

Registered pharmacy inspection report

Pharmacy Name: Touchwood Pharmacy, 240 Streatham High Road,
LONDON, SW16 1BB

Pharmacy reference: 1041183

Type of pharmacy: Community

Date of inspection: 13/03/2024

Pharmacy context

This pharmacy is located on a busy main road, close to several GP practices. It serves a mixed, predominantly ageing, local population. The pharmacy dispenses NHS prescriptions and provides the flu vaccine service and the Pharmacy First Service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines.

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	1.2	Good practice	The pharmacy reviews and monitors its services to make sure they are safe and effective.
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 processes to help identify and manage the risks associated with its services. And it keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members respond appropriately when mistakes happen during the dispensing process. People who use the pharmacy can provide feedback. And team members are provided with some training about safeguarding to ensure that incidents are dealt with appropriately.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were held electronically. Team members could access these procedures via an application on their mobile phone. All team members said that they had read the SOPs at the start of their employment. They were informed by head office when new SOPs were introduced, and were asked to read them within a specific timeframe. Team members were expected to refresh their SOPs training every one to two years.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were recorded both on paper and electronically. A QR code which directed team members to the electronic log was displayed in the dispensary. One of the dispensers was the patient safety lead and reviewed the record at the end of the month. She completed a form which outlined the key patient safety areas which the team needed to work on. She explained that the pharmacy had seen a drop in near misses after team members were briefed to slow down and take short mental breaks when dispensing. The pharmacy had made some changes, for example, highlighting medicines that looked or sounded similar on the shelves, to help reduce dispensing errors. A procedure was in place for dealing with dispensing mistakes which had reached a person, or dispensing errors. The pharmacy had documented and reported a mistake where the incorrect strength had been dispensed. As a result of the dispensing error, the pharmacy had separated the medicines on the shelves.

The incorrect responsible pharmacist (RP) sign was displayed but it was changed during the inspection. Team members understood their roles and responsibilities. RP, private prescription, and emergency supply records were kept in order. Audit trails were maintained for unlicensed medicines. The pharmacy had current indemnity insurance cover. Controlled drug (CD) registers were maintained in accordance with requirements. A random stock check of a CD agreed with the recorded balance.

People were able to give feedback by scanning a QR code which directed them to an online questionnaire. They were also able to leave online reviews or give feedback verbally. Team members said that they tried to resolve complaints in-house.

Members of the team completed annual training on information governance and the General Data Protection Regulation. Confidential waste was stored in a separate bag and collected by an approved contractor. Computers were password protected and smartcards were used to access the pharmacy's electronic records. Team members described speaking discreetly to people or signposting them to the consultation room if they wanted to have a private conversation.

All members of the team had completed the relevant safeguarding training and were able describe the signs to look out for and the steps they would take if they had a concern about a vulnerable person.

They said they would raise concerns to the pharmacist or contact the local safeguarding board. The pharmacy had not had any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to help manage its workload. The team is well supported in their development and in keeping their knowledge and skills up to date. And they feel comfortable to provide feedback or raise concerns.

Inspector's evidence

During the inspection, there was a locum pharmacist, two qualified dispensers, a trainee dispenser, and a pharmacy student. One member of the team was on long term leave, but the pharmacy was otherwise fully staffed. The pharmacy manager had introduced a system to separate script downloading to acute, repeat and multi-compartment compliance packs to avoid confusion as to what needed to be prioritised. This helped the team managed their workload.

Team members had access to ongoing training via an online platform and were reminded to complete their modules by the pharmacy's head office. Team members also communicated with each other via a mobile telephone application and reminded each other to complete the relevant training. They had recently been asked by their head office to upload certificates for the e-learning module they had completed on antibiotic waste, unused inhaler waste and infection prevention.

The pharmacy student knew what questions to ask before selling Pharmacy-only medicines and said that he asked for support from senior staff if necessary. He had started working at the pharmacy two days ago and had so far been trained by observing other team members.

Formal appraisals were done annually. Team members had the opportunity to provide feedback to senior management. The owners of the pharmacy also visited the pharmacy weekly and were open to advice from the team.

Staff huddles were held once a month, where the team discussed what was and what was not working. The team appeared to be working well together and communicated effectively. Team members had a good understanding of the services available at the pharmacy and had a polite and attentive manner with people. Targets were set for the team, for example, for the New Medicine Service. Team members did not feel that these impaired their professional judgement or affected the safety of the services they provide.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member.

Inspector's evidence

The pharmacy comprised of one shop unit. There was a large retail area with some seating for people awaiting services, positioned away from the counters to help maintain confidentiality. The medicines counter was on the left side of the shop. There was some loose tape on the floor near the medicines counter which could present a trip hazard, this was rectified during the inspection. Screens were fitted at the counters to help prevent the transmission of infection. The dispensary extended from the medicines counter and was on a raised platform towards the back of the shop. Team members were able to see people from all areas of the dispensary. Work benches were kept tidy and free of clutter. Storage space for medications was adequate and they were stored in a tidy, organised manner. People could not view the dispensing benches from the waiting area and dispensed medication awaiting collection was stored in boxes on the back wall. Patient information was not in view of the public.

A consultation room was located at the back of the shop and also lead to a small stock room which was tidy and well maintained. The consultation room was large enough for the provision of services and was clean with a sink for handwashing. The door to the room was left open at the time of inspection, but no patient identifiable information was left unattended.

There was another room in the basement which was used to manage the multi-compartment compliance pack service. There was some stock present in this area, but team members were in the process of date checking and moving stock back to the main dispensary, as most packs were assembled at a pharmacy hub. Paperwork and documentation were filed in this room. There were several yellow medicinal waste bags awaiting collection, some of which had patient identifiable information left on. Team members said they would remove this information before disposing of the medicines.

The pharmacy was generally clean, tidy, and well organised. A cleaning rota was in place and cleaning tasks were alternated between the team. The pharmacy had adequate lighting, and the ambient temperature was suitable for storing medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes sure that people with different needs can access its services and it actively signposts people to services which may be of benefit to them. The pharmacy supplies medicines safely to people and team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and checks them regularly to ensure that they are still suitable for supply.

Inspector's evidence

Access into the pharmacy was step-free. The retail area was spacious and open, and this assisted people with restricted mobility or using wheelchairs. Some team members were multilingual and translated for people when needed. They were observed signposting people to services, as well as other healthcare providers, for example, to another pharmacy for hearing services. The pharmacy had a health promotion section in the retail area, and this was updated with information and leaflets on certain topics. For example, the team were currently focusing on managing diabetes. They used this opportunity to provide people with up-to-date advice on the condition. Team members were also attaching leaflets to bags of medicines awaiting collection to inform people about the new Pharmacy First service. Support staff had read a booklet about the Pharmacy First service to understand it better and learn more about the eligibility criteria so they could signpost people appropriately. The team had set up a folder with checklists for all the pathways.

Dispensing audit trails were maintained to help identify who was involved in dispensing and checking a prescription. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines. Baskets were used throughout the dispensing process to help prevent the mixing of people's prescriptions.

Team members were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group and said they would dispense this medicine in its original pack. A poster was displayed in the dispensary to remind team members of the guidance. The drawer where this medicine was stored was also highlighted to alert team members to take extra care when dispensing it. Leaflets and cards were available, and these were placed in labelled drawers for easy access. Team members described making additional checks when dispensing other higher-risk medicines, such as requesting INR levels of people taking warfarin.

The multi-compartment compliance pack service was well managed. Prescriptions were ordered and managed by one of the dispensers. There were clear audit trails for the service to help keep track of when people were due their packs and when their prescriptions were ordered. Once prescriptions were received, they were reviewed by the dispenser and sent to a pharmacy hub, where the trays were assembled. Changes were either communicated to the hub or actioned at the pharmacy, depending on what stage the packs were at. Prepared packs observed were labelled with product descriptions and image of the medicine. A QR code was printed on each pack, and this directed people to the relevant patient information leaflets. The pharmacy had clear audit trails Individual cards were created for each person receiving the packs and these detailed the medicines, their timings, and any additional information. Hospital discharge notes were seen to be retained and the dispenser explained that a

discharge medicine worksheet was completed. This involved reviewing the change, checking for discrepancies, and contacting the person to ensure they were aware of the change. A white board was used to write the details of people who were in hospital so that their packs would be reviewed upon discharge.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals and kept a record. No expired medicines were found on the shelves in a random check in the dispensary. Fridge temperatures were checked and documented daily. The pharmacy received drug alerts and recalls electronically and kept a record of any action taken in response to these. The team also updated local GP practices about stock shortages and emailed them with alternative recommendations.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had several glass measures, with some used to measure certain liquids only. There were clean tablet counting triangles. There were two pharmaceutical fridges, one was used to store stock and the other for dispensed medicines. Both were clean and suitable for the storage of medicines. There were several new blood pressure monitors which were placed in the waiting area. Ambulatory blood pressure monitors were supplied and serviced by the NHS. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs. 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.