

Registered pharmacy inspection report

Pharmacy Name: Wimbledon Pharmacy, 80 High Street, Wimbledon,
LONDON, SW19 5EG

Pharmacy reference: 1041241

Type of pharmacy: Community

Date of inspection: 08/04/2019

Pharmacy context

This is a Healthy Living Pharmacy (HLP) in the suburban high street of Wimbledon village. The pharmacy is close to a local surgery and is open six days a week. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. It also supplies medicines in multi-compartment compliance aids (blister packs or trays) for those who may have difficulty managing their medicines.

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	2.1	Good practice	Staffing levels are continually reviewed to ensure that they remain appropriate for the level of service provided. Team members do not appear pressurized and are able to complete tasks properly and effectively in advance of deadlines.
3. Premises	Standards met	3.1	Good practice	The pharmacy premises have been refitted to a notably high standard of fixtures and fittings. They are of a bespoke design, providing an ideal environment for the services delivered.
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

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 keeps its records up to date and these show that it is providing safe services. It 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

There are up-to-date Standard Operating Procedures (SOPs) in place to underpin all professional standards. The superintendent pharmacist had recently updated the SOPs so the staff have not yet signed all of them. Signed copies of the original SOPs were in order. The superintendent pharmacist visits the pharmacy frequently to update staff on new SOPs, new training, to share learnings from her other pharmacy, and to discuss what went well/not so well during the previous week and what can be done to make improvements.

Errors and near misses are recorded using a spreadsheet on the dispensary computer. There was only one recent error and no near-misses recorded recently. The superintendent explained that as they were not very busy, they hadn't made very many mistakes, and that they would record them as they occur. The staff were aware of "Look Alike Sound Alike" (LASA) drugs and explained that they took extra care when selecting those. Some of them were separated from each other in a "fast moving" section of shelving.

Staff were able to describe what action they would take in the absence of the responsible pharmacist (RP), 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 people to see, and the RP record was seen to be in order.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were available on the nhs.uk site for patients to see. The pharmacy complaints procedure was detailed in the SOP file, and in the practice leaflets on display near the pharmacy counter. The superintendent explained how they have changed the way they describe the Medicines Use Review (MUR) service to people as a result of feedback. This also prompted them to start dispensing some people's medicines in Monitored Dosage System (MDS) blister packs.

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 electronically and were complete and correct. The controlled drug (CD) register was seen to be correctly maintained, with 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. The pharmacy had received written authorisation from the local Controlled Drugs Accountable Officer (CDAO) to destroy a list of specified out of date CDs, and all was seen to be in order. Records of unlicensed “specials” were seen to be complete. Records of signed orders and requisition forms detailing supplies made to local GPs were seen to be in order.

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. Delivery sheets were kept as a record of delivery, and separate signature “tickets” were used to avoid inadvertent breaches of confidentiality. Bags containing completed prescriptions in the prescription retrieval system were visible to patients waiting at the counter. The superintendent was going to find a way of reducing this risk to patient confidentiality. Confidential waste is kept separate from general waste and shredded onsite. The annual Data Security and Protection (DSP) toolkit had been completed on time, and a privacy notice was on display.

There are safeguarding procedures in place and contact details of local referring agencies were seen in a safeguarding file in the dispensary. All registrants have been trained to level 2 and all staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has plenty of staff to manage its workload safely. Pharmacy team members are well trained, and have a good understanding about 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

This team was a mix of new and experienced staff, all of whom appeared to be working well together. There was one trainee medicines counter assistant serving at the medicines counter and an EU qualified pharmacist working as a dispenser, in addition to the responsible pharmacist and the superintendent pharmacist. Shortly after the inspection started, the responsible pharmacist left and the superintendent took over as responsible pharmacist. In the event of staff shortages, the pharmacist could call upon staff from their other pharmacy if necessary. The superintendent explained that she had deliberately employed more staff than needed for the workload, in order to provide a better service. Training records were seen confirming that all staff had either completed or were undertaking the required training. Online training was provided by "Virtual Outcomes".

There was an annual plan and a weekly workload planner on the dispensary wall with training plans built in. The medicines counter assistant was seen to be asking appropriate questions when responding to requests or selling medicines. The superintendent was also seen helping the assistant as required. The pharmacist confirmed that she was comfortable with making decisions and does not feel pressurised to compromise her 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 and do not impact on the pharmacy staff's professional decision making

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, bright and modern-looking. The pharmacy provides a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy premises had been completely redesigned and refitted to a very high standard with high quality fixtures and fittings. They are very clean and tidy, and there is sufficient space to work safely and effectively.

The temperature in the pharmacy was maintained at a comfortable level by a heating/air-conditioning system and is suitable for the storage of medicines

There is a large, well-appointed consultation room for confidential conversations, consultations and the provision of services. The door was kept locked when not in use. The dispensary sink was clean and has hot and cold running water. The sinks and toilet areas were very clean and well maintained.

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. 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 which the pharmacist is actively trying to build up. The superintendent explained how she tries to tailor the MURs to meet the needs of the local population. They also run seasonal health events as part of being a healthy living pharmacy, eg "May Measurements" blood pressure awareness event. At the time of the inspection they were running a hay fever event, as the proximity of Wimbledon Common means that the hay fever "season" starts earlier than elsewhere. The services available are displayed in the window and on the pharmacy website. Patients are signposted elsewhere for services not provided in the pharmacy.

Controls were seen to be in place to reduce the risk of picking errors, such as separating some of the LASAs, and the use of baskets to keep individual prescriptions separate. 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, especially if they have been difficult to obtain.

Prescriptions in retrieval awaiting collection are clearly marked to indicate if further intervention is required when handing them out, eg additional counselling or items in the fridge. CDs are highlighted, including schedule 4s such as zopiclone to ensure that they are not handed out after their 28-day validity.

Monitored Dosage System (MDS) blister packs or trays are dispensed towards the rear of the dispensary, away from distractions. Each patient has an individual record sheet showing their current medicines and dosage times. There was also a forward planner containing a re-ordering schedule and the delivery schedule for the MDS trays. The trays were seen to be labelled complete with product descriptions and patient information leaflets (PILs) provided.

Staff were aware of the risks involved in dispensing valproates to patients who may become pregnant, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The counselling was seen to have been recorded on their PMR. Patients on warfarin are routinely asked for their INR records, but the local anticoagulant clinic just issues them with a ticket which most people don't have them with them.

Medicines are obtained from licensed wholesalers including AAH, Alliance, Day Lewis and Sigma. Unlicensed "specials" are obtained from IPS Specials and Smartway. The pharmacy was seen to have the necessary scanners to comply with the Falsified Medicines Directive (FMD), but was not using the system yet as they were undergoing training and updating their SOPs.

Routine monthly date checks were seen to be in place, with a detailed matrix showing the sections to be checked. No packs were found to contain mixed batches. Bottles of liquid medicines were suitably annotated with the date of opening. Fridge temperatures were recorded daily and seen to be within the two to eight degrees Celsius range.

Pharmacy medicines are displayed behind the medicines counter to avoid unauthorised access and/or self-selection. Patient-returned medicines are screened by placing them in a tray to ensure that any CDs are appropriately recorded, and that there are no sharps present. Purple-lidded containers for separate disposal of hazardous medicines were seen. 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. These alerts were also seen to have been discussed in the regular team meetings. The dispenser described how patients had been contacted about alerts for Freestyle libra and for hydrochlorothiazide.

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 and scales easily available.

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

All the equipment in the consulting room was seen to be fairly new and the superintendent explained that the blood pressure monitor and the scales would be replaced every year. The pharmacy has a set of clean crown-stamped conical measures.

All computer screens are positioned so that they are not visible to the public, and they were seen to be password protected. Individual NHS smartcards were in use, and passwords are not shared. Team members were seen to take the phone to the rear of the dispensary when discussing sensitive matters on the phone. There were up-to-date reference books available and the pharmacy has internet access.

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.