

Registered pharmacy inspection report

Pharmacy Name: Junction Pharmacy, 222 Coldharbour Lane, Brixton, London, SW9 8SA

Pharmacy reference: 9011114

Type of pharmacy: Community

Date of inspection: 19/08/2024

Pharmacy context

This is a community pharmacy located within a parade of shops. The pharmacy serves the diverse local population. The area is fast becoming gentrified, with a younger, more affluent generation moving in. The pharmacy mainly dispenses NHS prescriptions which are received electronically. It has recently started providing the new Pharmacy First service. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. This was the first inspection of the pharmacy since it had opened.

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. It largely keeps the records it needs to by law so that it can show that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members respond appropriately when mistakes happen during the dispensing process. But the pharmacy does not always record its mistakes. So, team members may be missing out on opportunities to learn from them.

Inspector's evidence

Standard operating procedures (SOPs) were available but were overdue for review. The superintendent pharmacist (SI) said they were in the process of reviewing and updating them. Most members of the team had signed the SOPs to confirm that they had read them. SOPs for the dispensary outlined roles and responsibilities of team members clearly. The pharmacy team had a good understanding of their roles and the services provided.

The pharmacy had a process to record dispensing mistakes which were identified before the medicine was handed out (near misses) as well as those where the medicine was handed to a person (dispensing errors). The SI said that near misses had reduced drastically following the introduction of a dispensing robot. They agreed that near misses were not always documented and reviewed, but they were always discussed with the team. The benefits of regularly recording and reviewing the near misses was discussed. Team members gave an example of changes they had implemented to reduce the risk of errors. For example, team members were briefed to only sign the 'dispensing by' box on the medicine label once they had carried out the appropriate checks. The SI had also introduced an additional step in the dispensing process, whereby one person generated the medicine labels, and another dispensed the medicines. Bag labels were also annotated with additional information, for example, to conduct additional checks for people with similar-sounding names.

An incorrect responsible pharmacist (RP) sign was displayed. This was changed to a sign with the correct details during the inspection. The RP record was kept electronically, and samples checked were generally in order. There were a few instances where the RP had not signed out of the RP record. The importance of maintaining accurate and complete records was discussed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current indemnity insurance cover. Samples of the private prescription and emergency supply records were generally in order. Controlled drug (CD) registers were generally maintained in accordance with requirements though some headers were missing. The SI said that the pharmacy was switching to an electronic register soon. CD balance audits were carried out at regular intervals. A random stock check of a CD agreed with the recorded balance. CDs that people had returned were recorded in a register as they were received.

The complaints procedure was displayed in the retail area. The SI said that people could give feedback verbally or via online platforms. Complaints were discussed during team meetings to help identify any areas for improvement.

Prescriptions awaiting collection were stored in a way to ensure people's private information was out of sight of the public. Team members all completed training about confidentiality and the General Data

Protection Regulation. NHS smartcards were used to access the dispensing software, but these were seen to be shared. The SI said they would ensure that all team members held smartcards. Confidential waste was separated and shredded at the pharmacy.

All pharmacists had completed level two safeguarding training. All other team members had been provided with some verbal training and were able to describe signs of abuse and neglect. Details for local safeguarding boards were displayed in the dispensary along with a sign explaining what to do if there are concerns about a child. Team members said they would refer any concerns to one of the pharmacists.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team works well together and feels well-supported at work. There are enough team members to manage the workload. And they are provided with some training for their roles.

Inspector's evidence

At the time of the inspection the team comprised of the SI, a locum pharmacist, a trainee pharmacist, a trainee pharmacy technician, a trained dispenser, a trained medicines counter assistant (MCA), and a newly employed assistant. The new assistant had started in the last week and the SI said they would shortly be enrolled onto a suitable course. The pharmacy also employed another two regular pharmacists and a trained dispenser. Team members felt that the pharmacy easily had enough staff, and this helped ensure that any leave was comfortably covered. The pharmacy was busy, but the team worked well and in an organised manner.

Team members covering the medicines counter asked the appropriate questions before selling Pharmacy-only medicines (P-medicines). They made additional checks, for example, about any allergies that a person may have. They were aware of medicines which were open to abuse and described how they would handle multiple requests for these.

Team members received regular updates from the pharmacists but there was currently no structured training in place for them. The SI had recently enrolled the team onto an external training platform, where they could access online training modules. Trainee members of the team were provided with set study time to complete their course material.

Team members felt supported by the SI, and they were able to raise concerns or give feedback to the SI or other pharmacists. The SI had set up individual telephone chat groups for each member of the team and the pharmacists, where they could share information. Staff performance reviews were not formalised, but the SI reviewed the progress of the trainee pharmacist on a regular basis. Team meetings were conducted as and when required. There were no targets set for services provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is well maintained and provides a safe and appropriate environment for people to access its services. It has consultation rooms for people to have private conversations. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The pharmacy was clean, bright, and fitted to a high standard. It comprised of a spacious shopfloor and a dispensary towards the back of the shop. The dispensary had ample storage and workspace, and workbenches were kept clean and tidy. The shopfloor was well maintained and had several seats for those waiting for prescriptions or services. There were two spacious consultation rooms, and both were fitted with a computer and sink. A fridge containing prescription-only medicines was kept in one of the rooms which was not locked at the time of the inspection. The importance of keeping the room or the fridge locked when not in use was discussed. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. A sink was available for preparing medicines with hot and cold running water. Toilets were available for team members and were kept clean. The room temperature was adequate for providing pharmacy services and storing medicines. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It routinely highlights prescriptions for higher-risk medicines, to help ensure that people taking these medicines are provided with additional counselling and advice. It takes steps to help ensure that people with a range of needs can access the pharmacy's services. And it orders its medicines from reputable sources and stores them appropriately.

Inspector's evidence

The pharmacy had two entrances, both of which were step-free. The shopfloor was wide and clear with easy access to the medicines counter. Some team members were multilingual, and people were signposted to services where appropriate. There were several leaflets in the retail area and services were displayed on two television screens.

Most prescriptions were received electronically and were dispensed by the dispensing robot. Team members said that the dispensing robot had helped improve the dispensing process and reduce errors. A pharmacist completed a clinical check of the prescription before another member of the team generated the labels. Another dispenser then labelled the medicines once they were released by the robot, and another pharmacist carried out a final accuracy check. Baskets were used to separate prescriptions to prevent transfer between patients. The dispensed by and checked by boxes on the labels were seen to be routinely used, and this helped identify who was involved in these processes. Team members were observed confirming the person's details before handing out medicines.

Dispensed medicines awaiting collection were stored tidily, and the prescriptions were filed in alphabetical order. Prescriptions for medicines requiring additional counselling were marked with a 'speak to pharmacist' stamp. Prescriptions for Schedule 3 and 4 CDs were annotated with a 'CD' stamp. This helped make sure that additional checks, such as the expiry date of the prescription, were made.

The SI said that they provided counselling to people who were taking medicines that required regular monitoring such as warfarin and methotrexate. Team members were aware of the additional guidance when dispensing sodium valproate and the need to make additional checks, for example, if the person was on a Pregnancy Prevention Programme (PPP). The team were also aware of the new government restrictions on the use of puberty suppressing hormones.

The pharmacy supplied medicines in multi-compartment compliance packs to people who needed assistance taking their medicines. The ordering of prescriptions was managed electronically using the dispensing software. The team attached backing sheets to the packs, which indicated when each medicine should be taken. The sheets also included a description of the medicine so that people can identify their medicines. The team kept a clear record of any changes and if people were in hospital. The pharmacy provided people with patient information leaflets about their medicines with every supply. An audit trail was maintained of who had dispensed and checked the packs.

In date patient group directions (PGDs) were available for the Pharmacy First and travel vaccine services provided at the pharmacy. The pharmacists had completed all the relevant training. Relevant records were maintained for both services.

Medicines were obtained from licensed wholesalers and stored appropriately. Most medicines were stored inside the dispensing robot. Medicine packs were scanned by the robot before being stored. The robot carried out regular expiry date checks and highlighted any medicines which were due to expire. The SI said that expiry date checks of medicines stored outside the robot were done regularly but records were not maintained. No date-expired medicines were seen on the shelves checked. The SI said that date checking records would be implemented in the future to help keep track of the checks. Fridge temperatures were monitored daily and recorded; records seen were within the required range for storing temperature-sensitive medicines. Waste medicines were separated and collected by a licensed waste collector. Drug recalls were received by email. The team members said that they would action alerts as soon as they were received. But the team did not keep a record of action taken. This could make it harder for the pharmacy to show that the alerts were actioned appropriately. The SI said that they would keep a log of the action taken in the future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely and to protect people's confidentiality.

Inspector's evidence

The pharmacy had glass, crown-stamped measures, and tablet counting equipment. Separate labelled measures were available for measuring liquid CD preparations to avoid cross-contamination. The pharmacy had two medical grade fridges and two CD cabinets. A blood pressure machine and an odometer were available. The SI described the maintenance procedures for both devices. The dispensing robot was serviced every six months, with additional remote checks carried out at regular intervals.

The team had access to up-to-date reference sources such as the BNF. Computers were all password protected and screens faced away from people using the pharmacy. The pharmacy had a cordless phone so team members could hold conversations in a more private area.

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.