

Registered pharmacy inspection report

Pharmacy Name: Spatetree Pharmacy, 113 Sheen Lane, East Sheen,
LONDON, SW14 8AE

Pharmacy reference: 1041144

Type of pharmacy: Community

Date of inspection: 17/04/2019

Pharmacy context

This is an independently owned pharmacy, situated on a shopping parade, opposite a medical centre and close to the centre of East Sheen. The pharmacy processes approximately 12,000 prescriptions per month. As well as the NHS Essential Services, the pharmacy provides Medicines Use Reviews (MURs), New Medicines Service (NMS), Monitored Dosage System (MDS) trays for 160 people, seasonal influenza vaccinations, and a delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy team need to ensure that dispensed prescriptions are stored such that people's information cannot be viewed by other members of the public. The team also needs to ensure that they do not reveal the identity of one person's medication to another.
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 not all met	5.3	Standard not met	Facilities and equipment should be used in a way that will keep people's prescriptions out of view from other members of the public.

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy team identifies and manages risks effectively. And support each other to make sure that the same mistakes are not repeated. But, whilst staff understand their roles in keeping people's private information safe, they do not always consider how this might be affected by the pharmacy layout.

Inspector's evidence

The pharmacy had procedures for managing risks in the dispensing process. All incidents, including near misses, were discussed at the time and recorded. All incidents including concerns raised by the public were generally discussed with the individual involved, as soon as they came to light. The matter would then be discussed within the team to find ways to support each other and to prevent a reoccurrence. Staff had read and signed SOPs relevant to their roles. They worked under the supervision of the Responsible Pharmacist whose sign was displayed for the public to see.

The pharmacy had a documented complaints procedure, and a SOP for the full procedure was available for reference. Customer concerns were generally dealt with at the time by the regular pharmacist, where possible. Formal complaints were recorded and referred to the superintendent, although staff said that complaints were rare. Details of the local NHS complaints advocacy and PALs were available on a leaflet on the counter.

The pharmacy team had a positive approach to customer feedback. A previous survey demonstrated a very high level of customer satisfaction. But, people had also fed back that there was a need for more space in the pharmacy. The pharmacy had not had a refit for many years. Plans were in place to upgrade and improve the premises. However, within the last three months a member of the public had raised a concern with regard to other people being able to hear what was being said when they were collecting their prescriptions. The pharmacy counter area was small, and people were observed to stand close to one another whilst they waited. But, staff had undergone Information governance training. They had read and signed a confidentiality agreement. So were aware of their responsibility to keep people's private information safe.

The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 31st March 2020 when they would be renewed for the following year. Record keeping under standard 1.6 was not inspected.

The pharmacist on duty and the pre-reg technician had completed level 2 CPPE training. Remaining staff had been briefed. All staff had completed dementia friends training. The pharmacy team had not had any specific safeguarding concerns to report. Contact details for the relevant safeguarding authorities were available online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members work well together.

Inspector's evidence

There were sufficient numbers of qualified and skilled staff on hand to manage the workload and deliver services. At the time of inspection, the team consisted of the Superintendent Responsible Pharmacist (RP), a pre-reg, three dispensers, and a medicines counter assistants (MCA). Regular locums were available to cover pharmacists' days off or when additional cover was required. All staff assisted one another to deliver services.

MCAs managed the shop floor and counter with the support of pharmacists and dispensing staff when needed. Staff were observed to have a good working relationship. At the time of the inspection the working atmosphere was comfortable, with all staff fully occupied attending to customers and their allocated tasks. Dispensing staff were observed to consult one another regularly and it was clear that there were regular discussions within the team as to how to improve the quality of services.

Prescriptions were processed in a timely manner and customers were served promptly. The RP was observed, accuracy checking prescriptions, assisting staff and counselling patients. The MCA was observed consulted the RP and dispensing staff when necessary. The team set themselves targets in terms of prescription nominations and prescription numbers. But that their main targets were to provide a good service and complete prescriptions in time for collection or delivery.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and organised. It is suitable for the provision of pharmacy services. But, the layout of the small shop floor area and the location of the consultation room may mean that staff have to take additional steps to ensure that they keep people's information safe.

Inspector's evidence

The pharmacy appearance was that of a traditional community pharmacy. The large window at the front of the premise provided natural light and contributed to the overall brightness of the environment. Aisles were clear and there was a small seating area for waiting customers. It had a small U-shaped area in front of the counter. There was not much space for customers to wait or queue.

There was a consultation room next to the counter for private consultations and additional services such as MURs. But completed prescriptions were store on shelves next the consultation room doorway.

Dispensary benches were tidy and uncluttered and there appeared to be sufficient work surface for the workload. Work surfaces and shelves looked clean. There were several areas of dispensing bench including an island used for different dispensing activities. There were separate areas for Dosset tray dispensing, repeat dispensing and 'walk-in' dispensing. The area of bench space immediately overlooking the counter and shop floor was used for accuracy checking. A combination of drawers and open shelving was used for storing medication. Access to the dispensary was authorised by the Pharmacist.

The pharmacy was adequately lit and ventilated with temperature control systems in place. The pharmacy had a professional, clean, appearance.

Principle 4 - Services ✓ Standards met

Summary findings

In general, the pharmacy has working practices which are safe and effective. But its services may not be accessible for everyone.

Inspector's evidence

A selection of services was advertised at the front window. There was a small range of information leaflets available for customer selection. Wheelchair users could enter the pharmacy via the small ramp at the front entrance. However, access to the consultation room was via a narrow entrance at the side of the counter. This may prove difficult for wheelchair users. This means that they may not be able to access all services such as MURs.

The pharmacy had a repeat prescription collection service and a prescription ordering service for patients who were not able to manage their own prescriptions, such as Dosset tray patients. There was also a delivery service. The pharmacy was open for the same hours as the local health centre hub from Monday to Friday, and for most of the health centre hours on a Saturday. SOPs had been signed as read and understood by staff. There was a clear work flow in the dispensary with designated areas for dispensing and checking prescriptions. There were designated areas for different dispensing tasks. Non-urgent items and baskets with incomplete prescriptions were set aside to await completion. Standards 4.3 and 4.4 were not inspected during this inspection.

Principle 5 - Equipment and facilities **Standards not all met**

Summary findings

In general, the pharmacy has the equipment and facilities it needs to provide its services safely. But, completed prescriptions were stored on shelves near an area sometimes accessed by customers. This means that some people's information may not always be protected.

Inspector's evidence

There were five computer terminals available for use all of which were available for pharmacy services. Three computers were in the dispensary. One was on the counter and another in the consultation room. Computers were password protected and screens were out of view of patients and the public. In general, patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was set aside for shredding. However, bagged up prescriptions were stored on an area of shelving passed by customers entering the consultation room. The details on the prescription bags could potentially be viewed by customers.

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.