

Registered pharmacy inspection report

Pharmacy Name: Millennium Pharmacy, Unit 12-14, Cromwell Road,
Myatts Field, London, SW9 7RX

Pharmacy reference: 9010960

Type of pharmacy: Community

Date of inspection: 07/02/2022

Pharmacy context

This pharmacy is located in a residential area. The pharmacy serves people of all age ranges and receives most of its prescriptions electronically. It provides flu vaccinations and the New Medicine Service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. The inspection took place during the Covid-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.2	Standard not met	The pharmacy does not always make sure that its team members do the right training for their role.
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. It keeps the records it needs to by law, so it can show that supplies are made safely and legally. People who use the pharmacy can provide feedback and the pharmacy team have received training to help protect the welfare of vulnerable people. When a dispensing mistake occurs, team members react appropriately.

Inspector's evidence

Standard operating procedures (SOPs) were available but stored in a disorganised manner in a folder. This may make it difficult for team members to find particular SOPs. Some SOPs had not been reviewed since 2017 whilst others had been. Members of the team had signed the SOPs to confirm they had been read and understood.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were documented and discussed with the team. Team meetings were held to discuss areas for improvement and any learnings. Posters were displayed to highlight look-alike and sound-alike medicines and the responsible pharmacist (RP) said that some medicines, such as paroxetine and pantoprazole, had been separated to reduce the likelihood of picking errors. A procedure was in place for dealing with dispensing mistakes which had reached a person (dispensing errors), which included contacting the person's GP and reporting the mistake. The RP said there had not been any for some time.

The pharmacy had made some changes as a result of the Covid-19 pandemic. Personal protective equipment, including face masks were available for the team. A plastic screen had been fitted at the front counter and hand sanitizer was available throughout the premises. A Covid-19 staff risk assessment had been done at the start of the pandemic.

The pharmacy had current indemnity insurance cover. The correct RP notice was displayed. Samples of the RP record were seen to be well maintained. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for private prescriptions, emergency supplies and unlicensed medicines. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance. People were able to give feedback or raise concerns online or verbally. The pharmacy normally conducted annual patient satisfaction questionnaires but had not done these since the start of the pandemic.

Members of the team had completed training on information governance and the General Data Protection Regulation. Confidential waste was shredded on site, computers were password protected and smartcards were used to access the pharmacy's electronic records. Cordless telephones were available so that members of team could have private conversations away from people.

The pharmacist had completed face to face and online courses on safeguarding children and vulnerable adults. Other members of the team had completed in-house training and said they would speak to the pharmacist if they had any safeguarding concerns. A folder was available with relevant material and the contact details of the local safeguarding team.

Principle 2 - Staffing Standards not all met

Summary findings

There are enough staff to manage the pharmacy's workload, but they are not always appropriately trained for the jobs they do. Members of the pharmacy team have opportunities to discuss ideas to help them to improve pharmacy services.

Inspector's evidence

During the inspection there was the RP, a qualified medicine counter assistant (MCA) and another team member. This other team member had registered as a pharmacist in another country. She had been working at the pharmacy for three years, was involved in dispensing prescriptions, selling pharmacy-only medicines (P-medicines) and assembling MDS trays. But she had not completed a dispensing course in the UK and had not enrolled onto an overseas pharmacists' assessment programme (OSPAP). She was aware of the RP regulations and said she would not sell P-medicines or hand out dispensed medicines in the absence of the RP. She regularly completed online training modules, for example, on antibiotic resistance, obesity in children and adults, and suicide prevention. Work appeared to be managed effectively. The RP said that annual and emergency leave was covered by staff who worked at other branches in the pharmacy group.

The MCA said she kept her knowledge and skills up to date by reading pharmacy-related literature and had recently signed up to newsletters from a pharmacy website. These newsletters sometimes included mini quizzes which the MCA completed to assess her knowledge. She described asking questions before selling P-medicines and signposting people, for example, to Covid-19 testing services or NHS 111. She was aware of higher-risk medicines and described how she would deal with multiple requests for these.

Team members worked well together and were happy to communicate any issues or concerns to the RP or the superintendent pharmacist. Team meetings were held regularly to discuss any errors or issues. Performance reviews were previously conducted regularly but had not been done for some time due to the pandemic. Targets were not set for team members.

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 spacious, clean, and maintained to a level of hygiene suitable for the provision of its services. Fixtures and fittings were new and well maintained. There was ample work and storage space. Dispensary workbenches were tidy, and stock was stored in an organised manner on shelves or in drawers. Team members shared the cleaning chores.

A separate room, which was accessed through a separate door at the front of the building was used to provide the Covid-19 testing service. The room was spacious and fitted with a reception desk and tables. The RP said surfaces were cleaned before and after every person accessing the service. The door to this room was kept always locked, when not in use.

General cleaning was done by members of the team. Chairs, pens and surfaces were disinfected after every person. The ambient temperature and lighting were suitable for the services provided.

A spacious consultation room was available for private conversations or other services. The room was easily accessible and generally clean and tidy. A small kitchenette and toilet were available for the pharmacy team.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services effectively and people can access its services. It obtains its medicines from reputable sources and stores as well as manages its medicines appropriately. And it supplies medicines inside multi-compartment compliance packs safely.

Inspector's evidence

There were two entrances, one for the pharmacy and another for the Covid-19 testing service. Both were step-free. There was ample space in the retail area, and this assisted people with restricted mobility or using wheelchairs. Services were listed on the window and on the NHS website. The pharmacy had a small seating area for people to use when they wanted to wait. Some members of the team were multilingual and described asking colleagues at other branches to translate if needed.

There was ample workspace and baskets were used to separate prescriptions and prevent transfer between people. Dispensing audit trails to identify who dispensed and checked medicines were completed.

The RP and another team member were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group but could not define the at-risk group accurately. Information leaflets and cards were not available at the pharmacy, but the RP said he would order additional supplies. Higher-risk medicines were stored on a separate, clearly labelled shelf to help reduce picking errors and ensure members of the team took extra care when dispensing them. The RP said that he checked if people taking higher-risk medicines were being monitored and attached copies of INR results with repeat requests for warfarin prescriptions.

Multi-compartment compliance packs were assembled in the dispensary, on a designated work bench. Prepared packs observed were labelled with product descriptions and mandatory warnings, and patient information leaflets were routinely supplied. The pharmacy had clear audit trails for the service to help keep track of when people were due their packs and when their packs were ready.

The pharmacy provided the 'fit-to-fly' Covid-19 testing service and used a segregated area on the premises, which was accessed via a separate door to the main pharmacy. The RP carried out the tests, which were provided by an external company, and sent the samples to the laboratory via a courier. Results were sent directly to the person. The RP wore a face mask and gloves when carrying out the tests, and disinfected surfaces before and every person.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team said they checked the expiry dates of medicines at regular intervals and kept clear records of this. 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. But several bags of waste medicines were stored in the staff toilet. The RP said he would review their storage. The premises were secure from unauthorised access. The RP said

that drug alerts and recalls were received electronically and filed for reference, but the last alert actioned was dated August 2021. The RP said he would sign up to the MHRA's email subscription service to ensure that he received all alerts and recalls.

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 and tablet counting triangles, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. There was one fridge in the dispensary. The RP did not know how old the blood pressure monitor was or whether it had been calibrated or serviced. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. 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.