

Registered pharmacy inspection report

Pharmacy Name: Lady Margaret Road Pharmacy, 223 Lady Margaret Road, SOUTHALL, Middlesex, UB1 2PT

Pharmacy reference: 1094901

Type of pharmacy: Community

Date of inspection: 22/06/2023

Pharmacy context

This is a community pharmacy belonging to a company which owns approximately 26 pharmacies. The pharmacy is attached to a health centre. And it is in a residential area of Southall. It provides a range of services including dispensing prescriptions. And it has a small selection of over-the counter medicines and other pharmacy-related products for sale. It provides a selection of other services, including a winter flu vaccination service. And it supplies medicines in multi-compartment compliance packs for people who need them. The company operates a central dispensing 'hub' to which the pharmacy sends many of its prescriptions for dispensing.

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 suitable written procedures in place to help ensure that its team members work safely. And the team understands and follows them. The pharmacy has insurance to cover its services. And it completes the records it needs to by law. The pharmacy team knows how to protect the safety of vulnerable people. And it protects people's confidential information properly. The pharmacy adequately identifies and manages the risks associated with its services. Team members respond well when mistakes happen. And they take suitable action to prevent mistakes in the future.

Inspector's evidence

The pharmacy had a system for recording its mistakes. The responsible pharmacist (RP) worked regularly at the pharmacy. And he described how he always highlighted and discussed 'near misses' and errors as soon as possible with the team member involved to help prevent the same mistake from happening again. But while the team recorded its mistakes, it did not record many other details. Records did not show, how the mistake happened, what the team member had learned or what they would do differently next time. The RP and other team members agreed that if they had more details of what they had learned from their mistakes they could review them and monitor improvement more effectively. And it would provide the team with a better opportunity to prevent mistakes and continue to improve. But while the team did not record much detail, it reviewed its mistakes every month. And during these monthly reviews it also reflected on the month before. It did this to monitor whether its follow up actions had brought sustained improvement. In response to a near miss mistake, the team had been made aware of the risk of confusion between look-alike sound-alike medicines (LASAs). And it had identified the possibility that a mistake could occur between them. These included medicines such as such as prednisolone and propranolol. The team had separated these products so that they were not close to each other alphabetically. It did this to remind staff that they were dispensing a LASA. And to prompt an additional check of the item they were selecting. This approach had reduced the occurrence of LASA mistakes.

The pharmacy had put measures in place to keep people safe from the transfer of infections. The team had a regular cleaning routine, and it cleaned the pharmacy's work surfaces and floors regularly. The pharmacy had hand sanitiser for team members and other people to use. And it had put screens up at its medicines counter. The pharmacy had an up-to-date set of standard operating procedures (SOPs) to follow. The SOPs were stored electronically. And staff could find them easily. Team members had all read the SOPs. And they appeared to understand their roles and responsibilities. The dispensing assistant (DA) who also acted as a medicines counter assistant (MCA) consulted the pharmacist when she needed his advice and expertise. And she demonstrated that she could access and update the pharmacy's electronic records competently. The RP had placed his RP notice on display where people could see it. The notice showed his name and registration number as required by law.

People could give feedback on the quality of the pharmacy's services directly to the pharmacy's team members. A lot of the pharmacy's customers had been regulars for many years. And it was clear that the team had a good working relationship with them. Following feedback from people the pharmacy tried to keep their preferred make of medicine in stock, where appropriate. So, that they were always available for them. The pharmacy had a complaints procedure in place. And team members could provide people with details of where they should register a complaint if they needed to. The RP

generally dealt with people's concerns at the time. A recent incident led to the pharmacy seeking the support of the superintendent (SI). The team then conducted a thorough review of its procedures for bagging and labelling medicines which had been dispensed and checked ready for delivery or collection. Following the review, the team had been retrained on procedures, focusing on dealing with one prescription at a time. The RP felt confident that the new procedures would reduce the risk of a mistake in future. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and its customers.

The pharmacy generally kept its records in the way it was meant to, including its controlled drugs (CD) register and its RP records. The pharmacy maintained and audited its CD running balances. And the quantity of a random sample checked by the inspector matched the total recorded in the CD register. The pharmacy had a CD destruction register. So that it could account for the receipt and destruction of patient-returned CD medicines. But it had not had to use it in recent months. The inspector discussed this with the RP and DA. The inspector was given assurance that the team knew to record the receipt and destruction of patient returned CDs and team members would use it if they received any. The pharmacy also kept appropriate records of its private prescriptions. And records of its emergency supplies. The pharmacy team understood that all the pharmacy's essential records should have all the necessary details. And that they should be kept up to date.

The pharmacy's team members understood the need to protect people's confidentiality. And they had completed suitable training. They separated the pharmacy's confidential paper waste from its non-confidential waste. And they discarded confidential paper waste into waste baskets as they worked. And then into separate waste bags. The confidential waste bags were collected regularly for safe disposal by a licensed waste contractor. The pharmacy generally kept people's personal information, including their prescription details, out of public view. A box of dispensed and bagged items was stored just behind the counter. But staff had tried to ensure that people's private information, such as their names and addresses was not easily viewed. While it was unlikely that someone would be able to read people's bag labels. The team agreed that the system should be reviewed to ensure that it was more secure. The Pharmacy had a safeguarding policy. The RP had completed appropriate level 2 safeguarding training. And the DA had completed the appropriate training to level 1. Remaining team members had been briefed. This included the delivery driver. And they knew to report any concerns to the RP. The team could access details for the relevant safeguarding authorities online. But it had not yet had any concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has an appropriate range of skills and experience to support its services. And it manages its workload safely and effectively. Its team members support one another well. And they keep their knowledge up to date. Team members receive sufficient feedback to help them conduct their tasks satisfactorily.

Inspector's evidence

The pharmacy had one of its two regular RPs on duty at the time of the inspection. The rest of the team consisted of the DA, who was also the MCA and the pharmacy manager. The working atmosphere was calm, efficient and organised. The pharmacy's team members formed a close-knit team. Team members had a clear understanding of what their tasks were. And when they should do them. Staff were up to date with the daily workload of prescriptions. And they attended to people coming into the pharmacy promptly.

The pharmacy's team members had reviews about their work performance. They discussed issues as they arose while they worked. And they also had a one-to-one with the DA manager every month. The DA could raise issues with the RP or the line management team, including the superintendent if she needed to. And the RP felt he could raise concerns and discuss issues with team members. And with the head office team if necessary. The pharmacy also had a whistle blowing policy. The regular RPs kept the team up to date with any changes affecting their work or any new work priorities. And team members were encouraged to keep up to date by reading training material in over-the-counter pharmacy publications. On new products for example. They were also given training on new services and other matters relating to pharmacy services such as confidentiality. Pharmacists could make their own professional decisions in the interest of people and were not under pressure to meet business or professional targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. The pharmacy is tidy and organised. And it is sufficiently clean and secure.

Inspector's evidence

The pharmacy was in self-contained premises attached to the health centre. It had its own, external doorway which gave independent access from outside. And an additional shuttered doorway inside, connecting it to the health centre. The pharmacy had a very small retail space which was sufficient to stock a core range of general sales medicines, and other items related to health and wellbeing. It kept its pharmacy medicines behind the medicines counter. And it had a consultation room and a small waiting area. People accessed the consultation room from the retail area. The consultation room door was locked to prevent unauthorised access. And to protect the private information it held either on the computer or on paper documents. Pharmacists used the room for private conversations with people and when providing certain services including flu vaccinations. The pharmacy also had a small office with shelves for storing files. Staff shared health centre toilet facilities.

An opening to the side of the counter led around it into the dispensary. The dispensary had work surfaces on three sides. And it had storage shelves and drawers. In general, team members tidied up as they worked. They did this to make sure they had enough space to work safely. The dispensary had a sink for making up medicines and washing equipment. It was also used for staff dishes. The RP gave assurances that the team cleaned the sink, any dishes and any cleaning equipment thoroughly after each use. The team cleaned the pharmacy regularly to ensure that contact surfaces were clean. The premises were generally tidy and organised. And work surfaces were free from unnecessary clutter. At the time of the inspection room temperatures were appropriate to keep staff comfortable and were suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and makes them accessible to people. It supports people with suitable advice and healthcare information. And it ensures that it supplies its medicines with the information that people need to take their medicines properly. The pharmacy team gets its medicines and medical devices from appropriate sources. And team members make the necessary checks to ensure they are safe to use and protect people's health and wellbeing. But it does not ensure that all the medicines on its shelves are packaged and labelled correctly.

Inspector's evidence

The pharmacy had steps at its entrance. But it also had a ramp to provide step-free access. And its small customer area was generally free of unnecessary obstacles. The pharmacy had a delivery service for people who had no other way of collecting their medicines. And it could also order people's repeat prescriptions if required. The pharmacy team used baskets to hold individual prescriptions and medicines during dispensing to help prevent errors.

The pharmacy company operated a centralised dispensing 'hub'. And the hub had a dispensing robot. The pharmacy used the hub to dispense its regular repeat prescriptions. The hub dispensed repeat prescriptions for people who had their medicines dispensed into multi-compartment compliance packs. And it also dispensed repeat medicines in traditional packs. The RP at the pharmacy conducted a clinical check on all prescriptions going to the hub. He did this to make sure that he could resolve any queries with people's GPs and consult them over any changes before prescriptions were dispensed. The pharmacy team then put the data for each prescription into the system before transferring it via a secure electronic system to the hub for dispensing. The hub then dispensed the prescriptions and returned them to the pharmacy. The RP at the hub was responsible for accuracy checking non-compliance pack prescriptions, which were returned to the pharmacy complete and in sealed bags. But the RP at the pharmacy was responsible for accuracy checking all compliance packs. And it was also responsible for completing packs when the hub had not been able to. This sometimes happened if the hub had run out of a medicine which the pharmacy may have in stock. Or which it could obtain to complete the prescription more quickly. The pharmacy at the hub sent clear updates to the pharmacy if there were any issues with any prescriptions for people. The RP showed the inspector email communications which informed the RP of any updates to be made to supplies for compliance pack patients once the medicines had been received by the pharmacy.

Compliance packs were supplied to people living at home who needed them. The pharmacy managed the service according to a four-week rota. And each month it checked and verified any changes to prescriptions. And it updated people's records. The pharmacy also had a system for managing any changes made to people's prescriptions within the monthly cycle. Compliance packs were labelled with the required advisory information to help people take their medicines properly. The pharmacy also supplied patient information leaflets (PILs) with new medicines, and with regular repeat medicines. So that people could find the information they needed if they wanted to. And it labelled its packs with a description of each medicine, including colour and shape, to help people to identify them. The RP agreed that this information was be useful for patient and their families. And for healthcare professionals when helping people to manage their medicines. The pharmacist gave people advice on a range of matters. And he would give appropriate advice to anyone taking high-risk medicines. The

pharmacy had additional leaflets and information booklets on a range of medicines including sodium valproate. The pharmacy had a small number of people taking sodium valproate medicines. The RP described how he counselled at-risk people when supplying the medicine to ensure that they were on a pregnancy prevention programme. The pharmacy also supplied the appropriate patient cards and information leaflets each time.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. It generally stored its medicines appropriately and in their original containers. But it had a small number of packs of medicine with more than one brand of medicine strip inside. The strips did not all have the same expiry date. And some had no expiry date at all. And so, the additional strips could be missed if they were part of a medicines recall or an expiry date check. The inspector discussed this with the RP, and they agreed that team members should review their understanding of the correct procedures to follow when putting medicines back into stock after dispensing. But in general, the pharmacy stored its medicines stock in a tidy and organised manner. And it date-checked its stock regularly. And it kept records of its date checking to track what had been checked and what had not. The team identified and highlighted any short-dated items. And it removed them from stock. It only dispensed them with the patient's agreement where they could use them before the expiry date. The team put its out-of-date and patient-returned medicines into dedicated waste containers. And a random sample of stock checked by the inspector was in date. The team stored its CD and fridge items appropriately. And it monitored its fridge temperatures to ensure that the medication inside it was kept within the correct temperature range. The pharmacy responded promptly to drug recalls and safety alerts. But it had not had any stocks of items affected by recent recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's confidential information safe

Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. Team members had access to a range of up-to-date reference sources. And they had access to personal protective equipment (PPE), in the form of sanitiser, face masks and gloves. The pharmacy had several computer terminals which it had placed at a workstation in the dispensary, in the consultation room and in its office. Computers were password protected and team members understood that they should have their own smart cards to maintain an accurate audit trail. And to ensure that they had the appropriate level of access to records for their job roles. The pharmacy had cordless telephones to enable team members to hold private conversations with people. And it stored its prescription documents out of people's view.

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.