

Registered pharmacy inspection report

Pharmacy Name:Phillips Pharmacy, 70A Clarence Avenue, London, SW4 8JP

Pharmacy reference: 9011351

Type of pharmacy: Community

Date of inspection: 14/10/2024

Pharmacy context

This is a community pharmacy located within the same building as a GP practice. The pharmacy serves the diverse local population. It 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.

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 have robust processes to ensure that its team members are always enrolled on the right training for their roles.
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. Team members respond appropriately when mistakes happen during the dispensing process. And people who use the pharmacy can provide feedback. But the pharmacy does not have all the relevant written procedures. This could make it harder for staff to know what procedures they should follow. The pharmacy keeps the records it needs to by law, but its responsible pharmacist record is not always filled in correctly. This may make it harder to identify who the pharmacist was if there was a future query.

Inspector's evidence

A set of standard operating procedures was held electronically. These had not been annotated with date of implementation or review, so it was not clear how up to date they were. The responsible pharmacist (RP) said that a hardcopy of the SOPs was also available for the team, but this was not available during the inspection. Some SOPs were missing, such as the procedure about dealing with incidents. Following the inspection, the RP sent a copy of this.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were seen to be documented routinely. Dispensary team members said that the RP gave them in the moment feedback when a near miss was identified. The RP said that the pharmacy did not have a formalised review of the near miss log and described some changes that the team had made to help reduce the risk of mistakes. For example, vitamin D capsules and tablets had been separated inside the drawer. The procedure for dealing with dispensing mistakes which had reached a person, or dispensing errors, could not be found during the inspection. The RP described the action they would take in response to a dispensing error, which would include investigating, documenting, and reporting the error. The RP was not entirely sure where they would document dispensing errors and said that they would familiarise themselves with the pharmacy's procedure. And following the inspection, the RP sent a copy of the procedure.

The correct responsible pharmacist (RP) sign was displayed. Team members understood their roles and responsibilities. The RP record was kept electronically but was not always maintained in line with requirements as the RP did not always sign out at the end of the day. This may make it difficult to identify which pharmacist was responsible at a given time. The pharmacy had current indemnity insurance cover. Private prescriptions were recorded in a register, but the prescriber details were missing from most of the entries checked. Emergency supply records were available and were generally in order. Controlled drug (CD) registers were not always maintained in accordance with requirements as headers were missing from several registers. A random stock check of a CD agreed with the recorded balance.

People were able to give feedback or raise concerns online or verbally. Some team members did not know what the pharmacy's complaints procedure was or where to find it. This may make it harder to deal with complaints efficiently.

The RP said that team members had read the procedure about protecting patient confidentiality, but this could not be found during the inspection. They knew the importance of protecting confidentiality, and described ways they did this, for example, confirming the person's details before handing out

dispensed medicines. Confidential waste was shredded at the pharmacy. Computers were password protected and smartcards were used to access the pharmacy's electronic records. Following the inspection, the RP sent evidence of staff training on the General Data protection Regulation.

A safeguarding SOP was available, but it had not been filled in with some relevant information. Some members of the team could not describe signs of neglect or steps they would take should they wish to raise a concern. The RP said that he would provide refresher training. There had not been any safeguarding concerns at the pharmacy. Following the inspection, the RP sent an updated version of the safeguarding SOP.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has an adequate number of staff to manage its workload. Team members are provided with some training for their roles. But the pharmacy does not always enrol its team members onto suitable courses in a timely manner.

Inspector's evidence

During the inspection, the pharmacy was staffed by a regular RP, an apprentice pharmacy assistant, and four trainee medicine counter assistants (MCAs). The trainee MCAs were involved in dispensing prescriptions and assembling multi-compartment compliance packs. They had been working at the pharmacy for some time and had not been enrolled onto the relevant course. A similar issue had been identified following information received by the GPhC in 2022. The day after the inspection, the RP sent confirmation of their enrolment onto dispensing courses.

The pharmacy team was generally on top of its workload. There was only a slight delay in checking prescriptions as one of the pharmacist's was not working on the day of inspection. The RP said that these would be checked within the day. Team members managed their workload well throughout the inspection and were observed dealing with queries effectively. They had a good understanding of the services available at the pharmacy and were observed being polite and informative to people accessing services. They asked the relevant questions when selling Pharmacy-only medicines (P-medicines) and described when they would refer to the pharmacist. They were able to name several medicines that were liable to misuse and described how they would handle multiple requests for these medicines.

Team members had access to an online training platform, as well as booklets and leaflets. They said that they completed training modules either during working hours or in their own time. Some members of the team had recently attended a lunch time webinar about pain management. Some training certificates were retained.

Annual appraisals were done by the SI with all team members. They said that they had the opportunity to discuss how they were getting on, any areas for improvement, learning needs, and any concerns. Team members said they could comfortably discuss any concerns or issues with the SI, who was open to feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has appropriate facilities to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy was clean, bright, and fitted to a high standard. It had a large retail area which was clean and tidy. There was a wipe clean bench near the medicines counter for people wanting to wait for a service. The medicines counter and dispensary were located to the back of the shop floor. Two consultation rooms were available and were clearly signposted. A tensor belt was fitted to prevent unauthorised access to the rooms. Both rooms were big enough for wheelchair users and conversations could not be heard outside of the consultation rooms. They were each fitted with a computer workstation, sink, therapy bed, and chairs. The dispensary had ample work and storage space, and there was additional storage behind the dispensary and on the first floor. There was a clean sink in the dispensary available for preparing medicines.

P-medicines were kept behind the medicines counter. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. There was a large TV screen behind the medicines counter which was used to provide advice.

There were toilets with a sink which provided cold running water. Room temperature was controllable, and levels of ventilation and lighting were appropriate during the visit. The pharmacy premises could be protected against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources and largely stores them properly. It generally manages and delivers its services safely and effectively and makes its services accessible to people. But it does not always make the right checks for people who are taking high-risk medicines and provide them with the relevant information so they can take their medicines safely.

Inspector's evidence

Access to the pharmacy was step-free and via an automatic door. Services and opening times were clearly advertised, and a variety of health information leaflets was available. Team members said they actively signposted people to services and highlighted prescriptions for people who were eligible for a service. Some members of the team were multilingual and translated for people when possible. They also described using a translating App on their mobile telephones.

Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. Several baskets of dispensed medicines were stored on the dispensary floor. The RP explained that there was a short delay in checking these prescriptions due to the re-introduction of the Covid-19 vaccine service, and because the SI was not working on the day of inspection. The RP said that the baskets would be checked by the end of the day. 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 people's details before handing medicines out and checked the medicines with them.

Trainee MCAs were involved in dispensary tasks which could potentially increase risks. Some members of the team, who were involved in dispensing prescriptions, were not aware of the updated guidance on the supply of valproate. People taking other high-risk medicines were not routinely identified and provided with additional counselling. The RP said that they would ensure all team members familiarised themselves with the guidance. The pharmacy would also introduce a system to highlight prescriptions for high-risk medicines to make sure people were provided with the relevant advice.

The pharmacy supplied medicines in multi-compartment compliance packs to support people in taking their medicines. The apprentice pharmacy assistant and a trainee MCA managed the service. They had a process to help track when the packs were due. The packs were provided with a backing sheet, but these were updated with drug descriptions to help people identify their medicines. People were routinely provided with patient information leaflets. Team members raised any changes in medicines with the pharmacist, and updated record sheets with any changes. Packs were clearly marked if a person was in hospital. This helped ensure that the pharmacy team carried out the relevant checks when a person was discharged.

The pharmacy had recently started the Pharmacy First service and was providing all pathways. The RP assessed people and if they did not meet the criteria for the supply of antibiotics, they would be provided with advice or over-the-counter remedies. The RP described referring some people to their GP, for example, if they had received a course of antibiotics recently. Consultations and supplies were documented on the online system. Signed patient group directions and relevant support material was available and easily accessible to the team.

The pharmacy obtained medicines from licensed wholesalers and stored them tidily. The pharmacy had medicinal waste bins to store out-of-date stock and medicines people had returned. The pharmacy team said that they checked the expiry dates of medicines at regular intervals but did not keep records of this. An ointment which had expired in 2023 was found still on the shelf. The fridge temperatures were monitored daily for the three pharmaceutical fridges. However, the minimum and maximum temperatures were recorded as 2 and 8 degrees respectively since the start of the year. The RP said that the thermometers were reset daily. During the inspection, the minimum and maximum temperatures for one fridge were checked and were found to be 5 degrees and 19 degrees respectively. The thermometer was reset during the inspection and showed the temperature to be within the recommended range. The RP said they would investigate this and take the appropriate action. Drug alerts and recalls were received via an electronic system, but several recent alerts had not been actioned. The pharmacy did not have any affected stock. The RP said they would action alerts in a timely manner in the future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment to help protect people's personal information,

Inspector's evidence

The pharmacy had a range of up-to-date reference sources available. It had a set of clean glass measures for measuring liquids. These were stored hanging upside down to keep dust and dirt out. Triangle tablet counters were available and clean. The RP said that the blood pressure monitor was relatively new and would be calibrated or replaced annually. The pharmacy computers were password protected and access to peoples' records was suitably restricted. The computer terminals were kept in a secure area of the pharmacy away from public view. The fridges were clean. Medicines awaiting collection were stored appropriately and patient-identifiable details were not in view of people from the shop floor.

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.