

Registered pharmacy inspection report

Pharmacy Name: Taplow Pharmacy, Unit 5, Ground Floor, Taplow
Thurlow Street, LONDON, SE17 2UQ

Pharmacy reference: 1075133

Type of pharmacy: Community

Date of inspection: 24/06/2024

Pharmacy context

This pharmacy is located within a housing estate in South East London. The pharmacy mainly dispenses NHS prescriptions. And it provides the Pharmacy First 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	1.2	Good practice	Team members routinely record when things go wrong and review the records. This helps them identify areas for improvement.
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 manages its risks appropriately to make sure people are kept safe. It keeps the records it needs to by law. So, it can show that supplies are made safely and legally. Team members are familiar with the pharmacy's safeguarding procedure, to help them know how to protect vulnerable people. And the pharmacy manages and protects people's confidential information appropriately.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which were held electronically. These had recently been updated following a takeover of the pharmacy. Team members were clear about their roles and responsibilities and had signed a training log to confirm that they had read and understood the SOPs.

A clinical governance folder was available and included information such as medicine recalls, incident logs, patient safety reports, and cleaning matrices. Near misses, where a dispensing mistake was identified before a medicine was handed out, were recorded. The near miss record was accessible to all team members and was seen to be routinely filled in. The records were reviewed at the end of every month and discussed with the team. Action points were documented and reviewed to make sure they were implemented. The responsible pharmacist (RP) provided examples of action taken by the pharmacy team, such as separating look-alike and sound-alike medicines (LASAs) and the introduction of triple checks for controlled drugs (CDs). Some useful documents were printed out for the team to refer to, including a list of LASAs. There was a procedure in place to deal with dispensing mistakes where the medicine had been handed out (dispensing errors), and this included reporting them to the pharmacy's head office. The RP described the changes the pharmacy had made following an error where the incorrect medicine was delivered to a person, including confirming the person's address before handing the medication over.

The RP sign was not visible to members of the public. This was moved during the inspection to be more visible. The RP record was held electronically and was generally in order. The pharmacy had current indemnity insurance. Samples of the private prescription and emergency supply records were completed in line with the requirements. CDs were stored appropriately. CD balance audits were carried out monthly; a random stock check of a CD agreed with the recorded balance. CDs returned by people were documented and disposed of in a timely manner.

People were able to provide feedback via online reviews or email the pharmacy. The pharmacy had a complaints procedure for team members to refer to.

Team members had read the pharmacy's SOPs about confidentiality as well as the Pharmaceutical Services Negotiating Committee's training booklet. The pharmacy had registered with the Information Commissioner's Office and a certificate was displayed to confirm this. Computers and confidential information were not visible to members of the public. Confidential waste was stored in separate bags which were collected by an approved contractor. Team members were observed signposting people to the consultation room for private conversations.

Team members had read the SOP about safeguarding vulnerable groups. There had not been any

safeguarding concerns reported at the pharmacy. The contact details of the local safeguarding team were held electronically and were available to the team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members work in a supportive environment and feel comfortable about raising concerns. But they do not always get the opportunity to do ongoing training, which may make it harder for them to keep their skills and knowledge up to date.

Inspector's evidence

During the inspection, the pharmacy was staffed by a regular RP, a qualified dispenser, a trainee dispenser, and an assistant. Both the qualified dispenser and assistant had started working at the pharmacy recently. The RP said that the assistant would be enrolled onto a suitable course following the probation period. The team was managing its workload well throughout the inspection and team members were observed supporting one another.

The dispenser had been provided with in-house training on the dispensary processes and the software. They were also in the process of reading the pharmacy's SOPs. The new assistant, who was covering the medicines counter, had been briefed about their role and responsibilities. They said they would always refer to the pharmacist before selling pharmacy-only medicines (P-medicines).

Team members, including those who were enrolled onto a training course, were not provided with protected study time at work. They could not provide examples of any ongoing training that they completed at the pharmacy but said that the pharmacist updated them every now and then. Two members of the team had only started working at the pharmacy recently, and the trainee dispenser was doing their training course.

A whistleblowing policy in place and was accessible to all members of the team. Informal performance reviews were held once a month and team members were able to arrange for additional reviews if needed. Team members said they were comfortable to raise concerns to the pharmacist or area manager, and they felt supported by their head office. Targets were set for the team, including number of items dispensed. The team said that these targets were reasonable and there was no pressure to meet them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are mostly clean. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had a spacious retail area with ample space for people using wheelchairs or with pushchairs. Fittings had not been updated for some time and some ceiling tiles were missing in the retail area. The pharmacy was due to relocate to new premises soon.

The dispensary was located at the back of the shop, behind the medicines counter. A small consultation room was available, and this was clean and tidy. The room allowed a conversation at a normal level of volume to take place and not be overheard. A spacious storage room was located behind the dispensary and was fitted with shelves and desks. The room was used to store excess stock and to dispense multi-compartment compliance packs.

Cleaning was shared by the team. A cleaning rota was signed and filed in the clinical governance folder at the end of the month. An air conditioning unit was fitted in the retail area but was not in use due to a leak in the ceiling. A portable fan was available in the dispensary.

A staff room, kitchenette, and toilets were available for the team. Bags of patient returned medicines were stored in a disorganised manner in the staff room. The RP said that they would review the storage arrangement of the waste medicine.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy generally provides its services in a safe way. 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 may be missing out on opportunities to provide additional counselling.

Inspector's evidence

Access into the pharmacy was step-free. The front door was kept open during opening hours and there was ample space in the retail area. Two wipeable chairs were available near the medicines counter for people wanting to wait for a service. There were several posters displayed in the window and throughout the premises to promote services, such as weight loss advice and the Pharmacy First service. The pharmacy's new opening hours were displayed at the medicines counter. Some members of the team were multilingual and described using a translating application for people who did not speak English as their first language.

Electronic prescriptions were dispensed as soon as they were received. Part dispensed prescriptions were kept on a designated shelf until stock arrived. The shelf was checked daily to ensure that owed items were dispensed in a timely manner. The RP said that a double check was always obtained, and this helped reduce the risk of dispensing mistakes. Dispensing audit trails were maintained to help identify who was involved in dispensing and checking a prescription. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines. Baskets were used throughout the dispensing process to separate prescriptions and prevent transfer of medicines between people.

Prescriptions for higher-risk medicines were not routinely highlighted once they were dispensed. The RP said that they would carry out clinical checks by checking the person's electronic medical record. They would also counsel the person and make additional checks, for example, request the person's INR levels if they were taking warfarin. These checks were not documented. Members of the team said that they had read the guidance about sodium valproate but there were no systems in place to identify people in the at-risk group. And the pharmacy team could not describe the advice they would provide. A prescription for a person in the at-risk group was found in the prescription retrieval system which had not yet been handed out. Team members said that they would re-read the guidance. The RP was aware of the government restrictions on use of puberty suppressing hormones but had not read the guidance. The RP said that they would familiarise themselves with it.

The prescription retrieval system was cleared every month to remove uncollected medicines and expired prescriptions. People were made aware that prescriptions were not kept on the shelf for longer than four to six weeks.

The pharmacy was receiving referrals for the Pharmacy First service from local GP practices. The RP checked the system daily for referrals and contacted people to attend the pharmacy for a face-to-face consultation. The RP described signposting people to their GP, for example, cases of recurrent urinary tract infections. Records about the Pharmacy First were maintained on the online system and in-date, signed Patient Group Directions were available at the pharmacy.

The pharmacy provided multi-compartment compliance packs for people needing help to take their medicines. The pharmacy maintained clear audit trails of when people were due their medication, when their prescriptions had been ordered, and when their packs had been supplied. The packs were assembled at a pharmacy hub. The pharmacist processed the prescriptions once they were received and sent an electronic document detailing the information on the prescriptions to the hub. The packs were checked by the pharmacists at the hub and again by the RP at the pharmacy. Drug descriptions were provided to help people identify their medicines. Patient information leaflets were not routinely supplied. The RP said they would discuss this with the hub to make sure people were provided with up-to-date information about their medicines.

The pharmacy team said that expiry date checks were carried out weekly, but records were not maintained. The RP said they would introduce a date-checking log. Medicines with short expiry dates were marked with a coloured sticker. No out-of-date medicines were found during the inspection. Waste medicine was disposed of in appropriate containers. These were kept in the staff room and collected by a licensed waste carrier. Fridge temperatures were monitored and recorded daily, and temperature records examined were seen to be within the range required for the storage of medicines. Drugs alerts and recalls were sent electronically. These were printed out, signed and filed for reference.

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

The pharmacy had two fridges for storing cold chain items. There were several calibrated conical measures to measure liquids, but one had some limescale. There were also tablet and capsule counters available and these were all clean. The blood pressure monitor was replaced annually, and a new otoscope was in use. The computer used to access people's medical records was not visible from the public areas of the pharmacy. Team members were able to access up-to-date reference sources online.

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.