

Registered pharmacy inspection report

Pharmacy Name: PCG Hub Pharmacy, Basement Floor, 136 Mitcham Road, Tooting, London, SW17 9NH

Pharmacy reference: 9011575

Type of pharmacy: Dispensing hub

Date of inspection: 14/10/2021

Pharmacy context

This is a 'hub' pharmacy set in a basement of another pharmacy on a main road in Tooting. The pharmacy opens six days a week. And it dispenses whole packs of medicines to 'spoke' pharmacies in its group. People cannot visit this pharmacy in person. This inspection took place during the coronavirus (COVID-19) pandemic.

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 its risks. And it has written procedures to help make sure its team works safely and monitors the service it delivers. Members of the pharmacy team know what they can and can't do, what they're responsible for and when they might seek help. They understand their role in protecting vulnerable people. And they keep people's private information safe. The pharmacy acts on the feedback it receives to help it improve. It keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong.

Inspector's evidence

The pharmacy was closed to the public. It acted as a dispensing hub for the community pharmacies under the same ownership. It only dispensed whole packs of medicines. And these were sent to the spoke pharmacies, which were responsible for the supplies and managing the relationship with each patient. The pharmacy had standard operating procedures (SOPs) and risk assessments for the services it offered. But these needed to be reviewed to better reflect the operating model and as the service grew and adapted. The pharmacy had a business continuity plan that told its team what to do in the event of an emergency. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The pharmacy had risk assessed the impact of COVID-19 upon its services and the people who used it. And a written occupational COVID-19 risk assessment for each team member had been completed. The pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. The pharmacy had systems to review the mistakes its team made. Members of the pharmacy team were required to discuss any errors they made to learn from them and reduce the chances of them happening again. A pharmacy team member recently identified some ambiguous dosage instructions submitted by a spoke pharmacy. This led to a review of how the spoke pharmacy teams used the service.

The pharmacy displayed a notice that told people who the responsible pharmacist (RP) was. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within their job descriptions. A team member explained that they wouldn't assemble prescriptions if the pharmacy didn't have a pharmacist. The pharmacy had a complaints procedure. But people's concerns were dealt with by the spoke pharmacy or the company's support team. The pharmacy encouraged each spoke pharmacy to make suggestions on how it could do things better. And, for example, the size of the person's name printed on each bag label was made bigger following feedback from a spoke pharmacy team.

The pharmacy had insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy kept a record to show which pharmacist was the RP and when. The pharmacy team was reminded that the details of any absence of the RP must be included in the pharmacy record. The pharmacy didn't stock any controlled drugs (CDs) whose receipt or supply needed to be recorded in a CD register. The pharmacy doesn't dispense private prescriptions or unlicensed medicinal products. And it hasn't made an emergency supply of a medicine since it opened.

The pharmacy had an information governance policy and a safeguarding SOP. Its confidential waste was collected and disposed of securely. Members of the pharmacy team needed to read and sign a

confidentiality agreement. They were required to complete training on information governance and data protection, as well as safeguarding vulnerable groups of people. And they knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people in its team to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and can make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist, two full-time accuracy checking pharmacy technicians and two full-time trainee dispensing assistants. The pharmacy relied upon its team and appropriately trained team members from one of the company's other pharmacies to cover absences. The superintendent pharmacist (the RP), two pharmacists, a trainee pharmacist and an accuracy checking pharmacy technician were working at the time of the inspection.

Members of the pharmacy team worked well together. They could make decisions to keep people safe. And, for example, they recently referred a request to assemble an antibiotic prescription for someone who needed it urgently back to the spoke pharmacy. The pharmacy had an induction training programme for its team. Members of the pharmacy team needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles. They discussed their performance and development needs with their line manager when they could. They could ask questions and familiarise themselves with new products. They were encouraged to complete on-going online training to keep their knowledge up to date. And they could train while they were at work when the pharmacy wasn't busy. The pharmacy held weekly meetings with its team members to share learning and provide updates.

The pharmacy didn't set targets for its team. And it didn't incentivise its services. The pharmacy had a whistleblowing policy. Members of the pharmacy team knew who they should raise a concern with if they had one. They felt comfortable about making suggestions on how to improve the pharmacy and its services. And, for example, the size of the name of the spoke pharmacy on each bag was made bigger following their feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate environment to deliver its services from. And its premises are clean and secure.

Inspector's evidence

The registered pharmacy premises were set in a large basement of another pharmacy. They were air-conditioned, bright, clean, organised, secure and tidy. And they could only be accessed from the other pharmacy. The pharmacy had a large dispensary, several offices, toilets and a kitchenette. It had the workbench and storage space it needed for its workload. And its team members could use one of the offices if they needed to speak to someone in private. The pharmacy had the sinks it needed. And it had a supply of hot and cold water. Members of the pharmacy team and a cleaner were responsible for keeping the premises clean and tidy. They cleaned the pharmacy regularly. And they wiped and disinfected the surfaces they and other people touched.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy only offers a dispensing service to community pharmacies owned by the company that owns it. And people don't visit the pharmacy in person. The pharmacy gets its medicines from reputable sources and it stores them appropriately and securely. And its working practices are generally safe and effective. Members of the pharmacy team carry out the checks they need to. And they mostly dispose of waste medicines properly too. So, they can make sure the pharmacy's medicines are safe and fit for purpose.

Inspector's evidence

The pharmacy wasn't open to the public. And it didn't provide any services in addition to the assembly of medicines for other pharmacies in its group. The spoke pharmacies supplied the medicines assembled by the pharmacy. And they were responsible for making sure people received the right medicine and information. So, people could take their medication safely. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. The pharmacy only assembled whole packs of valproates. So, all the information people needed about taking this medication was provided. The spoke pharmacy teams were responsible for making sure women and girls able to have children who were prescribed a valproate were appropriately counselled.

The pharmacy used a computerised system to govern each stage of the dispensing process from picking, assembling and packing medicines through to dispatching these to the correct spoke pharmacy. The pharmacy kept an electronic audit trail of each stage of the process and who was accountable for it. The teams at each spoke pharmacy decided which prescriptions were suitable to be assembled at the hub pharmacy. But the pharmacy team could override this decision if the request was inappropriate, such as requests for certain CDs, or if the medicine was not available. The teams at the spoke pharmacies were responsible for the accuracy of the data, including dosage instructions, they uploaded onto the hub's system through the patient medication record (PMR). The pharmacist at the spoke pharmacy was responsible for making sure each prescription was clinically appropriate. But the superintendent pharmacist had identified a need to strengthen the audit trail for this part of the process.

The pharmacy used a robot to store and pick most of its medicines. But bulky products, creams, liquids and fast-moving lines weren't stored or picked by the robot. The pharmacy team generally scanned the two-dimensional (2D) barcodes on most medicines it received and assembled. And each 2D barcode mostly provided information unique to that product, such as its batch number and expiry date. The totes, dispensing labels and bagging labels were also barcoded. The pharmacy team processed the orders for each spoke pharmacy. The medicines for these orders were picked and placed into a designated tote by a team member or the robot. The pharmacy team member scanned the tote's barcode. And they selected a product from the tote and scanned it. This generated a dispensing label. And, if not done already, allocated a basket to that individual patient. The system automatically endorsed the RP's initials onto each dispensing label as the person responsible for the accuracy check of the medicine when this wasn't always the case. But the RP was aware of this anomaly and was trying to resolve it. The baskets were kept in a sortation shelving system. And a shelf lit up to tell the team member which basket to put the labelled product into. The team member scanned the barcode on the basket before scanning and adding the medicine to it. The lighting of the shelf changed colour when the

order was complete or when a quality control or accuracy check was needed. The system required a quality control or accuracy check by a pharmacist or accuracy checking pharmacy technician on a proportion of the orders processed or on those placed into quarantine, such as medicines flagged as being of a higher risk, before they could be packed. The packing process required the operator to scan the basket containing a completed order to produce a barcoded bag. The barcode on the bag was scanned, and each labelled product was scanned again before being placed into the bag. This was repeated until the order was complete. The bag was then sealed and placed in a tote for the appropriate spoke pharmacy. And the tote was delivered to or collected by the spoke pharmacy.

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 checked the expiry dates of medicines at the point of dispensing and at regular intervals. And systems were in place for the robot to regularly identify and remove products nearing their expiry dates. The pharmacy didn't receive any patient-returned medicines. It didn't have any CDs which were required to be stored in a CD cabinet. And it didn't keep any refrigerated products. The pharmacy had procedures for the disposal of its expired medicines. And it had the pharmaceutical waste bins it needed to make sure these medicines were kept separately from its in-date stock. A pharmacy team member had put an original pack of an expired CD into one of these bins by mistake. But this was removed during the inspection. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they took and demonstrated what records they made when they received a drug alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. Members of the pharmacy team made sure the equipment they used was clean. The pharmacy's robot was serviced regularly. And support was available quickly to remedy any issues with it or other equipment used in the assembly process. The pharmacy restricted access to its computer and PMR systems. And only authorised team members could use them when they put in their password. This meant the pharmacy kept people's data secure.

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.