

Registered pharmacy inspection report

Pharmacy Name: Megsons Pharmacy, 15 Queens Parade, Hanger Lane, Ealing, LONDON, W5 3HU

Pharmacy reference: 1041430

Type of pharmacy: Community

Date of inspection: 17/04/2024

Pharmacy context

This is an independently owned community pharmacy belonging to an independently run group of five pharmacies. The pharmacy is on a parade of local shops and businesses in Ealing, London. It provides a range of services including dispensing prescriptions. And it has a selection of over-the-counter medicines and other pharmacy related products for sale. It provides a selection of other services, including the NHS Pharmacy First service.

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 has insurance to cover its services. And its team knows how to protect the safety of vulnerable people. And it protects people's confidential information properly. The pharmacy has written procedures in place to help ensure that its team members work safely. But it does not do enough to ensure that its procedures remain up to date. The pharmacy adequately completes all the records it needs to by law. And it generally keeps them up to date and accurate. The pharmacy adequately identifies and manages the risks associated with its services. And team members take suitable action to prevent mistakes in the future. But the team could be more thorough in the way it reviews and monitors mistakes when they happen.

Inspector's evidence

The pharmacy had a system for recording its 'near miss' mistakes and errors. But it was not in use. And the pharmacy had not recorded any for six years. The responsible pharmacist (RP) had worked at the pharmacy for many years. And he described how he highlighted and discussed 'near misses' and errors at the time with the person involved. This helped them to learn from their mistake and prevent it from happening again. The RP was present in the pharmacy full time. And he often dispensed prescriptions on his own or with the help of one of the trainees. But he recognised when similar mistakes were being repeated. And when this happened, he reviewed them again with the team, to raise awareness and reduce the risk of a reoccurrence. He was aware of the risk of confusing look-alike sound-alike medicines (LASAs). And in response to several near miss mistakes with LASAs he had separated several of these products to different areas of the dispensary. While it was clear that the team discussed what had gone wrong. And it acted in response to its mistakes, it did not record what had happened, what its team members had learned or what they would do differently next time. And it did not have a formal review process to identify and manage any trends. The RP, and inspector discussed this and agreed that a more structured approach to recording and reviewing mistakes would help the team to monitor its learning and improvement more effectively.

The pharmacy's standard operating procedures (SOPs) had not had a full and thorough review for seven years. All staff who had read the existing SOPs had now left. And current team members had not read them. But they had been briefed on the procedures they should follow. The RP recognised the need for a full review of SOPs, particularly as current team members had not begun any formal training. This included two trainee dispensing assistants (DAs). But the trainee DA present consulted the RP when he needed his advice and expertise. And he asked appropriate questions before handing people's prescription medicines to them. Or selling a pharmacy medicine. He understood that he needed to do this to ensure that people got the right advice. The RP had placed his RP notice on display. The RP agreed that it was important to ensure that the RP notice contained all the necessary details. And that it was accurate and visible for people.

People could give feedback on the quality of the pharmacy's services. The team had received a few concerns in the past about medicines availability. The RP commented that, at times, people were concerned when their medicines were not available. This issue was often out of the pharmacy's control, as the problem often arose with medicines which were unavailable from the manufacturer. But, to help the situation, the team worked closely with the surgery to arrange for alternatives when they received a prescription for an item that they could not get. The pharmacy also tried to keep people's preferred

brands of medicines in stock so that their medicines were available for them when they needed them. The pharmacy had many longstanding regular customers. And team members reported that they rarely got any complaints from people. But they could provide people with details of where they should register a complaint if they needed to. And if necessary, they could also obtain details of the local NHS complaints procedure online. But customer concerns were generally dealt with at the time by the RP. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers.

The pharmacy kept its records in the way it was meant to, including its RP records, private prescription records, records for emergency supplies. And its CD register. Historically the pharmacy maintained and audited its CD running balances. And a random sample of CD stock checked by the inspector matched the running balance total in the CD register. But procedures for the frequency of stock audits required review. The pharmacy had a controlled drug (CD) destruction register. So that it could account for the receipt and destruction of patient-returned CD medicines. The RP recognised that the pharmacy should ensure that all its essential records are accurate and up to date.

The RP had briefed team members on the importance of protecting people's private information. And it was clear that team members understood their responsibilities to maintain confidentiality. The pharmacy discarded its paper waste into separate waste containers. And it shredded the waste regularly. Team members kept people's personal information, including their prescription details, out of public view. The RP had completed appropriate safeguarding training. Other team members had been briefed although had not yet had any formal training. but they knew to report any concerns to the RP. The team could access details for the relevant safeguarding authorities online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team generally manages its workload safely and effectively. And team members support one another well. They are comfortable about providing feedback to one another, so that they can improve the quality of the pharmacy's services. The pharmacy has enough team members for its workload. But it does not train them properly for their job roles.

Inspector's evidence

The pharmacy had a small, close-knit team. The team consisted of the RP and two trainee DAs. On the day of the inspection one of the trainees was on leave. And so, the team consisted of the RP and the remaining trainee. A third person had been brought in on the day to help with dispensing. But none of these support staff had been registered on an appropriate, recognised training course. The inspector and RP discussed this and agreed that all team members should be properly trained for their job roles. The RP gave assurances that the trainees would be registered on a training course as soon as possible. Team members attended promptly to people at the counter. They were efficient and calm. And they supported one another, assisting each other when required. The team had the daily workload of prescriptions in hand. It generally kept on top of its other tasks. And it dealt with queries promptly.

Team members did not have formal reviews about their work performance. But they discussed issues as they worked. And they described being able to give feedback to one another. The trainee DA described feeling supported in their work. And they could make suggestions about how to improve the general workflow. The DA supported the RP over technical, IT issues. And this had helped with overall efficiency. The RP felt he could make day-to-day professional decisions in the interest of patients. And he felt supported by the superintendent (SI) and the cluster manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an environment which is adequate for people to receive its services. And they are sufficiently clean, tidy and secure.

Inspector's evidence

The pharmacy was in an old building on a small parade of shops serving the local community. It occupied three levels, the shop floor level, a below ground, cellar level. And a first-floor level. The first floor and cellar levels were rarely used. The main pharmacy area had a small retail area. And a consultation room. It also had seating for waiting customers. And a short pharmacy counter which was open on one side. The opening provided access to the dispensary and the area behind the counter for staff and authorised visitors. The half height wall behind the counter had enough space to store counter medicines.

The pharmacy had a compact dispensary. With staff facilities and a back door to the rear. The dispensary had short dispensing benches on two sides which were used for most of the pharmacy's dispensing activities. And it had storage facilities above and below the benches. One of the dispensary's workstations overlooked the retail space and the back of the medicines counter. And so, team members in the dispensary could see people as they approached the counter. The pharmacy generally kept its worksurfaces tidy and organised. It had a cleaning routine. And it cleaned its most used surfaces regularly. Team members cleaned floors periodically and they tried to keep them tidy. At the time of the inspection room temperatures were appropriate to keep staff comfortable and were suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and makes them accessible to people. And in general, it supports people with suitable advice and healthcare information. The pharmacy team gets its medicines and medical devices from appropriate sources. And team members make the necessary checks to ensure they are safe to use and protect people's health and wellbeing. The pharmacy ensures that all its medicines are stored correctly and safely.

Inspector's evidence

The pharmacy had information on its windows promoting its services. But some of its posters were dated. It had a doorway which provided step-free entry. And its small customer area was free of unnecessary obstacles. This made it suitable for people with mobility issues. The pharmacy could order people's repeat prescriptions if required. And it had a delivery service. But the pharmacy tried to prioritise the service for people who had no other way of getting their medicines. The team used baskets to hold individual prescriptions and medicines during dispensing to help prevent errors. It also supplied medicines against private prescriptions.

The pharmacy provided medicines in multi-compartment compliance packs for people living at home who needed them. The pharmacy managed the service according to a four-week rota. And each month it checked and verified any changes to prescriptions. And it updated people's records. The RP had a good working relationship with local hospitals. And they updated him about changes to people's medicines after they had been in hospital. The trainee DA processed the prescriptions for the compliance packs. Compliance packs had been labelled with a description of each medicine, including colour and shape, to help people to identify them. And the pharmacy supplied the packs with patient information leaflets (PILs). It supplied them for new medicines and for regular repeat medicines. But not all compliance packs had been labelled with BNF advisory warnings. And so, people may not have all the necessary information about their medicines to help them to take their medicines properly. The inspector and the team agreed that it was important to ensure that people had all the information they needed about their medicines. Pharmacists gave people advice on a range of matters. And they would give appropriate advice to anyone taking higher-risk medicines, including sodium valproate. The pharmacy had a small number of people taking sodium valproate medicines, none of whom were in the at-risk group. The RP counselled people when supplying the medicine to ensure that they were aware of the risks associated with it. And to ensure they were on a pregnancy prevention programme as appropriate. The RP also knew to provide warning cards and information leaflets with each supply. And he was aware of recent changes in the law about supplying valproate medicines in their original packs.

The pharmacy offered the NHS Pharmacy First service. This allowed people to access medicines for seven common conditions after an appropriate consultation with the pharmacist. And without having to see a prescriber. The pharmacy had received referrals from its local GP surgeries for the service. And it had also had requests directly from people. The pharmacist had the appropriate protocols to follow. And he kept the necessary records for each supply. It was clear that he understood its limitations and when to refer people to an alternative health professional. The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. And the team stored its medicines, appropriately. Stock on the shelves was tidy and organised. The pharmacy checked the expiry dates of its stock, regularly. And when the team identified any short-dated items it highlighted them. And it

removed them from stock. It only dispensed them with the patient's agreement where they could use them before the expiry date. The team put its out-of-date and patient-returned medicines into dedicated waste containers. And a random sample of stock checked by the inspector was in date. The team stored its CD and fridge items appropriately. And it monitored its fridge temperatures to ensure that the medication inside it was kept within the correct temperature range. The pharmacy responded promptly to drug recalls and safety alerts. The team had not had any stock affected by recent recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. The team generally uses its facilities and equipment to keep people's private information safe. But it did not do enough to ensure that all its storage facilities were in a sensible place.

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. And its equipment was clean. Team members had access to a range of up-to-date reference sources. The pharmacy had two computer terminals in the dispensary. But it did not have one in the consultation room. This made it more difficult to keep up to date records during consultations. Computers had password protection. But not all team members had their own smart cards to maintain an accurate audit trail. And to ensure that they had the appropriate level of access to records for their job roles. This meant that smart cards were shared. And audit trails were not completely accurate. The pharmacy had cordless telephones to enable team members to hold private conversations with people. And it stored its prescriptions in the dispensary out of people's view. The pharmacy had a shredder which it used regularly to dispose of confidential paper waste appropriately. The pharmacy had a working fridge and a CD cabinet. But its CD cabinet was not practically located.

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.