

Registered pharmacy inspection report

Pharmacy Name: Victoria Pharmacy, 22 Page Street, London, Westminster, SW1P 4EN

Pharmacy reference: 9011193

Type of pharmacy: Community

Date of inspection: 25/11/2019

Pharmacy context

This community pharmacy relocated to its current site in August 2019 and it recently changed ownership. It is situated next to a GP surgery in a quiet side street in central London. It is open from Monday to Friday and sells a small range of health and beauty products. People who use the pharmacy are mainly local residents or workers. The pharmacy mainly dispenses NHS prescriptions. It also offers flu vaccinations and other NHS services such as Medicines Use Reviews (MURs), New Medicine Service (NMS), flu vaccinations and substance misuse support.

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's working practices are suitably safe and effective. It keeps the records it needs to by law and the pharmacy has systems in place to make sure the team works safely. Team members understand their roles and responsibilities. They understand how to protect people's private information and they have a basic knowledge of how to safeguard and support vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the main tasks and activities. These had been developed under the previous owner and adopted temporarily whilst new ones were developed and implemented. The regular pharmacists had signed to show they had read and agreed them, but most other team members had not. However, they had been given verbal instructions and there were clear systems in place in relation to most tasks including dispensing and counter sales.

An RP notice was displayed so it was visible from the retail area. Support staff could explain their roles and responsibilities and they worked under supervision.

There were some basic risk management processes in place in relation to dispensing processes. Dispensary bench space was allocated to different activities and baskets were used to segregate prescriptions during the assembly process. Dispensing labels were initialled to indicate who was responsible for each supply. There was an incident reporting process and the superintendent was informed. There was a near miss chart which had a single entry since August. The pharmacist was observed discussing a near miss with the pre-reg student during the inspection. Quantity errors and mixing of different forms of medication had been highlighted to the team. Open stock packs were now being more clearly marked and some items had been separated on the shelves to prevent picking errors.

There was a complaints procedure in place and any concerns or issues were managed by the pharmacist. A complaints notice was not visible in the retail area, but the pharmacist provided evidence this had subsequently been displayed after the inspection. The pharmacist said most issues were resolved informally. For example, a recent short supply issue had been satisfactorily resolved in conjunction with the patient's doctor. The pharmacy was due to participate in annual NHS patient satisfaction survey under the new owner the following year.

The pharmacy was indemnified by the NPA and a current insurance certificate was provided. A recognised patient medication record (PMR) system was used to document prescription supplies and the team maintained all the records required by law, including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were generally in order, although occasionally the time the pharmacist ceased undertaking the RP responsibility was not captured in the RP log, which could cause ambiguity. Patient returned CDs and their destruction were documented, although some stock found in the cabinet had not been added to the log. CD running balances were maintained and these were checked against the actual stock intermittently.

Team members understood about data protection and the importance of protecting people's privacy. Confidential material was generally stored out of public view. Confidential paper waste was shredded. The pharmacy was registered with the Information Commissioner's Office. The pharmacist provided details of the company's privacy notice which explained how the pharmacy used and safeguarded people's personal information. Pharmacist smartcards were used to access NHS data.

The pharmacist was level 2 safeguarding accredited. Other team members had not completed formal safeguarding training but most of them were Dementia Friends, so they had some understanding how to support people living with this condition. They said they would report any concerns about patients to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Team members can act in the best interests of the people who use the pharmacy. They work under the supervision of a pharmacist and can raise concerns if needed. But the unstructured approach to staff training means the pharmacy might not always identify any gaps in team members' knowledge or skills.

Inspector's evidence

At the time of the inspection the pharmacist was supported by three other team members; a pre-registration student, a full-time medicines counter assistant (MCA), and a full-time dispenser. Footfall was quite low, and the team greeted the steady flow of customers promptly and courteously. They managed the workload without any major issues during the inspection. The pharmacist said prescriptions were generally received and processed on the same day. Walk-in prescriptions were supplied without a significant wait.

The pharmacy employed another full-time assistant who had worked under the previous owner and acted as the retail manager. Another assistant was undertaking work experience shadowing the counter assistant for a few hours each week. A delivery person worked for a couple of hours each day. Two of the company directors shared the RP duties between them. Staff holidays were planned so only one person was off at one time.

The pharmacy did not have comprehensive records or documentation relating to staff training. The dispenser had worked under the previous owner for around a year. It was unclear what training he had completed. Confirmation was subsequently provided that he had been enrolled on an accredited healthcare course with a view to fast-tracking him through this, so he could then complete his dispensing assistants course. The MCA was enrolled on an accredited course and had completed a few modules. The retail manager was a trained dispenser so could provide ad-hoc support in the dispensary if needed. The pre-registration was subscribed to the Propharmace programme and felt well supported, despite having changed tutors at the beginning of her training.

Team members spoke openly about their work and felt confident raising issues with the pharmacist. There was no formal appraisal process or whistleblowing policy in place. A couple of soft targets were set for the team, such as nominating people to the electronic prescription service, but these were not enforced, and team members were able to use their professional judgement without feeling influenced.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of healthcare services. It has a consultation room, which the team uses to provide some of the services and so people are able to have private and confidential discussions.

Inspector's evidence

The pharmacy premises were atypical as it was situated in a business premises previously used as a day nursery, converted for retail use. It did not have a typical retail frontage. There was a temporary pharmacy sign fixed to the exterior and this was due to be replaced with a permanent one in due course. On the ground floor there was a small retail area with counter, a galley style dispensary, a consultation room and a small stock room. Fittings were basic, but they were suitably maintained. The dispensary and retail area were clean and well organised.

The dispensary had around three metres of bench space which was sufficient for the volume of dispensing. The consultation room was accessible and suitably equipped. It was kept locked when not in use. The pharmacy had a large basement with several rooms including a staff room and toilet facilities. Access the basement was restricted to staff only. It had not been refurbished and was less well organised.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services appropriately, so people receive effective care. It obtains medicines from licensed suppliers, and it carries out some checks to make sure that medicines are in good condition and suitable to supply. The pharmacy occasionally provides people with additional advice about their medicines. But it does not regularly supply patient leaflets with multi-compartment compliance packs, so people might not always have access to some of the information they need when taking their medicines.

Inspector's evidence

The pharmacy was open Monday to Friday 8.30am until 6pm. There was a non-automated double door at the entrance. The entrance was elevated but there were steps and a ramp so people with wheelchairs or buggies could enter the premises. The door was heavy and quite hard to open, and it was not easily visible from the counter or dispensary. The pharmacist said they were considering installing an external buzzer which people could ring to request assistance. Opening times were displayed. Additional services were not being actively promoted whilst the new team settled down, but they were provided if requested. The pharmacy offered daily home deliveries and basic audit trails enabled these to be tracked. But signatures were only obtained to confirm CD deliveries

The pharmacy processed a mixture of walk-in and repeat prescriptions as there were several surgeries in the locality. Most people order their own repeat prescriptions, but the team ordered some on behalf of their more vulnerable patients. The pharmacist had noticed a high number of emergency supply requests when he had started working at the pharmacy as people were not ordering their medicines on time. The team had done a lot of work with patients to avoid this happening and the number of requests were now minimal.

Dispensary tasks were allocated according to a workflow chart which was displayed in the dispensary. Dispensed medicines were clearly labelled, although the labels bore the pharmacy's previous address which could be misleading and was not in keeping with the labelling regulations. The pharmacist confirmed new labels with the current address details had been ordered. The team explained how they checked people's details before handing out prescription medication. Methadone instalments were prepared by the pharmacist. Concerns about patients or more than three missed doses were reported to the key worker or prescriber. Containers were occasionally re-used for the same patient which was unhygienic and risked cross contamination. The pharmacist agreed to review this practice.

Around 40-50 people regularly received their medicines in weekly multi-compartment compliance packs. The dispenser took responsibility for managing these patients which were prepared in advance according to weekly cycles. He had implemented individual records with details of each patient's regular medication and preferences. This assisted in making sure packs were assembled correctly, and so any unexpected changes could be identified and queried. Packs were suitably labelled and included medication descriptions, but some standard warnings were missing, and patient information leaflets were not always routinely supplied. This means people might not always get all the information they need.

The pharmacist explained how they would provide extra counselling for high-risk medicines such as methotrexate and they were aware of the risks of the supplying of valproate-based medicines and the team had access to the patient literature. The pharmacist was accredited to provide MURs, flu vaccinations under PGDs and could access Summary Care Records. Interventions were recorded on the PMR.

The counter assistants described the questions they would ask when selling over the counter medicines and how they would ask the pharmacist if they were unsure about anything. The counter was not clearly visible from the dispensary, but it could be monitored by CCTV.

Stock medicines were sourced through a range of licensed wholesalers. There was no clear stock control system and the pharmacy was not currently fully compliant with requirements of the European Falsified Medicines Directive (FMD). Stock medicines were stored on open shelves which were untidy in places. There was evidence of date checking. Some short-dated medicines were highlighted with stickers and records indicated the last check had been completed in September.

The pharmacy fridges were fitted with maximum and minimum thermometers and the temperature was checked on a daily basis. Associated records were kept, and temperatures were within the accepted range. CDs were stored in the cabinet in an organised manner. Access to the cabinet was restricted. Open bottles of methadone which have a limited expiry had not been dated, but these were in regular use.

Other expired, patient returned medicines and used sharps were placed in appropriate designated waste containers, prior to collection by waste contractors. Alerts and recalls for faulty medicines and medical devices were received via email. These were checked by the pharmacist. A recent alert relating to Zantac had led to stock being quarantined and returned. But there was no documentation or audit trail relating to this, so the team might not be able to clearly demonstrate that appropriate action has been taken in relation to alerts and recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services, and the team uses these in a way that protects people's privacy.

Inspector's evidence

The pharmacy had disposable medicine containers, calibrated glass measures and counting equipment for dispensing medicines. Separate measures were used for preparing methadone doses. Disposable gloves were used when handling medicines and preparing compliance packs. The team could access the internet and suitable reference sources such as the British National Formularies and Drug Tariff.

Computer terminals were suitably located so they were not visible to the public and the PMR system was password protected. Telephone calls could be taken out of earshot of the counter if needed. There was a large CD cabinet and two medical fridges used for storing medicines. Anaphylaxis equipment for use alongside vaccination services was available.

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.