

# Registered pharmacy inspection report

**Pharmacy Name:** Walworth Pharmacy, 204 Walworth Road, London, SE17 1JE

**Pharmacy reference:** 9011443

**Type of pharmacy:** Community

**Date of inspection:** 06/12/2024

## Pharmacy context

The pharmacy is located on a busy road. It relocated from a nearby shop in 2020. The owner of the pharmacy owns four other pharmacies across southeast London. The pharmacy team members dispense NHS and private prescriptions and sell a range of over-the-counter medicines. They provide a range of NHS services such as flu vaccinations, the hypertension case finding service, the New Medicines Service, and the local minor ailments service. They also prepare medicines in multi-compartment compliance packs for those who require them.

## 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  |
|--|-----------------------|------------------------------|------------------|--|
| <b>1. Governance</b>                               | Standards met         | N/A                          | N/A              | N/A  |
| <b>2. Staff</b>                                    | Standards met         | N/A                          | N/A              | N/A  |
| <b>3. Premises</b>                                 | Standards met         | N/A                          | N/A              | N/A  |
| <b>4. Services, including medicines management</b> | Standards not all met | 4.3                          | Standard not met | The pharmacy does not have robust systems in place to always store its medicines securely. And it does not keep records about when it has date-checked its stock, which could make it harder for it to demonstrate when this activity is done. |
| <b>5. Equipment and facilities</b>                 | Standards met         | N/A                          | N/A              | N/A  |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. The pharmacy generally keeps the records it needs to by law. People who use the service can provide feedback 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 they do not always record dispensing mistakes, and this could make it harder for them to learn from these events and to make the pharmacy's services safer.

### Inspector's evidence

Standard operating procedures (SOPs) were available electronically and team members had read and signed them. The SOPs were dated 2022 and the SI said he was due to review these soon. The SOPs covered a range of activities, including Responsible Pharmacist (RP) duties, dispensing and sales of medicines.

Dispensing mistakes which were identified before the medicine was handed out (near misses), were brought to the attention of the team members who said they were discussed with them and then recorded on a log. However, there was no evidence of near misses being recorded since 2023. Team members agreed that there had been near misses since 2023. This meant team members might miss out on some opportunities to learn and make improvements to the pharmacy's services. The pharmacy recorded instances where a dispensing mistake had happened, and the medicine had been handed to a person (dispensing errors). However, the records for the dispensing errors could not be accessed during the inspection. The SI was able to find a form that was completed for a previous dispensing error, outlining the actions taken to prevent the error from recurring. As a result of a past error, the team had a meeting and the medicines involved had been more clearly separated in the dispensary. The learning from this was shared with the other branches. The SI said that controlled drug (CD) related incidents would be reported to the local CD Accountable Officer.

The correct RP notice was displayed. The team members were aware that medicines could not be handed out in the absence of the RP. However, they were not aware that they could not dispense if the RP had not yet signed in. The tasks that could and could not be carried out in the absence of the RP were discussed during the inspection. The pharmacy had current professional indemnity insurance.

The pharmacy had a complaint procedure and team members had read the SOP for dealing with complaints. Complaints forms were also available to give to people. People could also provide feedback in person to the SI or via a feedback kiosk in the pharmacy. The SI had also referred people to the Patient Advice and Liaison Service (PALS) so their complaint could be reviewed by a third party.

Records about private prescriptions dispensed, RP records, unlicensed medicines supplied, and CD registers were well maintained. CDs that people had returned were recorded as they were received and destroyed with a witness.

The SI said that the pharmacy had a confidentiality policy, but this was not available during the inspection. Relevant team members who accessed NHS systems had individual smartcards. Assembled prescriptions were stored in the dispensary and people's private information was not visible to others

using the pharmacy. Confidential waste was separated and shredded once a week.

The SI had completed level three safeguarding training. Team members had completed local safeguarding training in the past, but this was no longer available, and the SI was looking into alternative courses. The medicines counter assistant (MCA) said she would refer concerns to the SI and was aware of the local safeguarding boards.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for the services it provides. Team members do some ongoing training to help keep their knowledge and skills up to date. Team members generally have the appropriate skills and qualifications or are completing the right training to deliver services safely and effectively. But the pharmacy does not always enrol team members on the relevant courses in a timely way.

### Inspector's evidence

At the time of the inspection the team comprised of the SI, who was also the RP, one trained dispenser and one trained MCA. There were also two members working on the shopfloor, who did not deal with any medicines and an MCA who was not yet enrolled onto a training course. The MCA had been working at the pharmacy for three months and following the inspection, the SI provided evidence that they had been enrolled onto an MCA course. The SI felt that there was an adequate number of staff to cope with the pharmacy's workload. Pharmacists from the other branches would cover in the SI's absence. The team was up to date with dispensing.

Staff performance was managed informally. Team members were provided with feedback on an ongoing basis and the SI would have a face-to-face conversation with individuals if needed to support through training. Team meetings were held in response to incidents and to share updates and new services. Team members felt they were able to raise concerns or give feedback. The pharmacy had a shared communication platform with the other branches to share stock issues, updates, and learning and to support each other with queries.

The MCA was aware of the maximum quantities of some medicines that could be sold over the counter. To keep up to date, team members read through journals received from training providers. There were no targets set for the services provided.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide an appropriate environment from which to deliver its services. And its premises are suitably clean and secure. People using the pharmacy can have conversations with team members in a private area.

### Inspector's evidence

The pharmacy premises were clean, organised and well maintained throughout and could be protected against unauthorised access. The pharmacy was accessible for wheelchair users and the pharmacy floor and passageways were generally free of clutter and obstruction. The dispensary had sufficient work and storage space. There were designated areas for dispensing and checking prescriptions. There was a clean, well-maintained sink used for medicines preparation and it had running water.

The pharmacy had a private consultation room available, but this was not locked. The SI locked the room during the inspection. The room was big enough for wheelchair users and conversations at a normal level of volume could not be heard outside of the consultation room. A chaperone policy was displayed outside the consultation room. There were chairs available for people wanting to wait for a service or waiting whilst their medicines were being assembled. A staff area and toilets were available to the team. The room temperature and lighting were suitable for providing pharmacy services. Air conditioning was available to help regulate the temperature. A fire exit was available on the shop floor and was unobstructed. Additional storage was located in the basement, and no prescription only medicines (POMs) were found to be stored there.

The pharmacy had a website where it advertised general sale listed (GSL) and pharmacy (P) medicines. The SI said they did not sell high risk medicines including co-codamol or Phenergan on the website, but Nytol was listed for sale. Although the website was associated with Walworth pharmacy, the SI said that sales were made from one of the other branches and approved by the RP at that branch.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not always store its medicines securely. And it does not keep records of when it has date-checked its stock. It otherwise provides its services safely and makes its services accessible for people. And it gets its medicines and medical devices from appropriate sources.

### Inspector's evidence

The pharmacy had step free access with manual doors. Team members could provide large print labels for those who required, and staff were multilingual. The team also used translation apps to help communicate with people who had language barriers.

Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy supplied medicines daily to some people, as supervised and unsupervised doses. Medicines awaiting collection were stored appropriately and patient-identifiable details were not in view of people from the shop floor. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It provided backing sheets with the packs, so people had a chart indicating when each medicine should be taken, but these were not securely attached to the packs. This meant the backing sheet could be easily misplaced and people may not have the required information with their medicines. The SI gave assurance these would be more securely attached in future. The backing sheets included details of the person it was being supplied to, their doctors' details and the pharmacy details. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. The backing sheets indicated which time of day the person should take the medicine, and the quantity to be taken. But the sheets did not include full written dosage instructions, which could make it harder to find this information if there was a query. Additionally, mandatory warnings required for certain medicines were not always present. These points were discussed with the SI during the inspection. The pharmacy provided people with patient information leaflets about their medicines if the medicine was new and gave people the option to continue receiving the leaflet each month. Pharmacy team members documented any changes to medicines provided, with the dates these changes were made, and counselling points on the person's master record sheet, which was a record of all their medicines, what they were for and where they were placed in the packs. This was a practice that was recently introduced, and the SI was in the process of updating all record sheets to include these details. There were audit trails for who had checked the pack but not for the dispensing. The benefits of maintaining clear audit trails were discussed.

The pharmacist explained that they counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a pregnancy prevention programme (PPP) with their GP. The pharmacy was provided with assurance that the GP checked the person was still on the PPP each month before issuing prescriptions to people who were in the at-risk group. The dispenser

was also aware of the guidance for valproate and the labelling requirements. An emergency kit containing glucose gel and adrenaline was available in the consultation room if needed. The adrenaline had expired but this was replaced during the inspection.

The pharmacy obtained medicines from licensed wholesalers and stored them on the shelves. It kept most of its stock in restricted areas of the premises, however some medicines were found in areas that were accessible to the public. And there was a large fridge in the consultation room for storing medicines, but the consultation room was not locked. And a box of metformin packs that had been recently received was found unattended outside the dispensary. The SI locked the consultation room during the inspection and the box of metformin was moved into the dispensary. The pharmacy had medicinal waste bins to store out-of-date stock and patient-returned medication. It stored out-of-date and patient-returned CDs separate from in-date stock. The pharmacy kept its CDs securely. Decanted medicines were appropriately labelled with expiry dates and batch numbers.

Pharmacy team members had a system in place to check medicine expiry dates in the dispensary every two to three weeks. However, the team did not make a record of the date checking. No out-of-date medicines were found on the shelves inspected in the dispensary. Pharmacy team members monitored the minimum and maximum temperatures of the medicine's fridge daily and the temperatures recorded were within acceptable limits. And the temperatures for both fridges during the inspection were within acceptable range.

Over-the-counter medicines were generally stored appropriately. However, there was a collection of vitamins containing products that the pharmacy was selling for a reduced price due to their expiry dates. Two of the items inspected from the collection were out of date and the sign read 'out of date'. However, the SI said that this collection should only be for short-dated medicines and the expired medicines found were missed during the date check. The expired medicines were removed during the inspection and the sign was changed to 'short-dated' items.

The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via an electronic platform. The RP said they would action any alerts and inform staff if any actions were needed. But there was no evidence of this documented. This could make it harder for the pharmacy to show how they had protected people's health and wellbeing in the event of a product safety alert.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team generally uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had calibrated glass measures. The pharmacy did not have separate measures for liquid CD preparations but washed the measures after use to avoid cross contamination. Tablet counting equipment was available. Equipment was clean and ready for use. A separate tablet triangle was labelled for use with cytotoxic medicines. Two medical fridges were available. A portable blood pressure monitor was used for some services. Team members had access to a deblistering machine to use when preparing multi-compartment compliance packs. And a range of disposable equipment was available in the consultation room to deliver the pharmacy's services, which included swabs, tape, gloves and wipes.

Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens generally faced away from people using the pharmacy. There was one screen used at the medicines counter, which was close to people standing at the counter. The SI said this would be repositioned to further reduce the risk of being visible to the public. The pharmacy had a cordless phone so team members could move to a more private area for confidential conversations.

### 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.  |