

# Registered pharmacy inspection report

**Pharmacy Name:** Thomas James Chemist, 385 Durnsford Road,  
Wimbledon Park, LONDON, SW19 8EF

**Pharmacy reference:** 1041236

**Type of pharmacy:** Community

**Date of inspection:** 24/04/2019

## Pharmacy context

This is a small independent pharmacy in a suburban parade of shops near Wimbledon Park. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in Monitored Dosage System (MDS) trays or blister packs for those who may have difficulty 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing risks effectively. The pharmacy generally logs the mistakes it makes during the dispensing process. It reviews those logs on a regular basis, learns from them and takes action to avoid problems being repeated. The pharmacy has written instructions which tell staff how to complete tasks safely. But it has not finished reviewing them. So some of these instructions may not be up to date or reflect current best practice. The pharmacy manages and protects confidential information well, and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

### Inspector's evidence

The pharmacy team understands the key risks to patient safety presented by its activities and focus on most vulnerable and high-risk patients.

There are Standard Operating Procedures (SOPs) in place to underpin all professional standards, but they are in the process of being updated and some of them date back to 2013. A selection of new ones were seen as signed and read by staff, and the updated folder was nearly finished.

Errors and near misses are regularly recorded on the pharmacy Patient Medication Record (PMR) system, showing what has been learned and what has been done. Errors and near misses are discussed between the team and also shared with other branches within the company. Notes are left to highlight them to locums as well. A recent example of learning/action being the use of stickers on-shelf to highlight "Look Alike Sound Alike" (LASA) drugs to help avoid picking errors, eg highlighting the difference between Zerocream and Zerobase. The team had also separated Ramipril capsules and tablets to reduce the risk of error.

Roles and responsibilities of staff are clearly documented in the front section of the SOP folder. People who work in the pharmacy can clearly explain what they do, what they are responsible for and when they might seek help.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for patients to see.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were on display for patients to see. The pharmacy complaints procedure was set out in the practice leaflets, which were on a display stand at the pharmacy counter. As a result of feedback, there is a sign offering additional seating to patients upon request.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) was also on display for patients to see. Private prescription records were maintained

in a book and were mostly complete and correct. There were some examples where the prescribing date had been omitted.

There were some examples of emergency supplies which were seen to be correct and complete. The controlled drug (CD) register was seen to be correctly maintained, with most running balances checked monthly in accordance with the SOP.

Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed “specials” were seen to be complete.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. The driver’s delivery sheets were not laid out in such a way as to avoid inadvertent breaches of confidentiality, but this was in the process of being corrected. Completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste is kept separate from general waste and shredded onsite. The annual Data Security and Protection (DSP) toolkit has been completed.

There are safeguarding procedures in place and contact details of local referring agencies were seen to be held in a “Dropbox” account available to all staff. The dispenser has undergone safeguarding level 1 training, and all registrants have been trained to level 2. All staff were dementia friends.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are appropriately trained, and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate. And they respond well when things go wrong to make their services safer.

### Inspector's evidence

There was one dispenser and the RP on duty at the beginning of the inspection. The superintendent arrived part way through the inspection. This was a very small team but it appeared to be appropriate for the workload. In the event of staff shortages, the pharmacist could call upon staff from another local pharmacy within the group. Training records from Virtual Outcomes were seen confirming that all staff had either completed or were undertaking the required training. They also received emails when new materials were available for ongoing training.

Training records for vaccinations were seen, and PGDs for travel vaccinations were held on the online SONAR platform.

Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They explained that as a small pharmacy, they knew all of their patients and did not experience many such requests.

The dispenser or pharmacist were seen to serve customers and asking appropriate questions when responding to requests or selling medicines. The pharmacist and dispenser both confirmed that they are comfortable with making decisions and do not feel pressurised to compromise their professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Team members said that they could raise concerns and that there is a whistleblowing policy available for them if needed. There are targets in place but they are applied reasonably

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services.

### Inspector's evidence

The pharmacy premises are clean, tidy and in a good state of repair. There is sufficient space to work safely and effectively, and the layout is suitable for the activities undertaken.

There is a consultation room for confidential conversations, consultations and the provision of services. The door was kept locked when the room was not in use. There was a sink with hot and cold running water in the consultation room.

The dispensary sink also had hot and cold running water. The sinks and toilet areas were reasonably clean and well maintained. Room temperatures were appropriately maintained by a combined heating and air-conditioning unit, keeping staff comfortable and suitable for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It takes steps to identify people supplied with high risk medicines so that they can be given extra information they need to take their medicines safely. However, the pharmacy doesn't currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment. The pharmacy responds well to drug alerts or product recalls to make sure people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe.

### Inspector's evidence

The pharmacy provides a range of services including a private Healthcheck service, and travel vaccinations. Seasonal flu vaccinations are also available during the autumn and winter.

Controls were seen to be in place to reduce the risk of picking errors, such as stickers on-shelf to highlight LASAs, and the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them.

Owings tickets were in use when medicines could not be supplied in their entirety. Patients are then phoned to advise them when their medication would be ready. Prescriptions for CDs or fridge lines in retrieval awaiting collection are kept separate so that the CD or fridge lines can be assembled when the patient calls back. Schedule 4 CDs such as zopiclone are highlighted to ensure that they are not handed out after their 28-day validity.

Monitored Dosage System (MDS) trays are dispensed at the back of the pharmacy, away from distractions. Each patient has an individual record sheet showing their current medicines and dosage times. The trays were seen to be labelled complete with product descriptions and patient information leaflets (PILs) provided. If a patient is referred by their GP, or identified in the pharmacy during an MUR, they may be recommended for MDS.

Staff were aware of the risks involved in dispensing valproates to patients who may become pregnant, and all such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The valproate audit did not identify any female patients. Patients on warfarin are routinely asked for their INR records, and/or yellow book, but most don't have them with them. Those that do are recorded on their PMR. This has been reducing recently as more patients are being switched away from warfarin to newer drugs such as apixaban.

Valid up-to-date Patient Group Directions (PGDs) were seen to be in place for the various travel vaccinations offered and for the flu vaccination service. Medicines are obtained from licensed wholesalers including AAH, Alliance Sigma, Lexion, DE South and OTC Direct. Unlicensed "specials" are obtained from IPS. The pharmacy was seen to be compliant with the Falsified Medicines Directive (FMD) with V-Care, and was using the system to decommission stock as required.

Routine monthly date checks were seen to be in place, and any items with a shelf-life of less than six

months was recorded and at three months it would be reduced to clear or sent to another pharmacy within the company who may be able to use it.

There were no medicines being stored in plain white cartons and no mixed batches. There were no open bottles of liquid medicines, apart from one bottle of methadone which had not been annotated with the date of opening. Fridge temperatures were recorded daily and seen to be within the two to eight degree Celsius range.

Pharmacy medicines are displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. Patient-returned medicines are screened to ensure that any CDs are appropriately recorded, and that there are no sharps present. There was no list of hazardous medicines or purple-lidded hazardous waste container. Patients with sharps are signposted to the local council for disposal. DOOP containers were seen for the safe disposal of CDs.

The pharmacy receives drug alerts and recalls from the MHRA, which were seen to be kept in a well organised file. Each alert was annotated with any actions taken, the date and initials of those involved. There was also evidence of patients being contacted if they may have received some of these medicines.

The team knows what to do if they receive damaged or faulty stock and they explained how they would return them to the wholesalers. The team knows what to do if a patient reports unexpected side-effects and they explained the yellow card system.

The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy, with blood pressure monitors, cholesterol monitors and scales all easily available. Adrenaline injections were also kept in the consulting room in the event of a patient experiencing anaphylaxis.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for the range of services it provides and it makes sure that it is properly maintained. The pharmacy keeps people's private information safe.

### Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also has internet access and uses this as an additional reference source.

The Blood Pressure meter is replaced every two years, and the current one was less than a year old. The cholesterol machine is calibrated once a quarter using Cardiochek test solutions from their supplier, BHR. If anything doesn't seem to be working properly, the dispenser explained how he would contact BHR for advice or replacement as appropriate.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens are positioned so they are not visible to the public.

Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They are not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

### 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.