General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Boyes; W.J., 61 Balham Hill, LONDON, SW12 9DR

Pharmacy reference: 1041126

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

A community pharmacy set on a parade of shops on a busy road between Balham and Clapham Common. The pharmacy opens six days a week. And most people who use it work or live close by. The pharmacy sells a range of over-the-counter (OTC) medicines and some health and beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to a few people who can't attend its premises in person. The pharmacy provides winter influenza (flu), and travel, vaccinations. And it can supply malaria prevention medicines through its paid-for patient group directions (PGDs). The pharmacy can supply the morning-after pill for free. And it can provide free chlamydia testing kits to certain people. It also offers blood pressure (BP) checks and a substance misuse treatment service.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 has procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has insurance to protect people if things do go wrong. It mostly keeps the records it needs to by law. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. And they try to stop mistakes happening. They understand their role in protecting vulnerable people. And they generally keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these were currently being reviewed. Members of the pharmacy team were required to read and follow the SOPs relevant to their roles. But not all of them had signed the SOPs. The team members responsible for making up people's prescriptions tried to keep the pharmacy's workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing incidents and near misses. Members of the pharmacy team recorded their mistakes. And they discussed and reviewed them periodically with their colleagues to learn from them. They didn't always record the learning points from their reviews. But they tried to stop mistakes happening again. For example, they highlighted some look-alike and sound-alike drugs to help reduce the risks of them picking the wrong medicine from the dispensary shelves.

The pharmacy displayed a notice that identified the RP on duty. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell OTC medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar OTC products to the RP. But their roles and responsibilities weren't clearly defined within the SOPs. The pharmacy had a complaints procedure. Patient satisfaction surveys were done every year. And the pharmacy team asked people for their views. The results of a recent satisfaction survey were available online. People's feedback led to changes in the way the pharmacy team managed its dispensing workload to reduce prescription waiting times.

The pharmacy had insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's controlled drug (CD) register was generally kept in order. And the CD register's running balance was checked monthly as required by the SOPs. The pharmacy used a paper prescription-only-medicine (POM) register to record the emergency supplies it made and the private prescriptions it supplied. But its team didn't regularly record the details of emergency supplies in the POM register. These were generally recorded on the pharmacy's computer. And sometimes the nature of the emergency didn't provide enough detail for why a supply was made. The RP recently made an emergency supply at a patient's request for more than 30 days' worth of medication. The time at which a pharmacist stopped being the RP wasn't always included in the pharmacy's RP records. The pharmacy's records for the supply of unlicensed medicinal products ('specials') didn't always include the date an unlicensed medicinal product was obtained.

The pharmacy had an information governance policy in place. A privacy notice was displayed within the pharmacy to tell people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy had arrangements to make sure its confidential waste was collected and then appropriately destroyed onsite. People's details weren't always obliterated or removed from patient-returned pharmaceutical waste before being disposed of. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 55 hours a week. It dispensed about 4,750 NHS prescription items a month. The pharmacy team consisted of a part-time pharmacist (the superintendent pharmacist), a part-time pharmacy technician, a full-time trainee dispensing assistant, two full-time medicines counter assistants, a part-time delivery driver and a part-time cleaner. The superintendent pharmacist managed the pharmacy and its team. The RP was a locum pharmacist. But he worked at the pharmacy regularly. The RP, the trainee dispensing assistant, one of the medicines counter assistants and the cleaner were working at the time of the inspection. The pharmacy relied upon its team, team members from the company's other pharmacy and locum staff to cover absences.

The pharmacy's team members needed to complete accredited training relevant to their roles after completing a probationary period. They worked well together and supported each other. So, prescriptions were processed efficiently, but safely, and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist. For example, requests for treatments for infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

The pharmacy's team members discussed their performance and development needs throughout the year with their line manager. They were encouraged to train while at work when the pharmacy wasn't busy. Team meetings were held to update staff and share learning from mistakes or concerns. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. They knew how to raise a concern if they had one. And their feedback led to changes to the pharmacy's prescription retrieval system. The pharmacy's team members weren't under pressure to complete the tasks they were expected to do. They were asked to promote the pharmacy's services. But the pharmacy didn't set targets or incentives for them.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides an adequate and a clean environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team. But the pharmacy doesn’t always have the storage space it needs.

Inspector's evidence

The pharmacy was air-conditioned, bright, clean and adequately presented. The pharmacy team and a cleaner were responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. The consultation room was locked when it wasn’t being used. So, its contents were kept secure. The pharmacy’s dispensary had limited storage space. So, some assembled prescriptions, which couldn’t be stored on the dispensary shelves, were stored in boxes on the floor and in the consultation room. The pharmacy’s sinks were clean. The pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services people can access. Its working practices are generally safe and effective. It offers vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it mostly stores them appropriately and securely. Members of the pharmacy team generally dispose of people's waste medicines properly. And they mostly carry out the checks they need to. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy didn't have an automated door. And its entrance wasn't level with the outside pavement. But it had a portable ramp its team could use to help people with mobility difficulties, such as wheelchair users, enter the premises. The pharmacy didn't have any practice leaflets telling people about its services. But it advertised some of its services in-store. And its team was helpful and signposted people to another provider if a service wasn't available. The pharmacy offered a delivery service to a few people who couldn't attend its premises in person. And it kept an audit trail for each delivery.

The pharmacy had appropriate anaphylaxis resources in place for its vaccination services. And the RP was appropriately trained to vaccinate people. People often made appointments for vaccinations. So, the pharmacy team could manage its workload. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated and their consent, an audit trail of who vaccinated them and the details of the vaccine used. The RP asked another appropriately trained team member to check that the vaccine he selected was the correct one before administering it. The pharmacy team made sure the sharps bin was kept securely when not in use. The pharmacy had valid, and up-to-date, PGDs for its vaccination services and for the supply of the morning after pill and malaria prevention medicines. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged. A brief description of each medicine contained within the compliance packs was provided. And patient information leaflets were supplied. But sometimes cautionary and advisory warnings about the medicines contained within the compliance packs weren't included on the dispensing labels. So, occasionally people didn't have all the information they needed to take their medicines safely. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy team downloaded valproate educational materials when these were needed.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. But some pre-packed medicines were found within inadequately labelled containers. Pharmaceutical stock was subject to date checks. But these weren't always documented. The pharmacy team marked short-dated products. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. Members of the pharmacy team were aware of the Falsified Medicines

Directive (FMD). But they weren't decommissioning stock at the time of the inspection. And they didn't know when the pharmacy would become FMD compliant. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had a few pharmaceutical waste bins. But it didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. Its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. And team members made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA to ask for information and guidance. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded each refrigerator's maximum and minimum temperatures. The pharmacy provided BP checks on request. And the BP monitor was replaced about two years ago. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.