

# Registered pharmacy inspection report

**Pharmacy Name:** Kensington Pharmacy, 4 Stratford Road,  
Kensington, LONDON, W8 6QD

**Pharmacy reference:** 1041469

**Type of pharmacy:** Community

**Date of inspection:** 13/11/2023

## Pharmacy context

This pharmacy is located within a parade of shops in a residential area of West London. The pharmacy mainly serves the local community as well as health travellers from the Middle East. It provides blood pressure checks and new medicine service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help 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

The pharmacy adequately manages the risks associated with its services. It keeps the records it needs to by law, so it can show that supplies are made safely and legally. People who use the pharmacy can provide feedback and raise concerns and the pharmacy team have some basic understanding on protecting the welfare of vulnerable people. But there is scope for team members to refresh their knowledge on safeguarding to help ensure that incidents are dealt with appropriately.

### Inspector's evidence

The pharmacy had two sets of standard operating procedures (SOPs) and team members were not entirely sure which version was in use. The newer version had not been signed by any of the current team members to confirm that they had read and understood them. Following the inspection, the responsible pharmacist (RP) said that the SOP version had been clarified with the team and all team members were in the process of reading the relevant SOPs.

The RP had recently introduced a new logbook to record dispensing mistakes identified before the medicine was handed to a person, known as near misses. She did not know if near misses were previously documented. She said that she would review the near misses, discuss them with the team and make changes, if necessary. The RP said that the most common mistakes were quantity ones involving split packs, and as a result, she had briefed team members to clearly mark split packs. The RP said she would document dispensing mistakes which had reached a person (dispensing errors) in the same near miss log, which was not in line with the pharmacy's SOPs. She was not aware of the need to report dispensing errors on the National Reporting and Learning system and said she would familiarise herself with the pharmacy's procedure for recording dispensing errors. Following the inspection, the RP sent evidence of the pharmacy's process for dealing with dispensing mistakes, and the correct form to use to document these.

The pharmacy was displaying an out-of-date indemnity insurance certificate. An in date one was sent to the inspector following the inspection. The incorrect registration number of the pharmacist had been printed on the RP notice and the notice was not clearly visible to members of the public as it was kept high above the medicines counter. The notice was corrected, and its location was changed during the inspection. Samples of the RP record were seen to be well maintained. Other records required for the safe provision of pharmacy services were completed in line with legal requirements, including those for private prescriptions, emergency supplies and unlicensed medicines. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance.

People were able to give feedback or raise concerns verbally or by leaving reviews online. Team members said they could also provide cards with the contact details of the owners, if required.

Members of the team were not certain if they had completed training on information governance or the General Data Protection Regulation. Confidential waste was collected in a separate basket and shredded. Computers were password protected and smartcards were used to access the pharmacy's electronic records, but not all current members of the team had their own smartcards. The RP said that individual smartcards would be requested. A consultation room was available for private conversations, but it was used to store some patient sensitive information. Following the inspection, the RP confirmed

that this information had been removed. Team members said that labels were removed from returned medicines before disposal and people were asked to confirm their details before medicines were supplied. The RP sent evidence following the inspection that team members had signed confidentiality agreements and said she would ensure they read the contents of the pharmacy's 'GDPR' folder.

All team members had completed safeguarding training and were aware of the 'Safe Space' initiative. The contact details of the local safeguarding were not available for the team, and they were not entirely sure of how they would handle a safeguarding scenario. The RP sent evidence of action taken following the inspection including displaying the contact details of the local safeguarding team in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Team members have access to training materials to help keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy was staffed by a regular pharmacist, a trainee pharmacist, a pharmacy technician, a trainee technician, a dispenser and an administrative assistant. An international pharmacist who was currently completing an Overseas Pharmacist Assessment Programme also worked at the pharmacy as a dispenser.

The RP had recently qualified as a pharmacist and said she accessed the Centre for Pharmacy Postgraduate Education to complete ongoing training. Current team members showed evidence of ongoing training that they had completed, for example on antimicrobial stewardship, infection prevention, early diagnosis and prevention, risk management and sepsis. They completed training in their own time, or during quieter periods at work. The trainee pharmacist was provided with three hours of set training time every week. The trainee pharmacist asked several questions before selling Pharmacy medicines and was observed referring to the pharmacist before selling a higher-risk medicine.

Team members were observed working well together, in an open and supportive environment. They said that patient care was their priority and they tried to go out of their way to improve customer satisfaction, for example, they always ensured that there was Arabic-speaking member of staff to help their Middle Eastern customers.

Performance was discussed informally with the superintendent pharmacist (SI). Team members had the opportunity to discuss how they were getting on, any areas for improvement, learning needs, and issues. Targets were not set for the team.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member. But the pharmacy could do more to ensure that it keeps all areas tidy and free from potential tripping hazards.

### Inspector's evidence

The first floor of the pharmacy comprised of a retail area, with a medicine counter on one end. A reception desk and consultation room were located behind the medicines counter. A dispensary, storage room, office and staff toilets were located on the lower ground floor. A computer was fitted at the reception desk on the first floor and was used to check people's electronic medical records. The consultation room was cluttered, with boxes and stock on the floor, as well as some private prescriptions and assembled multi-compartment compliance packs. The room was decluttered, and evidence sent to the inspector following the inspection. The main dispensary had sufficient work and storage space. The office was cluttered with boxes full of stock, which were stored in a disorganised manner which could present a tripping hazard.

## Principle 4 - Services ✓ Standards met

### Summary findings

People can access the pharmacy's services. The pharmacy has some systems in place for making sure that its services are organised, and overall, it provides its services safely. It orders its medicines from reputable sources and largely manages them properly. But sometimes it does not consistently document its fridge temperatures, which could make it harder for the pharmacy to show that the temperatures have been kept within the appropriate range.

### Inspector's evidence

Access into the pharmacy was step-free. There was sufficient space in the retail area, and this assisted people with restricted mobility or using wheelchairs. The pharmacy had a small seating area for people to use when they wanted to wait. Some members of the team were multilingual or used Google Translate if they did not speak a language. Services were promoted verbally.

Team members were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group and said they would dispense this medicine in its original pack. Several members of the team could not correctly describe the 'at-risk' group and said they would reread the guidance. The trainee pharmacist said he had raised concerns about dispensing sodium valproate in multi-compartment compliance packs as he had noticed that the tablets had expanded. The tablets had been replaced but he was not entirely sure of any additional steps that the pharmacist may have taken in response to this. Some people still received this medicine in their packs but team members could not provide evidence that any discussions were held the doctor about potential risks. The trainee pharmacist said he would look into conducting a clinical audit to help improve patient safety. Following the inspection, the RP said that the GP had been emailed and that she had discussed this issue with the SI, who had informed her that sodium valproate should be dispensed in its original container. The SI had also made her aware of a risk assessment which should be completed any time sodium valproate was dispensed outside of its original container. The RP added that the pharmacy had implemented an action plan for when sodium valproate was dispensed in a multi-compartment compliance pack and this included actions such as adding in sodium valproate right before checking and sealing the as soon as possible, to minimize exposure to the air, as well as double checking that the tablets had not changed in appearance before handing out.

Multi-compartment compliance packs were assembled by the trainee pharmacist or dispenser, usually on the weekends when the pharmacy was quieter. Prepared packs observed were labelled with product descriptions and patient information leaflets were seen to be supplied. The pharmacy had clear audit trails for the service to help keep track of when people were due their packs and when their packs were delivered. Packs were prepared two weeks in advance and delivered one week in advance to allow time for any issues to be rectified. Individual backing sheets were created for each person receiving the packs and these detailed the medicines, their timings, and any additional information such as the times that the carers visited.

The pharmacy used a delivery company to deliver medicines to people. There were set days to deliver weekly and monthly multicompartment packs. The pharmacy kept a record of what medicines were being delivered in case of any queries. People were also asked to sign to confirm receipt of their medicine. Medicines were returned to the pharmacy if the person was not at home.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team said that they checked the expiry dates of medicines at regular intervals but did not keep records of this. No expired medicines were found on the shelves in a random check in the dispensary. The RP explained that fridge temperatures were checked daily, but in the records there were some gaps of over two weeks between recorded readings. The RP provided assurances that the temperatures would be routinely documented in the future. The fridge temperatures were seen to be within the appropriate range during the inspection. Drug alerts and recalls were received electronically and actioned, but audit trails were not maintained to confirm this. Following the inspection, the RP said that MHRA alerts were retained in an electronic folder once actioned. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

The pharmacy had several glass measures, with some used to measure certain liquids only. There were clean tablet counting triangles. There were four pharmaceutical fridges, and these were clean and suitable for the storage of medicines. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

### 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.