

Registered pharmacy inspection report

Pharmacy Name: Lings Chemist, 269 Old Kent Road, LONDON, SE1
5LU

Pharmacy reference: 1040734

Type of pharmacy: Community

Date of inspection: 05/02/2024

Pharmacy context

This pharmacy is located on a busy main road and mainly serves a mixed local population. It mainly provides NHS services such as dispensing and it provides the flu vaccine service and the New Medicine Service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines.

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 appropriately manages the risks associated with its services. It keeps the records it needs to by law, so it can show that supplies are made safely and legally. People who use the pharmacy can provide feedback and raise concerns. And the pharmacy team have an understanding about protecting the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place. Some were due to be reviewed in 2019 whilst others were due in 2023, but they had not been annotated in any way to confirm that this had been done. The superintendent pharmacist (SI) said she would be reviewing all the SOPs. Current procedures had been signed by most members of the team to confirm they had been read and understood. The SI was also in the process of conducting a risk assessment before starting the Pharmacy First service, to ensure that it was provided safely.

The SI had recently introduced an electronic log for recording near misses, where a dispensing mistake was identified before the medicine was handed to a person. Team members said that near misses were discussed weekly or monthly. A team member described some changes that the pharmacy had made in response to near misses, for example, they had separated medicines with similar packaging on the shelves. A procedure was in place for dealing with dispensing mistakes which had reached a person, or dispensing errors. The pharmacy had documented and reported an error where the incorrect medicine had been dispensed. As a result of the dispensing error, the pharmacy had separated the medicines on the shelves and placed warning labels to alert team members. Interventions were also documented, for example, the pharmacy had contacted a GP who had prescribed amoxicillin to a person with a penicillin-allergy.

The correct responsible pharmacist (RP) sign was displayed but it was not visible to members of the public. It was moved during the inspection so that it was visible. Team members understood their roles and responsibilities. RP, private prescription, and emergency supply records were kept in order. Audit trails were maintained for unlicensed medicines. The pharmacy had current indemnity insurance cover. Controlled drug (CD) registers were maintained in accordance with requirements. Random stock checks of two CDs agreed with the recorded balances.

A 'comments and complaints' box was displayed near the medicines counter. It was checked every month and comments were review and retained in a folder. People were also able to raise concerns or give feedback verbally, or online.

Members of the team completed annual training on information governance and the General Data Protection Regulation. Confidential waste was collected in a separate basket and shredded. Computers were password protected and smartcards were used to access the pharmacy's electronic records. There was some sharing of smartcards as newer members of the team had not yet received their individual cards. A consultation room was available for private conversations. Team members said they tried to be discreet when asking people for their details, and paper slips were available should a person prefer to write their details.

Team members had completed the relevant safeguarding training and were able describe the steps they would take if they had a concern about a vulnerable person. The contact details of the local safeguarding were displayed in the consultation room. The pharmacy had not had any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified team members to help manage its workload. The team is well supported in their development and in keeping their knowledge and skills up to date. And they feel comfortable to provide feedback or raise concerns.

Inspector's evidence

During the inspection the pharmacy was staffed by the SI, two other pharmacists, two dispensers, a trainee dispenser, and a medicine counter assistant. The pharmacy also employed another dispenser and an accuracy checking technician. The team was up to date with its workload and team members were suitably qualified or enrolled onto the relevant training course for their role. Some members of the team had been working at the pharmacy for over 20 years. The current owner, who was also a pharmacist, had owned the pharmacy for 40 years and knew the local community well. The SI said that both directors of the company went out of their way to help people, even with non-pharmacy related issues, such as hospital appointments or paying bills.

All team members wore lab coats and name badges. They were observed working well with each other, in an organised manner. Each member had clear tasks and responsibilities, such as dispensing prescriptions, assembling multi-compartment compliance packs or sorting the delivery.

The SI provided all members of the team with training material monthly. She kept a record of all training modules completed by each member. Some examples of recent training included cough and cold, constipation, haemorrhoids, skincare, and cancer. Team members also had access to online modules from an independent provider. They were involved in organising health promotions and campaigns and completed the relevant training to be able to provide people with up-to-date advice to people. The MCA was observed asking several questions before selling Pharmacy-only medicines (P-medicines) and said that the sale of some medicines was restricted, such as those that were liable to abuse. She described referring to the pharmacist at times, for example, if a person had other pre-existing medical conditions.

Performance was discussed informally. Team members said that they openly discussed any issues or concerns with the pharmacists. They were able to ask for additional support or training if they needed, and said they worked in a supportive environment. Targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member.

Inspector's evidence

The pharmacy was clean and tidy. Fixtures and fittings were well maintained to a level of hygiene suitable for the provision of its services. There was sufficient workspace with designated areas for certain tasks, such as checking prescriptions and assembling multi-compartment compliance packs.

Two clean sinks were available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. A staff room and toilet were available for the pharmacy team. General cleaning was done by members of the team. The ambient temperature and lighting were suitable for the services provided. P-medicines were stored behind the medicines counter. Protective toughened glass screens were fitted at the counter.

A spacious consultation room, with access from the retail area or dispensary, was available for services and it was suitable for private conversations. The door from the retail area was kept locked when the room was not in use. The pharmacy had a spacious basement which was used to store paperwork and excess stock.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes sure that people with different needs can access its services. The pharmacy supplies its medicines safely to people. And team members take steps to identify people prescribed high-risk medicines to help ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and checks them regularly to ensure that they are still suitable for supply.

Inspector's evidence

Access into the pharmacy was step-free. The retail area was spacious and open, and this assisted people with restricted mobility or using wheelchairs. Team members spoke several languages including Arabic, Creole, Cantonese, French, Hakka, Tagalog, Telugu, Bengali, Urdu, and Swahili, and translated for people when needed. A hearing loop was available and team members describing writing notes for people who had hearing difficulties. The pharmacy ran health promotion campaigns throughout the year, and this involved updating a large board in the retail area with information on the various topics, for example, alcohol, healthy weight, smoking, and mental health. Team members took the opportunity to advice people on these topics and signpost them to other, relevant service providers. The pharmacy had a signposting folder which contained the details of other providers. The SI said that the folder was updated on a regular basis.

Dispensing audit trails were maintained to help identify who was involved in dispensing and checking a prescription. Members of the team were observed confirming peoples' names and addresses before handing out dispensed medicines. Baskets were used throughout the dispensing process to help prevent the mixing of peoples' prescriptions.

Team members were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group and said they would dispense this medicine in its original pack. A poster was displayed in the dispensary to remind team members about the guidance. The shelf where the valproate medicines were stored was also marked with an alert to only dispense this medicine in its original pack. Leaflets were available and these were placed near the medicines. 'Pharmacist consultation required' stickers were available to highlight prescriptions for higher-risk medicines. Leaflets explaining to people that they could return their unwanted medicines to the pharmacy were placed in the bags of medicines awaiting collection.

The multi-compartment compliance pack service was well managed. Packs were assembled on a separate workbench and stored on designated shelves whilst awaiting a check by a pharmacist. Prepared packs observed were labelled with product descriptions and patient information leaflets were seen to be supplied. The pharmacy had clear audit trails for the service to help keep track of when people were due their packs and when their prescriptions were ordered. Individual cards were created for each person receiving the packs and these detailed the medicines, their timings, and any additional information. Hospital discharge notes were seen to be retained and the SI said that the person's GP practice was contacted to make sure they were aware of any changes. The pharmacy contacted people with dementia to remind them when to collect their packs.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and

medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals and kept a record. No expired medicines were found on the shelves in a random check in the dispensary. Fridge and room temperatures were checked and documented daily. The pharmacy received drug alerts and recalls electronically kept a record of any action taken in response to these.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had several glass measures, with some used to measure certain liquids only. There were clean tablet counting triangles. There was a large pharmaceutical fridge, and this was clean and suitable for the storage of medicines. Waste medicine bins, destruction kits, and sharps bins were used to dispose of waste medicines, CDs and needles respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.