

Registered pharmacy inspection report

Pharmacy Name: Bellevue Pharmacy, 13 Bellevue Road, Wandsworth Common, LONDON, SW17 7EG

Pharmacy reference: 1041192

Type of pharmacy: Community

Date of inspection: 12/03/2020

Pharmacy context

A community pharmacy set on a parade of shops next to Wandsworth Common. The pharmacy opens six days a week. And most people who use it live nearby. 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) vaccinations. And it can supply malaria prevention medicines through its paid-for patient group directions (PGDs). The pharmacy team can check people's blood pressure (BP) too.

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 its risks well. And it has written procedures to help make sure its team works safely. The pharmacy keeps most of the records it needs to by law and it has adequate insurance to help protect people if things do go wrong. It asks people using its services for their views. Members of the pharmacy team know what they can and can't do, what they're responsible for and when they might seek help. They review the mistakes they make to try and stop them happening again. They understand their role in protecting vulnerable people. And they mostly 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 have been reviewed within the past two years. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the pharmacy's dispensing workstations tidy. They used 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 and to try to stop them happening again. For example, they separated different strengths of Sandrena gel to help reduce the risks of them picking the wrong product. But they didn't record the patterns or trends they spotted during their periodic reviews.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described in the SOPs. 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 products liable to overuse, misuse or abuse to the RP. The pharmacy had a complaints procedure. Patient satisfaction surveys were done each year. And the pharmacy team asked people for their views. The results of last year's satisfaction survey were available online. The pharmacy's practice leaflet and a notice displayed next to the counter told people how they could provide feedback about the pharmacy. People's feedback led to the pharmacy trying to keep people's preferred makes of prescription-medicines in stock.

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's emergency supply records and its private prescription records were adequately maintained. The RP hadn't recorded that she was the pharmacy's RP for a few days this month. But she addressed this during the inspection. So, the RP records were up to date and accurate. The pharmacy's records for the supply of unlicensed medicinal products ('specials') didn't always include the date an unlicensed medicinal product was supplied.

The pharmacy had an information governance policy in place. And its team members were required to read and sign a confidentiality agreement. The pharmacy displayed a privacy notice. And this told 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 destroyed securely onsite. Its team tried to store prescriptions so people's names and addresses couldn't be seen by someone who shouldn't see them. But an NHS smartcard for a pharmacy team member, who wasn't present during the inspection, was being used by other team members. So, it was quarantined to prevent people's details being accessed until the team member it belonged to was back at the pharmacy. 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 are undergoing training for the jobs they do. They work well together and make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy and its 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 54 hours a week. It dispensed about 3,300 NHS prescription items a month. The pharmacy team consisted of two part-time pharmacists, a full-time trainee dispensing assistant, a full-time trainee medicines counter assistant (MCA) and a part-time trainee MCA. The pharmacy had a vacancy for a part-time MCA. A locum pharmacist (the RP), the trainee dispensing assistant and both trainee MCAs were working at the time of the inspection. The superintendent pharmacist arrived during the inspection. The superintendent pharmacist managed the pharmacy and its team. The pharmacy relied upon its team members and locum staff to cover any absences.

The pharmacy's team members needed to complete accredited training relevant to their roles after completing a probationary period. And they were each enrolled upon a recognised training course. The superintendent pharmacist enrolled the trainee dispensing assistant on a MCA training programme during the inspection. Members of the pharmacy team worked well together and supported each other. So, prescriptions were processed quickly, 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 OTC 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 the regular pharmacist and at their annual appraisal. They were encouraged to train and ask questions while at work when the pharmacy wasn't busy. But they could train in their own time too. Informal team meetings or huddles were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. 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 way invoices from wholesalers were filed. 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 them targets or provide them with financial incentives.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare in. It has a small room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was air-conditioned, bright and professionally presented. It has been refurbished since the last inspection and its dispensary was enlarged. So, it had the storage space and workbench it needed for its current workload. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. But the consultation room was small. It had an inward opening door. And it was being used temporarily to store some other items in. One of the pharmacy's chairs was broken and it needed to be replaced. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. But there were hard water stains on some of the pharmacy's sinks. 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 flu 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 stores most of them appropriately and securely. Members of the pharmacy team generally dispose of people's waste medicines properly. They mostly carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose.

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 small ramp to help people with mobility difficulties, such as wheelchair users, enter its premises. The pharmacy advertised its services in-store and in its practice leaflet. Members of the pharmacy team were helpful. They took the time to counsel people on how to take their medicines. And they could speak different languages. The pharmacy team signposted people to another provider if a service wasn't available at the pharmacy. The pharmacy delivered prescriptions to a few people who couldn't attend its premises in person. And it kept an audit trail for the deliveries it made.

The pharmacy had appropriate resources in place for its flu vaccination service. And the regular pharmacists were appropriately trained to vaccinate people. 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 pharmacy team made sure the sharps bin was kept securely when not in use. But the pharmacist didn't always get another team member to check that the vaccine they selected was the correct one before administering it. The pharmacy had valid, and up-to-date, PGDs for its vaccination service and for the supply of the 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. And it had a process to assess if a person was eligible for the service. A brief description of each medicine contained within the compliance packs was provided. It kept an audit trail of the person who assembled and checked each prescription. But not every patient information leaflet was provided with each supply. So, sometimes people didn't have all the information they needed to make sure they took 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. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. But prescriptions for CDs weren't routinely marked with the date the 28-day legal limit would be reached to help the team make sure supplies were made lawfully. 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. Valproate educational materials were available at the pharmacy.

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 a few split packs were found to contain stock from different batches and manufacturers. Medicines

and medical devices were subject to date checks which were documented. And the pharmacy team highlighted short-dated products. Some out-of-date medicines were found amongst in-date stock. But these were quarantined during the inspection. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy team weren't decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment and computer software to do so. But the superintendent pharmacist gave an assurance that the pharmacy would become FMD compliant by the end of April. 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. And some cytostatic and cytotoxic products were found in a bin intended for non-hazardous waste. 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. And its team makes sure the equipment it uses is appropriately maintained.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. 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 a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided BP checks on request. And the BP monitor was replaced about seven months ago. The pharmacy had a cordless telephone system. So, its team could have confidential conversations with people when necessary. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members. The computer screens were positioned so only staff could see them.

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.