels in the pharmacy. And there was also adequate support available if someone was absent due to sickness or holiday. Team members were observed working well together and with people they were serving during the inspection.

The team was provided with ongoing training. It also completed set training as part of the Pharmacy Quality Scheme. The pharmacy had weekly team meetings to discuss performance and receive any pharmacy updates. The dispenser said if there was a new product or service launching, the RP would talk to the team about it. And it also had a shared updates via a mobile telephone communication application. Regular performance reviews were carried out between team members and the SI every few months. Team members felt comfortable about raising any issues they needed or give feedback to the SI.

The team knew what activities it could and could not carry out in the absence of the RP. And team members understood how to appropriately deal with requests for higher risk medicines. The counter assistant explained when they would refer people to the pharmacist for additional advice. Team members were set some performance targets, but this did not affect their ability to provide a safe and efficient pharmacy service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean and secure. There is adequate space for people to access the services the pharmacy provides. And the pharmacy has a consultation room for people to have private conversations with pharmacy team members.

### Inspector's evidence

The pharmacy was generally tidy, and the front fascia was maintained well. It was cleaned by pharmacy team members. The dispensary was quite small, but team members managed the space they had adequately. Medicines were generally stored neatly on shelves, however some medicines were stored very high up and a ladder was required to reach them. There was a clean sink in the dispensary for the preparation of liquid medicines. The lighting and temperature were adequate and there was a thermometer in the dispensary to monitor the ambient temperature. Pharmacy medicines were kept behind the main pharmacy counter.

The pharmacy had a private consultation room which had sufficient space for the provision of services. And there was no confidential information visible. It was unlocked at the time of the inspection, but the pharmacist said when they were not using it, it was kept locked to prevent unauthorised access. There was also a vaccine pod, comprising of an area opposite the consultation room which was curtained off.

## Principle 4 - Services ✓ Standards met

### Summary findings

People can access the pharmacy's services. The pharmacy generally provides its services in a safe way. And it orders its medicines from reputable sources and largely manages them properly. But it does not routinely highlight prescriptions for higher-risk medicines, so it may be missing opportunities to provide additional counselling information.

### Inspector's evidence

Access into the pharmacy was step-free. There was sufficient space in the retail area, and this assisted people with restricted mobility or using wheelchairs. The pharmacy's opening hours were displayed on the window. Pharmacy leaflets outlining the services available were available. The pharmacy team also placed leaflets about some services inside the medicine bags.

The dispensary was relatively small, but workbenches were kept clear and tidy. Baskets were used throughout the dispensing process to separate prescriptions and prevent transfer between people. Dispensed and checked-by boxes were used by team members to ensure that there were dispensing audit trails. Bags of dispensed medicines were stored behind the medicines counter and were not visible to people. Prescriptions were generally dispensed when a person attended and not in advance due to the limited space. Prescriptions were filed in alphabetical order. People were asked to confirm their details when collecting medication.

The pharmacy did not routinely highlight prescriptions for higher-risk medicines, where additional checks may be required. The pharmacy manager said that they would implement changes to ensure that appropriate checks were made and that people receiving these medicines were provided with counselling. Team members had read the MHRA guidance on dispensing sodium valproate and were aware of the need to dispense this medicine in its original packaging.

The pharmacy did not have a system to highlight prescriptions for Schedule 3 and 4 CDs. A prescription for gabapentin capsules dated April 2024, and therefore no longer valid, was found still in the prescription retrieval. The team member covering the medicines counter did not know if the prescription was still valid for supply but said they would check with the dispensary team. The pharmacy manager said that prescriptions for all CDs would be marked to ensure that the appropriate checks were made before the medicine was supplied.

The pharmacy had started the new NHS Pharmacy First service, but uptake had recently slowed down. Any requests for the service were referred to the pharmacist who went through the inclusion criteria with the person. A chart was displayed outlining the inclusion criteria which the team could refer to. Both regular pharmacists had completed the relevant training and were providing all seven pathways of the service. Signed Patient Group Directions (PGDs) and flow charts were available in a folder.

The pharmacists completed annual recertification to provide the travel vaccine service. In-date and signed PGDs were available. The pharmacy was also a Yellow Fever site, and the SI was aware of the need to report the number of yellow fever vaccines administered annually to the appropriate body.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. Stock was generally

stored tidily, but medicines on the higher shelves were stored in baskets, with some baskets containing mixed strengths. This could increase the risk of the incorrect strength of medicine being picked. The pharmacy manager said they would separate these. The pharmacy team said they checked the expiry dates of medicines at regular intervals but did not maintain records. An expired medicine was found on the shelves in a random check in the dispensary. The pharmacy manager said that date checking records would be maintained in the future. The pharmacy fridges contained food which was removed during the inspection. The fridge temperatures were not always monitored daily but records indicated that the temperatures were maintained within the recommended range when they were checked. The pharmacy manager said that the fridge temperatures would be monitored on a daily basis moving forward. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received and actioned via an electronic platform.



Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the services it offers. It largely uses its equipment in a way to ensure people receive safe care and their privacy is maintained.

Inspector's evidence

The pharmacy had access to any online resources it needed via the computers in the dispensary. The computers were password protected to ensure people’s personal details were kept private. And they were not visible to people using the pharmacy. Team members were not always using their own NHS smartcards but said they were in the process of ensuring they had their own going forward.

Electrical equipment had been safety tested in June 2024 and stickers were seen on the equipment to show this. There were three fridges for medicines requiring cold storage. And the pharmacy had a cordless phone available so conversations could be had in private.

The pharmacy had appropriate calibrated measures for measuring liquid medicines. And there were clean tablet counting triangles available. There was a separate triangle for counting cytotoxic medicines. The pharmacy had access to a blood pressure monitor which was calibrated and an otoscope to provide the Pharmacy First service.

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.