

# Registered pharmacy inspection report

**Pharmacy Name:** Riverside Pharmacy, 1 Shrewsbury Walk,  
ISLEWORTH, Middlesex, TW7 7DE

**Pharmacy reference:** 1089855

**Type of pharmacy:** Community

**Date of inspection:** 30/09/2019

## Pharmacy context

An independent pharmacy located on a high street in Old Isleworth, West London. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes and a delivery 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
<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's working practices are safe and effective. It protects people's private information and keeps the records it needs to by law. Team members follow written instructions to make sure they work safely, and they understand how to safeguard and support vulnerable people. But, the pharmacy does not record all of its mistakes. So, it might miss opportunities to spot patterns and trends and so reduce the chances of the same things happening again.

### Inspector's evidence

Near misses were recorded in a log held in the dispensary. However, near misses had not been recorded for a while. The pharmacist explained that near misses were highlighted to the team member who made it and the pharmacist asked them to look at it again and correct the mistake. The pharmacist explained that the team had an incident whereby a patient using multicompartiment compliance aids was supplied with the wrong trays due to a mix up with bag labels. Following this incident, the team reviewed their procedures for bagging up the compliance aids and now ensure that two people supervise the bagging process.

There was a logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartiment compliance aids were prepared in a dedicated room as there was limited space in the dispensary. Standard operating procedures (SOPs) were in place for the dispensing tasks and included staff roles and responsibilities. The team had signed the SOPs to say they had read and understood them, but the SOPs had not been updated for 3 years. The pharmacist explained that he would be updating the SOPs over the next few months to ensure they accurately reflected the processes being carried out by the team. A certificate of public liability and professional indemnity insurance from the NPA was on display in the pharmacy.

There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint and held a record of complaints in the dispensary. The team explained that they carried out an annual community pharmacy patient questionnaire (CPPQ) but the results were unavailable. Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained electronically, and the pharmacist checked the running balances of controlled drugs when they were dispensed. The pharmacist explained that they were planning on implementing a monthly balance check for all controlled drugs. The pharmacy held a paper responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it, but on entry to the pharmacy, the notice was covered by a delivery box. The maximum and minimum fridge temperatures were recorded electronically daily and were in the 2 to 8 degrees Celsius range. The private prescription records were completed electronically. The specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. Prescriptions ready for collection were stored in cupboards which could be locked. There were cordless telephones available for use and confidential waste paper was collected in confidential waste bins and either shredded or picked up for secure disposal by First Mile. The pharmacist had

completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members had not received any safeguarding training but explained they were happy to refer to the pharmacist if they suspected a safeguarding incident. They were all Dementia Friends and had completed this learning online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload. They are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. Members of the team can use their professional judgement to decide whether it is safe to supply medicines. And they keep records of any interventions they make.

### Inspector's evidence

During the inspection, there was one pharmacist, two dispensers and one NVQ 3 dispenser who was completing the paperwork to become a registered technician. The staff were seen to be working well together. The team did not have a formal on-going training programme but explained that they were updated regularly by the pharmacist on any professional changes such as CD changes. The NVQ 3 dispenser explained that the team regularly received pharmacy journals and magazines in the post which they would read.

The pharmacy team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the pharmacist explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a clean and professional environment which is suitable for the provision of pharmacy services. It has a consultation room, so people are able to have private and confidential discussions.

### Inspector's evidence

The pharmacy included a retail area, medicine counter, a narrow main dispensary, a secondary dispensary at the back, an office area, a consultation room, a stock room and staff rest rooms. The pharmacy was modern in appearance with a large glass door contributing to the brightness of the environment. The retail area was uncluttered and there was a seating area for people waiting. Medicines were stored on the shelves in a suitable manner and the shelves were cleaned when the date checking was carried out. The dispensary was screened to allow for the preparation of prescriptions in private.

The main dispensary was long and very narrow and included workbenches with shelving above and below. At one end of the dispensary was a sink and at the other end was a computer terminal. As the dispensary was narrow and difficult to have more than one person working there, the team used an additional room in the back of the pharmacy to dispense multicompartment compliance aids and repeat prescriptions. The dispensary was clean, tidy and appeared to provide adequate space for the workload. A cleaner came to assist with the cleaning every week.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to most people, and it manages them safely and effectively so that people receive appropriate care. It obtains its medicines from licensed suppliers, and it carries out regular checks to make sure that they can be supplied to people safely. However, the pharmacy does not always provide all the information that people may need to take their medicines.

### Inspector's evidence

There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion on a table in front of the seating area. There was small step into the pharmacy, but the team explained they did not usually have any patients who had difficulty entering the pharmacy and would assist anyone trying to get in. The team explained that they provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multicompartiment compliance aids for domiciliary patients. However, the compliance aids did not include descriptions of the medicines inside and they were not always supplied with patient information leaflets every month. The pharmacist explained that the team were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had a poster displayed in the dispensary about the risks of valproates. The dispenser explained that they asked patients taking warfarin for their yellow books to check their blood test results and asked if they were having regular blood tests and were aware of their dose. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD), but the pharmacist explained he was looking into different FMD systems to see which one would best suit how the pharmacy worked. The pharmacy obtained medicinal stock from Alliance, AAH, Sigma, Trident and Colorama. Invoices were seen to verify this. Date checking was carried out every six months and the team highlighted items due to expire with coloured stickers but did not keep a record of the date checking.

There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had separate bins for the disposal of hazardous waste. The fridge was in good working order and the stock inside was stored in an orderly manner. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Facilities are used in a way that protects people's privacy.

### Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

### 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.