

Registered pharmacy inspection report

Pharmacy Name: Ridgway Pharmacy, 65 Ridgway, Wimbledon,
LONDON, SW19 4SS

Pharmacy reference: 1041253

Type of pharmacy: Community

Date of inspection: 24/07/2019

Pharmacy context

This is a small independently owned pharmacy located close to Wimbledon Village. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice.

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

Overall the pharmacy manages risk satisfactorily and has written instructions to tell staff how to complete tasks safely. But it is not recording the mistakes it makes during the dispensing process, even though it has the forms to do so. This may make it more difficult for the pharmacy to spot patterns and take action to prevent mistakes being repeated. The pharmacy keeps most of the records it needs to by law and protects confidential information well. The pharmacy's team members 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 were standard operating procedures (SOPs) in place to underpin all professional standards, including the responsible pharmacist (RP) SOPs. These were last reviewed in October 2013, but the pharmacist was in the process of adopting a new set from the National Pharmacy Association (NPA). The new SOPs had not yet been read and signed by the RP and the medicines counter assistant (MCA) but the RP was aiming to have this done by the end of the month. There were no current records of errors and near misses, but the pharmacist had a reporting form available to use if necessary. He stated that there had been no near misses to report. Having discussed this and reflected upon what constituted a near miss, the pharmacist agreed to start recording all mistakes.

Roles and responsibilities of staff were documented in the SOPs, and the medicines counter assistant (MCA) was clear about the tasks he could and could not do. He outlined his role within the pharmacy and where responsibility lay for different activities. He was able to describe what action he would take in the absence of the responsible pharmacist and explained what he could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log was complete.

Results of the 2017 Community Pharmacy Patient Questionnaire (CPPQ) were available and showed that 96% of respondents rated the pharmacy overall as either excellent or very good. As a result of feedback from the CPPQ they were considering how to improve the layout of the pharmacy and had registered the MCA on the dispensing assistant course. Cleaning was done as necessary at the same time as date checking. The pharmacy complaints procedure was set out in the SOP file and there was a Patient Advice and Liaison Service (PALS) leaflet in the waiting area for people to see, as well as in the pharmacy practice leaflet. A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until September 2019 was on display in the dispensary.

Private prescription records were maintained on the pharmacy computer and were mostly complete and correct. There was one record where the incorrect prescriber had been recorded. There were some emergency supply records for items which were usually redeemed against a prescription. The nature of the emergencies and reasons for supply had not been recorded. Upon reflection the pharmacist said that he would add the reasons in future.

The controlled drug (CD) register was seen to be correctly and very tidily maintained. The pharmacist explained that he checked the balances every time he made an entry and again if there had been a

locum on duty. He would then check the whole register again once a year. Running balances of two randomly selected products were checked and both found to be correct. Alterations made in the CD register were asterisked and a note made at the bottom of the page with initials and dates.

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 keeping anything with private information out of sight and checking names and addresses discreetly.

The pharmacist occasionally delivers prescriptions to those who are unable to access the pharmacy. There was a delivery file containing one signature sheet for each individual patient to protect patient confidentiality. Completed prescriptions in the prescription retrieval system were out of sight so that no sensitive information was visible to people waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite as required. A privacy notice was prominently displayed on the front door.

There were safeguarding procedures in place and contact details of local referring agencies were seen to be held in the safeguarding section of the SOP file. They had both attended a level 2 safeguarding course in Croydon organised by the LPC. Staff were able to describe some of the warning signs to look out for and would refer to the pharmacist if they had cause for concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one medicines counter assistant (MCA) and the RP on duty during the inspection. This appeared to be appropriate for the workload and they were working well together. In the event of staff shortages, the pharmacist's wife, who was trained to work at the medicines counter, would come in to cover.

A certificate from NPA was on display confirming that the MCA had completed the required training. Records were also available to verify that the MCA was undertaking the required ongoing training to enable him to help with some tasks in the dispensary and to keep up to date. He was able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. He would refer to the pharmacist if required.

The pharmacist was seen to serve customers when the MCA was busy and asking appropriate questions when responding to requests or selling medicines. The pharmacist confirmed that he was comfortable with making decisions and did not feel pressurised to compromise his professional judgement. The MCA said that they could raise concerns and that there is a whistleblowing policy available for them if needed. There were no formal targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are old and very dated. But they are reasonably clean and suitable for the services it provides.

Inspector's evidence

The pharmacy premises were reasonably clean but dated and showing their age, with stained ceiling tiles and a step at the single entrance door with a bell. There was a narrow dispensary along one side of the premises with a storage area behind it. The counter extended from the dispensary to the rear of the pharmacy. The layout was suitable for the activities currently undertaken as the pharmacy offers no advanced services.

There was a clear workflow in the dispensary, with the labelling taking place at one end of the workbench and assembly or checking towards the other end. There was no separate consultation room for confidential conversations, consultations and the provision of services. There was a sink with hot and cold running water in the storage area behind the dispensary. The sinks and toilet areas were clean and well maintained. Room temperatures were appropriately maintained by heaters or fans as required to keep 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 generally manages medicines safely, but it is not yet scanning prescription medicines as required by law. The pharmacy takes steps to identify people supplied with high-risk medicines, but it doesn't record all of the details. So it may be missing opportunities to help ensure that people take their medicines safely. 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.

Inspector's evidence

There was a range of health information posters and leaflets on display in the pharmacy, some on a display near the entrance. Controls were seen to be in place to reduce the risk of picking errors, such as separating look alike, sound alike (LASA) medicines on the shelf and separating different strengths of medicines that could easily be confused. They used baskets to keep individual prescriptions separate when busy, and 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. Owings were only prepared when the patient came in to collect it. If an item was likely to be unavailable for some time, the patients were referred back to their GP.

Completed prescriptions for CDs were stamped 'CD' so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 and 4 CDs were not highlighted. Upon reflection, the pharmacist agreed to highlight all CDs with their expiry date in order to reduce the risk that they may be handed out after the prescriptions had expired. Fridge lines in retrieval awaiting collection were either stamped or highlighted with a label so that staff would know that there were items to be collected from the fridge.

The pharmacist was aware of the risks involved in dispensing valproates to patients in the at-risk group, and all such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The leaflets and cards were seen to be stored together with the valproate products themselves. The valproate audit did not identify any patients in the at-risk group. Patients on warfarin were asked if they knew their current dosage, whether their INR levels had been recently checked. These interventions were noted but the figures were not routinely recorded. Upon reflection the pharmacist agreed to record these details in future. Patients taking methotrexate and lithium were also asked about blood tests.

Medicines were obtained from licensed wholesalers including Phoenix AAH, Alliance Colorama, Sigma and Coopers Elite. Unlicensed "specials" would be obtained from BNS specials if needed. The pharmacy had an Orbis ipad on order and was expecting it and the Oscan plus lite software necessary to comply with the Falsified Medicines Directive (FMD). They were waiting for it to arrive next month before starting to decommission products.

Routine date checks were seen to be in place, and record sheets were seen to have been completed. The MCA explained how he would usually do it monthly There were separate pages for branded and generic products approaching within three to six months of their expiry dates, depending on the stock

turnover. They were then crossed out upon removal from stock. There were separate sheets for over-the-counter product done section by section at the same time as cleaning.

Opened bottles of liquid medicines were annotated with the date of opening. There were no plain cartons of stock seen on the shelves, and no mixed batches. Fridge temperatures were recorded daily and all seen to be within the correct temperature range. The pharmacist explained how he would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

Patients returning unwanted medicines for disposal were asked if there were any needles (sharps) or CDs present. CDs were brought to the attention of the pharmacist and placed in a separate part of the CD cabinet. Patients returning sharps were signposted either to their GP surgery or to the local council. Records of CDs returned by patients were only made upon destruction. This was discussed and upon reflection the pharmacist agreed that he would record them upon receipt in future. There was a list highlighting what could be accepted from people and what could not. There was also a list of hazardous medicines but no separate hazardous waste container (purple-lidded) for them. The pharmacist agreed to obtain one. They used a tray to put the returned medicines in before checking them while wearing protective gloves. There was a separate tray for CDs. Denaturing kits for the safe disposal of CDs were seen.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen in the email inbox. The last one to be actioned was BNS FMD recall and no stock. Upon reflection pharmacist created a separate email folder to keep them in as a permanent record. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the 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 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 pharmacist had also saved a number of online reference sources such as eMC, NICE and nhs.uk in his online favourites.

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 Smart cards were seen to be used appropriately and with no sharing of passwords. They were 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.