

Registered pharmacy inspection report

Pharmacy Name: Kingshield Pharmacy, 387 Brixton Road, LONDON, SW9 7DE

Pharmacy reference: 1041083

Type of pharmacy: Community

Date of inspection: 19/05/2021

Pharmacy context

This pharmacy is situated on a busy high street. The pharmacy dispenses medicines mainly to people residing locally. It supplies medication in multi-compartment compliance packs to people who need help managing their medication. The pharmacy also offers a delivery service and a Covid-19 'fit-to-fly' testing service. This inspection was undertaken during the Covid-19 pandemic.

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 generally manages risks appropriately to make sure people are kept safe. It keeps the records it needs to by law. So, it can show that supplies are made safely and legally. Team members get training so that they know how to protect vulnerable people. But the pharmacy does not always record mistakes that occur during the dispensing process. This may mean that team members are not able to spot patterns in mistakes and they may be missing opportunities to make the pharmacy's services safer. The pharmacy generally manages and protects people's confidential information appropriately. But it could do more to make sure that people's personal information is protected properly at all times.

Inspector's evidence

Standard operating procedures (SOPs) were available at the pharmacy. Not all current members of the team had signed the relevant procedures which may make it difficult to ascertain if they had read and understood them. The SOPs were due to be reviewed in 2020 but this had been delayed due to the Covid-19 pandemic. The pharmacist said she would be reviewing them soon.

The pharmacy had made several changes in response to the pandemic. Signage was displayed to help remind people of the restrictions and screens were fitted at all counters. Personal protective equipment (PPE) and hand sanitizers were available for the team. A staff risk assessment had been done and members of the team carried out Covid-19 lateral flow tests twice a week.

The pharmacist said that dispensing mistakes which were identified before the medicine was handed to a person (near misses) were discussed but not always documented. The last near miss recorded had been in 2019. The pharmacist described several changes which the team had made in response to near miss misses, for example, labelling the drawers with their contents and separating certain medicines, such as ramipril 1.25mg and 2.5mg capsules.

The pharmacist said that dispensing mistakes which reached people (dispensing errors) would be recorded on a form and reported on the National Reporting and Learning System. There had not been any dispensing errors for some time.

Team members understood their roles and responsibilities and were aware of the tasks they could and could not carry out in the absence of the Responsible Pharmacist (RP). The correct RP notice was displayed, and a sample of the electronic RP record seen was in order. Other records required for the safe provision of pharmacy services were completed in line with legal requirements, including those for unlicensed medicines, emergency supplies and private prescriptions. A sample of controlled drug (CD) registers was inspected and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance. The pharmacy had current professional indemnity and public liability insurance.

The pharmacy conducted annual patient satisfaction survey, but it had not completed one the previous year due to the pandemic. The pharmacist said that the pharmacy team encouraged feedback from people and took it on board. For example, the pharmacist tried to acknowledge people as soon as they came in, particularly if there were queues.

Members of the team had completed training on protecting people's confidentiality and the General Data Protection Regulation. Confidential waste was collected by a licensed waste carrier, computers were password protected and smartcards were used to access the pharmacy's electronic records. Some confidential information was kept in the unlocked consultation room, but this was removed at the time of inspection. The need to ensure confidential information was held securely was discussed with the pharmacist during the inspection. Team members described asking people to confirm their details rather than team members reading them out aloud.

Members of the team were in the process of completing refresher training on safeguarding vulnerable people, which included training on suicide prevention. The pharmacist describing an incident which had been reported to the local safeguarding team and documented at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members work well together and complete some ongoing training to help keep their knowledge up to date. They feel comfortable about raising any concerns, and they manage the pharmacy's workload well. Staff generally do the right training for their roles. But they do not always start and complete the right training courses in a timely manner.

Inspector's evidence

During the inspection there was a regular pharmacist, an assistant covering the retail area, an assistant covering the medicines counter and an apprentice medicine counter assistant (MCA). The pharmacy also employed a pharmacy technician. The assistant covering the medicines counter had been employed for 19 years and was involved in selling Pharmacy-only medicines (P-medicines). She had been enrolled onto the medicine counter assistant course over three years ago but had not completed it and the course had now ended. Following the inspection, the pharmacist provided evidence of the assistant's enrolment onto a new counter assistant course. The retail assistant was not involved in the sale of medicines. But she had also been enrolled onto the course, should the need for additional cover arise in the future.

The pharmacy's contingency plan had been updated. The pharmacist said that most staff worked part time and could work additional hours if needed. Locum pharmacists could also be booked in to cover. The pharmacy was relatively busy during the inspection, but the team managed the workload well and had good rapport with people.

The assistant covering the medicines counter described asking several questions before selling P-medicines. She also described referring to the pharmacist or refusing sales, for example, multiple requests for medicines with risks of addiction. She said she kept her knowledge up to date by reading pharmacy magazines and product booklets and leaflets. The apprentice MCA, who had started at the pharmacy one month ago, will be attending college once a week. She had been briefed on processes at the pharmacy and was in the process of reading the SOPs. She felt supported by the team and confident in starting lessons at the college, as she had learnt a lot since starting at the pharmacy.

Performance was managed informally. The assistant and apprentice counter assistant reported that they felt comfortable to approach the SI and regular pharmacist with any issues regarding service provision. Targets were not set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the services offered and they are kept secure. People can have a conversation with a team member in a private area.

Inspector's evidence

This was a large pharmacy. It was clean and maintained to a level of hygiene appropriate for the provision of healthcare. There was ample work and storage space. There were items on the dispensary floor which presented tripping hazards for the team. The pharmacist said these would be removed.

The consultation room was spacious and easily accessible, though some confidential information was stored in the unlocked room. This was removed at the time of inspection. The room allowed a conversation at a normal volume to take place inside which would not be overheard. A storage room was located behind the consultation room. This was used to store excess medication. Another small storage room was located in the retail area, just opposite the dispensary.

An office was located behind the dispensary, but it was cluttered and untidy. The pharmacist said that the room would be tidied. The ambient temperature and lighting were adequate for the provision of services. Air conditioning was available to help regulate the temperature. The pharmacy was secure from unauthorised access. Plastic screens had been fitted at the counters in response to the Covid-19 pandemic. Members of the team cleaned the pharmacy daily to help prevent cross-infection, including disinfecting worktops and door handles. They described washing their hand frequently and using hand sanitizers. Signs were displayed reminding people to wear face masks and to maintain a safe distance.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy has some systems in place for making sure that its services are organised. People taking higher-risk medicines are generally provided with the information they need to take their medicines safely. The pharmacy orders its medicines from reputable sources and largely manages them properly. But it does not always label medicines removed from their original packaging appropriately. This could mean that appropriate action cannot always be taken in response to batch recalls or other safety alerts.

Inspector's evidence

There was step-free access into the pharmacy and ample space in the retail area and consultation room for people with wheelchairs. Services were listed on the window and the pharmacy's NHS webpage. Leaflets were available in different languages and some members of the team were multilingual. The pharmacist was observed signposting people to another local pharmacy which provided the Covid-19 vaccine.

Dispensing audit trails to identify who dispensed and checked medicines were seen to be completed during the inspection. Baskets were used to separate prescriptions and prevent transfer of medicines between patients.

Medicines were delivered to people's homes by the delivery person. People were asked to sign a delivery sheet which comprised of bag labels for various people. The risks of sharing people's confidential information were discussed, and the pharmacist said she would review the delivery record.

Prescriptions for medicines awaiting collection were stored in alphabetical order. Two prescriptions for Schedule 4 CDs, one of which was no longer valid, were found in the retrieval system. But the prescriptions had not been highlighted to indicate that the medicines included CDs. This could increase the risk of supplying CDs past the valid date on the prescription.

The pharmacy team prepared multi-compartment compliance packs for people who needed help managing their medicines. Each patient had their own record sheet which detailed the medication they were on and their timings. A tracker was updated with dates on which prescriptions were ordered, dispensed and supplied. This helped the team keep track of due dates. The pharmacist had ensured that several members of the team were able to manage this service, after the one dispenser who managed the service had left. Backing sheets were attached to prepared compliance packs and these included a description to help people or their carers identify the medicines. Patient information leaflets (PILs) were not always supplied with each set of compliance packs. This may mean that people do not have access to up-to-date manufacturer's information for their medication.

Three people in the at-risk group received sodium valproate from the pharmacy. All were enrolled onto the Pregnancy Prevention Programme. The pharmacist knew the procedure for supplying this medicine and regularly followed-up with people taking it. Cards and labels were readily available. The pharmacist said she checked if people taking other higher-risk medicines were being monitored regularly and updated the GP surgery if their blood tests had been done elsewhere.

Medicines were obtained from licensed wholesalers and stored appropriately. The pharmacist said that stock was date checked regularly but date-checking records were not maintained. Medicines with a short expiry date were marked with a coloured sticker. Several medicines which had been deblisted and stored in amber medicine bottles were not labelled with batch numbers or expiry dates. These were disposed of during the inspection. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were actioned, annotated and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide the services safely. But it could do more to ensure that its equipment is appropriately maintained.

Inspector's evidence

The pharmacy had a glass measure which was labelled for use with certain medicines, but the label was mouldy. This was shown to the pharmacist at the time of inspection. Following the inspection, the pharmacist said that she believed the markings were traces of ink. It was removed at the time of inspection and the measure was cleaned. The pharmacy also had a plastic measure, but this was disposed of at the time of inspection. Other measures were available, including those for smaller volumes. Clean counting triangles were available, including a separate one for cytotoxic medicines. This helped avoid cross-contamination. The fridge was clean and suitable for the storage of medicines. 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.