

Registered pharmacy inspection report

Pharmacy Name: Tower Bridge Wellness Pharmacy, 43 Shad Thames, London, SE1 2NJ

Pharmacy reference: 9010959

Type of pharmacy: Community

Date of inspection: 27/04/2022

Pharmacy context

This pharmacy is located within a private estate and serves a mixed population. It does not provide NHS services. It dispenses medicines against private prescriptions and provides phlebotomy, Covid-19 testing and sexual health services. The inspection took place during the Covid-19 pandemic.

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 people who use the pharmacy can provide feedback.

It protects people's personal information properly. The pharmacy generally keeps the records it needs to, to show that medicines are supplied safely and legally. Some staff know how to help protect the welfare of vulnerable people, but not all staff have received training on the subject.

Inspector's evidence

The pharmacy did not dispense a high volume of prescriptions. The responsible pharmacist (RP) said that he dispensed and checked prescriptions but took a short mental break to help reduce the chance of errors. He said that he provided realistic waiting times to people to enable him to take his time when dispensing and checking. Medicines were always shown to people at hand-out to confirm that they have received the correct medicines and that they understood what they were for and how to take them. The expiry date of the medicine was also checked.

A 'near miss register' was in place to record near misses, where a dispensing mistake was identified before the medicine was handed to a person. The RP said that there had not been any near misses documented as the number of items dispensed were minimal and pharmacists had plenty of time to check and recheck the dispensed medicines. A procedure was in place for dealing with dispensing mistakes which had reached a person (dispensing errors), which included correcting and reporting the mistake. The superintendent pharmacist (SI) said that these would be documented in the person's electronic medical record, but this meant that the pharmacy needed to remember peoples' names to access previous records in case of a query. He said that he would review this procedure. There had not been any dispensing errors for some time.

Covid-19 risk assessments had been conducted. Plastic screens had been fitted along the entire length of the pharmacy counter. Personal protective equipment, including face masks, aprons, gloves, visors and hand sanitizer, were available for the team. The pharmacy previously had notices outside asking people to sanitise their hands and wear a face mask prior to entering the premises.

Standard operating procedures (SOPs) were available at the pharmacy and had recently been reviewed. Not all current members of the team had signed the relevant procedures to confirm they had read and understood them. The SI said that he would ask all members to read and sign the relevant SOPs. Responsibilities of team members were listed on individual SOPs, so it was clear who was responsible for which tasks. One of the retail assistants could not describe what tasks they could not do in the absence of the RP. They were advised to read the relevant SOP.

The pharmacy had current indemnity insurance cover. The correct RP notice was displayed. Samples of the RP record were not always maintained in line with requirements as the time the RP ceased responsibility was not always recorded. This may make it harder to identify who was RP at the time. Other records required for the safe provision of pharmacy services were generally completed in line

with legal requirements, including those for private prescriptions and emergency supplies. The pharmacy had not provided any unlicensed medicines and did not keep any controlled drugs (CDs) in stock. Blank CD registers were available.

People were able to give feedback or raise concerns online or verbally. A complaints procedure was in place and a record form was available for team members to log complaints.

The SI had completed training on the General Data Protection Regulation (GDPR) and said that all team members had been briefed on confidentiality and had signed confidentiality agreements. Some members of the team were aware of GDPR but said they needed to refresh their knowledge. Confidential waste was shredded on site. All patient records were held electronically and computers were password protected.

Both the SI and RP had completed the Centre for Pharmacy Postgraduate Education training on Safeguarding children and vulnerable adults. Other members of the team had not received training and could not describe signs of abuse and neglect. The SI said he would provide them with some in-house training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to adequately manage its workload. Members of the pharmacy team are provided with some in-house training relevant to their roles and responsibilities.

Inspector's evidence

The pharmacy was staffed by a regular locum pharmacist and two retail assistants, one of whom was also the pharmacy manager. The SI was present virtually. The pharmacy manager explained that since pharmacy volumes were low and staff turnover was high, retail assistants were not enrolled onto a dispensing or counter assistant course. Retail assistants said they were not involved in dispensing tasks and did not sell Pharmacy-only medicines (P-medicines). The dispensary was small, and all team members worked along one workbench, so it was possible for the pharmacist to supervise team members. It was relatively quiet, and the pharmacy team managed the workload well throughout the inspection.

The pharmacy manager described his responsibilities which included serving people, helping with IT issues, updating and managing the pharmacy's website, and other administrative work. He was not involved in dispensing or selling P-medicines. He helped ensure that services were provided efficiently when the SI was not in. He had completed in-house training with the SI, which included learning about the difference between P-medicines, prescription-only medicines (POMs) and General Sales List (GSL).

The other retail assistant said she was involved in sorting deliveries (not including POMs), serving customers, and ensuring people had completed the relevant forms for services. She said she referred to the pharmacist if a person requested a P-medicine. She had completed in-house training on pricing GSL and retail products, product arrangement, and how to use the till system.

Members of the team said that the SI regularly gave them feedback on their performance and areas of improvement. He updated the team on procedures or any changes, for example, the pharmacy's cleaning and safety processes. Team members were happy to raise concerns to the pharmacy manager or SI. Targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member.

Inspector's evidence

The pharmacy was located below a private residential block and within a shopping square. It was spacious, bright and fitted to a high standard. The dispensary comprised of storage drawers and shelves, as well as one long, curved workbench which served as a medicines counter. This was fitted with plastic screens to reduce the risk of cross-infection. The dispensary was fitted with a sink. The retail area was clean and tidy. One wipeable chair was available for people wanting to wait for a service.

There was a large consultation room. It was fitted with a desk, a workbench, storage shelves, sink and a therapy bed. The room was bright and clean. A lockable cupboard, located in the retail area, was used to store staff belongings. A staff toilet was also available.

General cleaning was done by members of the team. The ambient temperature and lighting were suitable for the services provided. The premises were secure from unauthorised access.

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. And it orders its medicines from reputable sources and stores them properly.

Inspector's evidence

There were two entrances to the pharmacy at either end of the premises. One was via a step and one was step-free. There was scaffolding just outside the pharmacy and a sign had been displayed to inform people that the pharmacy was open as usual. The SI said that the scaffolding had been up for approximately one year and had negatively impacted on the business. A screen was fitted at the front window to promote services. The team ensured that a large font was used on the screen. Services were also promoted on the pharmacy's website. The pharmacy did not provide NHS services and team members said they signposted people wishing to access NHS services to other local pharmacies.

There was sufficient workspace and baskets were used to separate prescriptions and prevent transfer between people. The RP said that dispensing audit trails were completed to help identify who dispensed and checked medicines.

The RP was aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group. Warning cards were available at the pharmacy. He said that he checked if people taking higher-risk medicines were aware of signs of toxicity of their medicine and if they were being monitored, for example, by checking the INR of people taking warfarin. He also checked the brand of the medicine, if relevant.

The SI provided a phlebotomy service. He had completed training at a hospital and had been supervised by a nurse when he first started providing the service. He no longer needed supervision as he felt confident providing the service. He explained that surfaces were wiped before and after every appointment and he wore disposable gloves during the procedure. A sharps bin was available in the consultation room. The pharmacy did not have a procedure in place for dealing with needlestick injuries. The SI said he would ensure that one was put in place. People were asked to complete and sign a phlebotomy consent form which was also scanned onto their electronic record. The SI said that he had contacted the CQC to enquire about registering the premises for this service but was told that pharmacies did not require CQC registration.

The SI also provided a travel vaccine service. He had completed the relevant training which included injection techniques and anaphylaxis. Consultations were done online via a third-party platform. Risk assessments and Patient Group Directions (PGDs) were held electronically on the platform. PGDs were seen to be in date. Patient questionnaires, consent forms, and records of supplies made were all held electronically. These included details of vaccines supplied, their batch numbers and the expiry dates. The pharmacy was also a yellow fever centre and was registered with National Travel Health Network and Centre (NaTHNaC). The SI was aware of his reporting duties and had recently sent the pharmacy's yellow fever report to NaTHNaC.

The pharmacy provided a Covid-19 testing service and was accredited by The United Kingdom

Accreditation Service. Testing kits were provided by a third-party laboratory. The test was carried out by the pharmacist and sent to the laboratory using a courier service. The pharmacy had access to the laboratory's online platform where they could track tests and check results. People were emailed their results directly by the laboratory. Team members previously checked and recorded people's body temperatures upon arrival but had stopped checking this recently.

A virtual GP service was available at the pharmacy, using a third-party provider. Team members helped people set up on the platform which was in the consultation room. And people would then have a private virtual consultation with a doctor in the room. Prescriptions were sent electronically to the pharmacy. The SI said that he was able to contact the prescribers if needed and had done so previously, for example, when the incorrect dose had been prescribed and when a product was not available. CDs were not prescribed by the third-party provider.

Stock was obtained from reputable suppliers. It was kept to a minimum and was generally ordered on demand to help reduce waste. Team members said that expiry date checks were done regularly but records were not maintained. Medicines with short expiry dates were seen to be marked. No expired medicines were found on the shelves in a random check in the dispensary. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. The SI and RP said that drug alerts and recalls were received electronically and actioned. But the pharmacy was not maintaining records of any action taken in response to these alerts. The SI said that he would retain alerts and maintain records of the action taken in the future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had several glass measures available. There was one large fridge in the dispensary. It was clean and well organised. Electrical safety checks had been carried out on equipment in March 2022. The blood pressure monitor was serviced annually by a third-party provider. Waste medicine bins were used to dispose of waste medicines. 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.