

Registered pharmacy inspection report

Pharmacy Name: Warwick Pharmacy, 34-36 Warwick Way, LONDON, SW1V 1RY

Pharmacy reference: 1041009

Type of pharmacy: Community

Date of inspection: 18/02/2020

Pharmacy context

This is a busy community pharmacy situated in central London close to Victoria station. People who visit the pharmacy usually live or work locally, but it is also frequented by tourists. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines, and health and beauty products. It supplies some medicines in multi-compartment compliance aid packs, to help make sure people take them at the right time, and it has a home delivery service. The pharmacy provides several other services including substance misuse treatment and needle exchange, smoking cessation, New Medicine Service (NMS) and the Community Pharmacist Consultation Service (CPCS). The pharmacy also offers Lipotrim weight loss, seasonal flu vaccinations and it has a travel clinic. It works in association with CityDoc offering vaccinations, and sexual health and blood testing. And it offers on site private GP consultations with Medicspot. An independent osteopath clinic operates in the pharmacy's basement; this service was not inspected.

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	4.1	Good practice	The pharmacy offers a wide range of services which are easy to access.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy manages the risks associated with its services reasonably well, and the team takes action to improve patient safety. It keeps people's information safe and it maintains the records it needs to by law. The pharmacy team members understand how they can help to protect the welfare of vulnerable people. And the pharmacy has written procedures to make sure the team works safely. But team members do not always receive training on these procedures, so they might not always work effectively or fully understand their responsibilities.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the main operational tasks and activities. Some new versions had recently been introduced and the pharmacist said they were due to be implemented. Old versions of the SOPs indicated that team members did not always receive specific training on the procedures, as they had not signed to indicate they had read and agreed them. So, some team members might not always fully understand their responsibilities or know how to complete certain tasks in the right way. This was apparent as one of the counter assistants was unable to accurately explain the restrictions on over-the-counter codeine-based medicines. This appeared to be an isolated issue, and the pharmacist agreed to revisit sales of medicines procedures with the team.

The pharmacy had risk management processes in place in relation to dispensing processes. Baskets were used to separate prescriptions during the assembly process to prevent them becoming mixed up. All prescription items were subject to a double check by two team members. Dispensing labels were initialled by team members involved in the assembly and checking process, which assisted with investigating and managing any mistakes. Near misses were documented and some recent examples were seen. Learning points were discussed with the team members concerned at the time and reviewed for trends on a monthly basis. The team had discussed minimising distractions when dispensing, such as frequent interruptions to answer the telephone. Dispensing incidents were documented and learning points were shared with the team. The pharmacist reported a recent error that had involved the supply of the wrong form of sulphasazine tablets which she had investigated and resolved. Several team members had completed training on LASAs (look-alike-sound-alike medicines) so they were aware of potential picking errors when dispensing medicines. Annual patient safety reviews were completed.

The regular pharmacists dealt with any complaints directly, and these were usually resolved at the time. The pharmacist said she usually monitored any online reviews in case these indicated areas where they could make service improvements. The pharmacy had received positive feedback in the last patient satisfaction survey which was available on www.NHS.uk. The pharmacy also participated in a mystery shopper scheme.

The pharmacy had professional indemnity insurance arranged with the NPA and a current certificate was provided. A responsible pharmacist (RP) notice was displayed and an RP log was appropriately maintained. Team members could explain their role and worked within their competence. Prescription supplies were recorded using a recognised patient medication record system (PMR). The team maintained all the other records required by law, including private prescription and emergency supply

records, controlled drugs (CD) registers and specials records. A sample of records checked were found to be in order.

Team members understood the principles of data protection and confidentiality and they used individual NHS smartcards to access NHS data. A leaflet was available explaining how people's personal data was safeguarded. Confidential paper waste was segregated and shredded. Confidential material was suitably stored and not directly accessible to the public. People provided signed consent for services such as vaccinations. A chaperone policy was in place.

The pharmacists had completed level 2 safeguarding training, and the pharmacy had safeguarding procedures and guidance. So, team members were aware of potential issues and what signs to look for. Local safeguarding contacts were accessible, but the pharmacist said most safeguarding concerns were discussed with the patient's GP or treatment provider in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the right qualifications for the jobs they do, and they get some ongoing training to help them keep up to date. The team members work well together, and they are comfortable providing feedback to their managers.

Inspector's evidence

It was a family-run business. The superintendent and his pharmacist daughter, who worked full-time as one of the regular responsible pharmacists, managed the pharmacy between them. Usually two pharmacists worked on weekdays, so the team were able to offer the additional services whilst maintaining the prescription service. In total, the pharmacy had four regular pharmacists to ensure the extended opening hours were always covered.

At the time of the inspections the pharmacy manager was working alongside a second pharmacist, a dispenser, two counter assistants, and a pharmacy graduate from Hungary on an Erasmus exchange programme who was undertaking work experience. The superintendent arrived towards the end of the inspection as was providing ad-hoc support on the counter. The team managed the workload throughout the inspection without any issues. Prescriptions were usually supplied in a timely manner. Team members worked under the supervision of the pharmacist. Staff holidays were planned so there was sufficient cover and ad-hoc support could be requested from the owner's other pharmacy which was located across the road.

The pharmacy employed eight support staff in total including a delivery driver and a pharmacy technician. All team members had completed or were enrolled on accredited training courses relevant to their role. Some training certificates were seen, and team members could explain what training they had completed. The dispenser was being supported to complete an NVQ3. She said she completed most of this at home as it was hard to find training time during the working day. Some of the pharmacy team members had recently completed training on subjects such as dry January and sepsis, and the pharmacy used training material provided by Alphega and Avicenna. Both regular pharmacists were accredited to provide the additional services such as CityDoc and travel services under patient group directions (PGDs).

The team members felt supported and able to raise issues with the pharmacist or superintendent if needed. The pharmacist said all team members had contracts, appraisals and there was a staff handbook with employment information. Whistleblowing was covered in an SOP. Some commercial targets relating to the pharmacy's services were set for the team, but the second pharmacist who was recently qualified, felt able to exercise her professional judgement, and did not feel pressurised to offer services that were not relevant to the patient.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean and provide a safe, secure and professional environment for people to receive healthcare services from. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a spacious retail unit alongside other local shops. The pharmacy was bright and professional in appearance. The pharmacy was clean and tidy and generally well maintained. Air conditioning maintained the ambient room temperature. A consultation room was accessible from the retail area and could be used for additional services and confidential conversations. It was reasonably spacious and suitably equipped with a desk and two chairs, as well as a work bench, sink and storage cupboards.

There was sufficient bench space in the open plan dispensary. Separate areas were used for different activities. There was a dispensary sink for medicines preparation. Stairs led to a large basement with office space, staff rest areas, and stock rooms. The pharmacy's website www.warwickpharmacy.net had some basic information about the pharmacy and its services. Some details were missing but the pharmacist said the website was being updated and would incorporate these. It did not offer any medicines for sale. An osteopath clinic operated from a room in the basement with adjacent waiting area. This service was not operated by the pharmacy and so was not inspected.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a wide range of healthcare services which are easy for people to access. Its working practices are generally safe and effective, so people receive appropriate care. The pharmacy stores its medicines appropriately and the team carries out some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open seven days a week so most of the services were easy to access. Entrance to the pharmacy was unrestricted as it had a level threshold and an automated door. Various visual displays and leaflets provided information about the pharmacy's services. The pharmacy had a healthy living status and relevant health promotional material was available. Pharmacists provided frequent counselling and advice. Staff were able to signpost people requiring other healthcare services to various providers in the locality, and some signposting incidents were recorded. The pharmacist reported a close working relationship with the local surgeries and the drug and alcohol team. The pharmacy offered text reminder and home delivery services. Signatures were obtained from the recipient to provide an audit trail for deliveries and signatures were obtained.

Prescription medicines were appropriately labelled, and forms were retained for reference until dispensed medicines were collected. Notes were added to prescriptions to indicate when extra counselling was needed. Interventions were usually recorded on the PMR. The pharmacists were aware of the risks associated with the use of valproate during pregnancy, and they knew that any such patients should be counselled, and educational material was available to supply.

The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for a large number of people, who were usually referred by their GP. Each patient had a record showing their current medication and dosage times. This information was checked against repeat prescriptions and any changes would be confirmed with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified, and patient information leaflets were routinely supplied. Packs were prepared according to the individual patient's need and any concerns were discussed with their GP. The pharmacy routinely provided NMS and CPCS. Pharmacists could access Summary Care Records if people consented, but the pharmacists regularly consulted with people's GP when they needed to resolve prescribing issues.

The pharmacy offered supervised consumption of substance misuse treatments over six days, and needle exchange was offered during the week. Doses were usually prepared in advance and concerns or missed doses were reported to the prescriber. Needles were deposited directly into sharps bins to minimise handling.

People could book appointments for travel and vaccination services online, though they could sometimes be offered walk-in appointments if two pharmacists were present. The pharmacy provided a full range of travel vaccinations and malaria prophylaxis, including yellow fever vaccinations under PGDs. And the pharmacist had PGDs which enabled them to supply of other lifestyle medications such as treatments for erectile dysfunction. PGD consultations and any supplies were documented. The

pharmacist was a smoking cessation advisor and provided this service in association with Kickit.

CityDoc appointments were booked online. Consultations for vaccinations were undertaken by Citydoc personnel who notified the pharmacy if a service was required and they issued a prescription if necessary. People then visited the pharmacy to have vaccines administered or blood tests or health screening. The pharmacists were trained phlebotomists and they undertook blood tests and sexual health screening on behalf of Citydoc. People who needed to consult a doctor could access the Medicspot private GP service. Consultations were usually conducted via video chat using a laptop in the consultation room. If a prescription was issued, it was sent electronically to the pharmacy to be dispensed and supplied. Both the CityDoc and Medicspot services were registered with the Care Quality Commission.

Medicines were obtained from licensed wholesalers. Stock medicines were stored in the dispensary in an organised manner. Excess stock of fast-moving lines was stored in a locked room in the basement. This room was also used to store wholesale stock, but it was segregated from pharmacy stock. Regular expiry date checks were carried out and checks were usually recorded. A random sample of stock was checked, and no expired medicines were found except an open bottle of methadone concentrate which had not been dated in accordance with its limited expiry. Some short-dated stock had been highlighted. The pharmacy was not compliant with the Falsified Medicines Directive; however, solution options were being considered. Cold chain medicines were stored in fridges. They were equipped with thermometers, and the maximum and minimum temperatures of the fridges were recorded daily and were within the required range. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Controlled drugs were appropriately stored in standard cupboards. Patient returned CDs and their destruction were recorded in a dedicated register. Obsolete CDs were segregated but they had accumulated, and a destruction was needed. Other waste medicines were disposed of in bins that were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail from the MHRA. The e-mails were checked daily by one of the pharmacists and records were usually kept showing that they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is appropriately maintained so that it is safe to use, and team members use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and various reference books were in use, including a current BNF. A range of crown stamped conical measures were available including some that were used only for the measurement of methadone. Disposable containers were used for dispensing purposes. Counting triangles and gloves were used so medicines were not directly handled. Blood testing and vaccination sundries, including an anaphylaxis kit were available. Medicspot provided and maintained the diagnostic equipment, such as a stethoscope and blood pressure monitor, which were used alongside this service.

All electrical equipment appeared to be in good working order. Computer systems were password protected. There were four terminals in the dispensary and one in the consultation room, which was in keeping with the workload. The pharmacy had five fridges for storing medicines and three CD cabinets. The dispensary afforded reasonable privacy for the dispensing operation. It was open-plan but telephone calls could be taken out of earshot of the counter if needed. The consultation room was used for services and confidential discussion.

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.