

Registered pharmacy inspection report

Pharmacy Name: Medirex Pharmacy, 28 & 29 Wilcox Close, Lambeth,
LONDON, SW8 2UD

Pharmacy reference: 1041079

Type of pharmacy: Community

Date of inspection: 08/08/2022

Pharmacy context

This pharmacy shares its premises with an optician. It is located within a parade of shops, and opposite a GP surgery, in a residential area. The pharmacy dispenses medication against prescriptions and provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. The pharmacy serves a mixed local population.

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 adequately manages the risks associated with its services. And it generally keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members generally respond appropriately when mistakes happen during the dispensing process. But they do not always record dispensing mistakes and near misses in detail. So, they might be missing opportunities to learn and make the services safer.

Inspector's evidence

The superintendent pharmacist (SI) said that it had been a struggle during the height of the pandemic as people were panicking and there were staff shortages for several months. He had booked additional pharmacist cover to cope with the additional pressure and workload. Some services had been suspended, for example, stop smoking and supervised consumption. Screens had been fitted at the front counters and personal protective equipment (PPE) was made available for the team. The pharmacy was spacious with ample space to support safe distancing measures, nonetheless, the pharmacy limited the number of people allowed in at the same time. The SI had completed a Covid-19 staff risk assessment and had implemented some changes, such as safe distancing practices and improving ventilation at the pharmacy.

Standard operating procedures (SOPs) were available at the pharmacy. Not all current members of the team had signed the relevant procedures to confirm that they had read and understood them. The SI said that most team members were new and were in the process of reading the relevant SOPs. The SOPs had been prepared in 2021 and were reviewed every two years by the SI. Responsibilities of team members were listed on individual SOPs. The SI said that the pharmacy had a business continuity plan in place but could not find it during the inspection. A copy of this was sent to the inspector following the inspection.

A small number of dispensing mistakes which were identified before the medicine was handed to a person (near misses) were seen to be documented electronically. Details of the medicine were not included in the near miss record which may make it difficult for the team to identify any patterns or trends. The SI said that the pharmacy team discussed why a near miss had occurred and how it could be prevented in the future but did not have a formalised review process. Some medicines which looked or sounded alike, for example, amlodipine and atorvastatin, were separated on the shelves. The SI added that the bagging up process had been modified so that the pharmacist was now responsible for bagging up fridge lines and controlled drugs (CDs) after some had been left out. Dispensing mistakes which reached people (dispensing errors) were also documented electronically though in not much detail. The SI had presumed that the patient medication record (PMR) system automatically reported these on the National Reporting and Learning System (NRLS) but had recently found this to be incorrect. He said he would report any future mistakes directly on NRLS.

The pharmacy had current indemnity insurance cover. A responsible pharmacist (RP) sign was not displayed. The SI explained that this had been removed by builders and not replaced. He placed another sign during the inspection. Samples of the RP record were generally well maintained. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for private prescriptions and emergency supplies. A sample of the

electronic CD registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance.

People were able to give feedback or raise concerns verbally. The pharmacy normally conducted annual patient satisfaction questionnaires but had not done these since the start of the pandemic. The SI said he always informed people that they could provide feedback throughout the year and not just whilst the pharmacy was handing out the surveys.

Members of the team had been briefed by the SI about protecting people's confidentiality. The SI said he would arrange for more formalised training. Confidential waste was shredded at the pharmacy and computers were password protected. Smartcards were used to access the pharmacy's electronic records, but these were not always stored securely. The SI said that people were signposted to the consultation room if they wanted to have a private conversation.

The SI and trainee pharmacist had completed the Centre for Pharmacy Postgraduate Education module on safeguarding children and vulnerable adults. Other team members had not completed any training and were not aware of the local safeguarding team. Lambeth child protection policies and procedures were available at the pharmacy. The SI said he would review these to check they were up to date and ensure that the staff read and understood them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to adequately manage its workload. Team members have access to some training material to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy was staffed by the SI, a trainee pharmacist and two assistants. A trainee dispenser also worked two days a week. The assistants had recently been employed, one covered the counter and the other worked in the dispensary. One of the assistants had worked as a pharmacist in Nigeria and said that he was familiar with medicines and processes at the pharmacy. The SI used a locum agency to book additional pharmacist or technician cover, as and when needed.

The assistant covering the counter described asking one question before selling pharmacy-only medicines. She would then suggest a medicine or ask the SI. She was familiar with medicines which could be abused, such as codeine-containing medicines and sleeping tablets. The medicine counter was located just in front of the dispensary so the SI could observe the sales of medicine. The assistant had received some verbal training from the SI, and this had covered customer service, taking in prescriptions, handing out medication and assembling multi-compartment compliance packs. She was not aware of the RP requirements and was not entirely sure of the tasks she could or could not do in the absence of the RP. The SI said that he would provide her with the relevant training. The other assistant had started working at the pharmacy six weeks ago. He had been briefed on the processes at the pharmacy by the SI and said he regularly checked the BNF and read online articles.

The SI said that he went through an induction checklist with all new members of staff which covered the dispensary set up, housekeeping, patient safety, confidentiality, systems, and processes. Team members were not provided with training material at this stage. Team members were generally not provided with set study time and were expected to complete training modules at home. They could access online resources including the BNF, medicines compendium, Martindale's, and drug interaction sources. The SI confirmed that he had enrolled both assistants onto suitable courses following the inspection.

Performance reviews were not formalised, but the SI regularly gave team members feedback on how they were doing and any areas for improvement. He was looking to introduce annual reviews once team members settled in. Targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure, generally clean and maintained to a level of hygiene appropriate for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

This was a spacious pharmacy with ample space in the dispensary and retail area. The SI was planning a full refit in the near future which included fitting a dispensing robot. There were three consultation rooms, one was used by the pharmacy team, another by an osteopath and the third would be used by a doctor in the future. The doctor had applied for CQC registration. The rooms were all fitted with Digi-locks.

There was a spacious storage room behind the dispensary which was used by the pharmacy and optician (the optician was part of the same company). Another smaller room was used to store waste medicine bins. A staff toilet was available.

There were two front counters, one was the pharmacy's medicine counter, and the other was the optician's counter. These were clearly signposted. There were several chairs in the retail area for people wanting to wait. A barrier was placed to prevent people from accessing the dispensary or consultation rooms. Sinks were fitted in the dispensary and consultation rooms.

There had been a leak in the ceiling. This was due to be fixed during the refit. The dispensary was generally tidy, but some shelves were dusty. The SI said that the cleaning was done daily but this would be reviewed to ensure it was done better. The ambient temperature and lighting were suitable for the services provided. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. Overall, the pharmacy provides its services safely. And it orders its medicines from reputable sources and largely stores them properly. But it does not always remove date-expired medicines in a timely manner which may increase the likelihood of supplying medicines past their use-by date. And it does not routinely highlight prescriptions for higher-risk medicines, which could mean that it misses out on opportunities to speak with people collecting these medicines.

Inspector's evidence

Access into the pharmacy was via two wide, automatic doors. Both were step-free. There was ample space in the retail area, and this assisted people with restricted mobility or who used wheelchairs. The SI said that the team were approachable and tried to accommodate people, for example, by talking slower and more clearly to people with hearing problems. Services were currently not advertised or promoted at the pharmacy. The SI said that a practice leaflet was available previously, but this had not been updated. He would arrange for this to be updated and displayed for people. He was also looking to advertise services online and by using electronic boards at the premises. The team described signposting people to other service providers, for example, to clinics for diabetic eye checks, NHS walk-in centres and NHS111.

There was sufficient workspace and baskets were used to separate prescriptions and prevent transfer between people. Dispensing audit trails were not always completed to help identify who dispensed and checked medicine.

The SI said that he was planning on fitting a dispensing robot due to staffing issues the pharmacy had experienced throughout the pandemic and recently. He had not completed a risk assessment for the dispensing robot but said that he would. He added that he would minimise disruption to services by keeping dispensing services separate to the robot fitting area and by ensuring that there was sufficient staff cover.

The assistant covering the dispensary said he would check if people in the at-risk group and taking valproate were aware of the risks. He was not entirely sure of the information and resources to provide to them and said that he would always refer these prescriptions to the SI. The SI said that information cards and leaflets were normally available, but these could not be found during the inspection. He said he would order more in and ensure that team members read and understood the guidance. The team checked if people taking higher-risk medicines, such as lithium and warfarin, were being monitored though this was not documented. The SI said that INR levels were previously recorded but most prescriptions were now received electronically, and the person was not present when their prescription was dispensed. He said that the team could ask for this information and provide advice at hand-out instead. The pharmacy did not routinely highlight prescriptions for higher-risk medicines, and so the team may find it harder to identify people taking these medicines. And the pharmacy did not highlight prescriptions for Schedule 3 and 4 CDs, which could make it hard for the team to know if the prescriptions were still valid.

The pharmacy had signed up several new people on the multi-compartment compliance pack service as

another local pharmacy had stopped providing these. The SI said that most people were signed onto the service following GP referral. Prescriptions were ordered one week in advance, and these were checked against the person's medication record upon receipt. Any discrepancies or changes were confirmed with the person's GP. People were also asked to confirm any changes at hand-out. The SI picked the medicines from the shelves and the assistant assembled the trays. These were then checked and sealed by the SI. The prepared packs were not labelled with product descriptions to help people identify their medicines, but patient information leaflets were seen to be routinely supplied. The backing sheets were kept loose inside the trays which could increase the likelihood of people misplacing them.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. Medicines were not always stored tidily on the shelves. Several medicines in amber bottles were found in two baskets on the workbench and these were not labelled with batch numbers or expiry dates. The SI said they were for disposal. The pharmacy team said they checked the expiry dates of medicines at regular intervals but could not find the pharmacy's date-checking records. Some out-of-date medicines were found mixed in with stock. And two amber medicine bottles containing loose tablets were found on the shelves, and they had not been labelled with batch numbers or expiry dates. All were removed and disposed of during the inspection. Waste medicines were placed in designated bags and these were collected every three months by an approved waste contractor. The fridge temperatures were monitored daily. Records indicated that the temperatures were maintained within the recommended range. The SI said that drug alerts and recalls were received electronically and actioned, but audit trails were not maintained. The SI said that he would document any action taken in response to alerts and recalls in future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had several glass measures and two plastic measures. The plastic ones were disposed of during the inspection. There were several triangles for counting tablets, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. There were two fridges, one was in the dispensary and was used to store dispensary stock, and another was in the storage room and was used to store dispensed medicines and food. The SI said that the food would be removed from the fridge. The tablet de-blistering device was cleaned every time it was used for a multi-compartment compliance pack. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs 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.