

Registered pharmacy inspection report

Pharmacy Name: North End Pharmacy, 100a North End Road, West Kensington, LONDON, W14 9EX

Pharmacy reference: 1041536

Type of pharmacy: Community

Date of inspection: 22/01/2024

Pharmacy context

This pharmacy is located within a parade of shops on a main road and serves a mixed local population. The pharmacy receives most of its prescriptions electronically. It provides the flu vaccine service and a delivery 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
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 adequately manages the risks associated with its services. And it largely keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members respond appropriately when mistakes happen during the dispensing process. People who use the pharmacy can provide feedback. Some team members know how to protect the welfare of vulnerable people. But not all team members have done safeguarding training, which could make it harder for them to know what to do if there are any concerns.

Inspector's evidence

Members of the team said that they had read the pharmacy's standard operating procedures (SOPs), which were held electronically. But they could not always access these SOPs if they needed to refer to them. The superintendent pharmacist (SI) said that the SOPs were held on one computer terminal, but he would ensure that they were available on other terminals for the team to access as and when needed.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were documented. A QR code was displayed in the dispensary for easy access to the near miss record. Near misses were reviewed regularly by the SI and discussed with the team. The team described changes the pharmacy had made to help improve the dispensing service, for example, team members had been briefed about the various pack sizes of a medicine and advised to double check quantities when dispensing this. A procedure was in place for dealing with dispensing mistakes which had reached a person, or dispensing errors. The SI said there had not been any dispensing errors for some time.

The correct responsible pharmacist (RP) sign was displayed. Team members were able to describe their roles and responsibilities. The RP record was kept electronically, and samples checked were generally in order. The pharmacy had current indemnity insurance cover. Samples of the private prescription and emergency supply records were seen to be in order. Controlled drug (CD) registers were maintained in accordance with requirements. A random stock check of a CD did not agree with the recorded balance, but this was rectified by the SI following the inspection.

People were able to provide feedback online or verbally. A complaints procedure was in place and an incident form was available should the team need to document a complaint. The SI said that the pharmacy tried to keep particular products in response to requests from people.

All team members had completed training on the General Data Protection Regulation. The SI said he frequently reminded team members on the importance of protecting confidentiality, for example, to verify the caller identity before sharing information over the telephone. Confidential waste was shredded on site. Computers were password protected and smartcards were used to access the pharmacy's electronic records.

The SI had completed training on safeguarding children and vulnerable adults. Some members of the team had not completed any relevant training and were not able to describe signs of abuse and steps they would take should they wish to raise a concern. The SI said he would provide training for all team members. The details of the local safeguarding team were displayed in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they feel comfortable about raising concerns. Team members have access to some ongoing training to help keep their knowledge and skills up to date. Team members generally do the right training for their roles, but the pharmacy should ensure that it registers them on an accredited course in a timely way.

Inspector's evidence

The pharmacy team comprised of the SI, a trainee pharmacist, a medicine counter assistant (MCA), an apprentice technician and two assistants. The two assistants, who were both overseas pharmacists, were involved in dispensing tasks but had not completed accredited training. One had been working at the pharmacy for one year and the other had started four months ago. Following the inspection, the SI sent evidence of their enrolment onto training courses. The team managed its workload well throughout the inspection and team members communicated effectively with each other.

Both assistants had been provided with in-house training by the SI. One of the assistants was observed training the apprentice technician on the multi-compartment compliance pack service. The SI said that he had struggled with staffing levels in the past and so team members did not have much time for ongoing training. Now that staffing levels had stabilised, he was looking at introducing weekly training sessions. He tried to keep the team updated about any changes, for example, medicine alerts.

The MCA described her responsibilities which included serving customers and selling over-the-counter medicines. She asked several questions and referred to the pharmacist when needed before selling medicines. She was aware of medicines which were open to abuse and described how she would deal with multiple requests for these. She kept up to date by reading counter booklets, product leaflets and pharmacy magazines.

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. Team members said they they felt comfortable about discussing any concerns or issues with the SI, who was open to feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The pharmacy premises took up one shop unit. A medicines counter was located to one side of the shop and was accessed by a low swing door. Pharmacy medicines were kept behind the medicine counter so that their sales could be supervised. There were two chairs near the counter that people waiting for services could use. The dispensary was towards the back of the shop. It had adequate lighting, and the ambient temperature was suitable for storing medicines. The pharmacy was reasonably clean and there was sufficient dispensing space available.

A small consultation room was situated on the side of the shop and could be accessed via the retail area or the dispensary. This was generally tidy. A sink was fitted in the room and there was some seating. There were several rooms in the basements which were used to store excess stock and as office space. The pharmacy had a staff toilet and kitchenette.

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. It orders its medicines from reputable sources and largely manages them properly. But it does not routinely highlight prescriptions for higher-risk medicines. So, it could be missing out on opportunities to provide additional information to people when they collect these medicines.

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. Some services were promoted on the window and throughout the pharmacy shop floor. Some members of the team were multilingual and helped translate for people when possible. The SI was looking into fitting an electronic tablet to at the counter to display information, for example, videos on inhaler techniques.

Bags of dispensed medicines were stored inside the dispensary and were not visible to people. Prescriptions were filed in alphabetical order. People were asked to confirm their details when collecting medication. Baskets were used throughout the dispensing process to separate prescriptions and prevent transfer between people. There were designated areas to dispense prescriptions and assemble multi-compartment compliance packs. Dispensed and checked-by boxes were used by team members to ensure that there were dispensing audit trails.

The pharmacy did not routinely highlight prescriptions for higher-risk medicines or Schedule 3 and 4 CDs, where additional checks may be required. The SI said he would implement changes to ensure that appropriate checks were made and that people receiving these medicines would be provided with any appropriate counselling. Team members said that they had read the MHRA guidance on sodium valproate, but they could not define the at-risk group accurately. The SI said he would ask team members to refresh their knowledge on the guidance.

Multi-compartment compliance packs were assembled by one of the assistants. 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 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. The pharmacy had been supplying a medicine in a multi-compartment compliance pack, still inside its foil blister which had been cut to size, as the medicine needed to be provided in its original pack. The risks of this practice were discussed, and the SI said that he would raise this with the person's prescriber and review the arrangement.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. The SI said the pharmacy was struggling with medicine shortages and it was increasingly difficult to find medicines with prices that matched the Drug Tariff. And that the pharmacy team was recently spending more time contacting GP practices for alternatives, to ensure people received their medicines on time. Stock was generally stored tidily. Team members said expiry date checks were conducted regularly but records did not

reflect when these checks had been made. Some expired CDs were seen inside the CD cabinets, and although they were kept on separate shelves, they were not clearly marked as expired. The SI said he would mark these clearly to reduce the risk of supplying these to people. The fridge temperatures were monitored daily for two fridges but not the third, which was seen to have insulin and antibiotic eye drops inside. The SI said that medicines should not have been stored inside the third fridge. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received electronically and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Computers were password protected and screens faced away from public view to protect people's confidentiality. The pharmacy had several glass measures, with some used to measure certain liquids only. There were several clean tablet counting triangles. The pharmacy had three 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.