

Registered pharmacy inspection report

Pharmacy Name: Norbury Pharmacy, 1351 London Road, LONDON, SW16
4BE

Pharmacy reference: 1089934

Type of pharmacy: Community

Date of inspection: 27/01/2020

Pharmacy context

A community pharmacy set amongst some retail shops on a main road in Norbury. The pharmacy opens five days a week. And most people who use it live nearby. The pharmacy sells a range of over-the-counter (OTC) medicines. And it dispenses prescriptions too.

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 written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. And they try to stop mistakes happening. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The ownership of the pharmacy had recently transferred. The pharmacy's team members told people the pharmacy was to close-down over the coming months. But they signposted them to other pharmacies close by. So, they knew where they could go to after the pharmacy had closed. The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. The team members were required to read, sign and follow the SOPs relevant to their roles. They kept the dispensing workstations tidy. They used baskets to separate people's prescriptions. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team explained that they would discuss learning points with each other when a mistake was identified. And they would take actions to try and stop mistakes happening. For example, they separated a few look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. The roles and responsibilities of the pharmacy team were described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to a pharmacist. A complaints procedure was in place. And the pharmacy team welcomed people's feedback about the pharmacy. People's feedback led to the pharmacy trying to keep acute medicines, which were regularly prescribed, in stock.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through Numark. The pharmacy hadn't supplied an unlicensed medicinal product nor dispensed a private prescription since its ownership transferred. The pharmacy's emergency supply records and RP records were mostly in order. But sometimes the nature of the emergency wasn't recorded for emergency supplies made at the request of patients. The address from whom a controlled drug (CD) was received from wasn't always included in the CD register. And the CD register's running balances weren't checked every week as required by the pharmacy's SOPs. So, opportunities to spot mistakes or discrepancies could be missed.

The pharmacy needed to give information governance assurances to the NHS each year using an online data security and protection toolkit. It had access to published guidance on the General Data Protection Regulation. And members of the pharmacy team needed to sign a confidentiality agreement. The pharmacy had



arrangements to make sure confidential waste was stored and destroyed securely. Its team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy had a safeguarding policy and contacts for safeguarding concerns were available too. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.



Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough suitably trained people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 45 hours a week. But its dispensing workload had decreased significantly since its ownership transferred. And it dispensed about 200 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP) and a full-time dispensing assistant. And they were both working at the time of the inspection. The pharmacy was managed by the RP. The pharmacy relied upon team members from nearby branches to cover any absences.

The team members helped each other so people were served promptly, and prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. The dispensing assistant described the questions he would ask when making OTC recommendations and when he would refer people to a pharmacist. For example, requests for treatments for infants, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions. The dispensing assistant had completed accredited training relevant to his role work in the dispensary and at the counter. The pharmacy's team members discussed their performance and development needs with their line manager. They were encouraged to ask questions and familiarise themselves with new products. They could complete supplementary training to make sure their knowledge was up to date while they were at work when the pharmacy wasn't busy. One-to-one discussions or informal meetings were held to update staff and share learning from mistakes or concerns.

The pharmacy didn't set any targets or have incentives for its staff. And team members didn't feel under pressure to complete the tasks they were expected to do. They felt comfortable about making suggestions on how to improve the pharmacy. And knew who they should raise a concern with if they had one. The team's feedback led to some portable heaters being obtained for the pharmacy.



Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy had been refurbished since the last inspection. Its dispensary was enlarged to provide more workbench and storage space. The public area of the premises was clean, bright and adequately presented. But the general decoration of some of the rear areas of the premises required attention. The pharmacy team was responsible for keeping the pharmacy clean and tidy. The sink in the dispensary was clean and it had a supply of hot and cold water. And antibacterial hand wash was available too. The pharmacy was secure when shut. But it wasn't air-conditioned. So, the pharmacy team needed to take steps to make sure the pharmacy remained warm in the winter and cool in the summer. The pharmacy had a consultation room if people needed to speak to a team member in private. Conversations in the consultation room couldn't be overheard in the areas next to it. And it was locked when not in use. So, its contents were kept secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy tries to help people access its services. Its working practices are generally safe and effective. And its team makes sure people have the information they need to take their medicines safely. The pharmacy gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team mostly carry out the checks they need to. So, they can make sure the pharmacy's medicines are fit for purpose. And they generally dispose of people's waste medicines properly.

Inspector's evidence

The pharmacy didn't have any automated doors. And its entrance wasn't level with the outside pavement. So, its team needed to make reasonable adjustments to help some people with mobility difficulties, such as wheelchair users, access its services. The pharmacy's services weren't advertised in-store. But the pharmacy's team members knew where to signpost people to if a service wasn't provided. And they were helpful and provided advice to people on how to take their medicines safely.

The pharmacy's dispensing workflow was carefully managed to reduce the chances of staff making mistakes. Members of the pharmacy team followed the pharmacy's SOPs. They referred to prescriptions when labelling and picking products. And they initialled each dispensing label. Assembled prescriptions were not handed out until they were checked by the RP who also initialled the dispensing label. And patient information leaflets were routinely supplied. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy obtained its pharmaceutical stock from nearby pharmacies under the same ownership. But it could obtain stock from recognised wholesalers too. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock, which needed to be refrigerated, was stored between two and eight degrees Celsius. Its stock was subject to date checks. But these weren't documented. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team was required to keep out-of-date CDs separate from in-date stock. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock at the time of the inspection. And they didn't know when the pharmacy would become FMD compliant. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had some pharmaceutical waste bins. But it didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. The pharmacy had a process in place for dealing with alerts and recalls about medicines and medical devices. And some OTC medicines subject to a recent drug recall had been



quarantined. But the pharmacy team didn't always record the actions it took when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. And staff made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact Numark to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked the refrigerator's maximum and minimum temperatures. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

What do the summary findings for each principle mean?

✓ 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.