

Registered pharmacy inspection report

Pharmacy Name: Jays Pharmacy, 175 Uxbridge Road, Shepherds Bush, London, W12 9RA

Pharmacy reference: 9011809

Type of pharmacy: Community

Date of inspection: 29/11/2024

Pharmacy context

The pharmacy is on a busy road in Shepherds Bush. It relocated from a nearby shop on the same road in 2022. 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 Pharmacy First service, the New Medicines Service and the Community Pharmacist Consultation Service. They also prepare medicines in multi-compartment compliance packs for those who require them.

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 generally safe and effective. The pharmacy generally keeps the records it needs to by law. 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 team members do not appropriately 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

A set of standard operating procedures (SOPs) were available and team members had signed them to confirm they had read them. SOPs covered several areas including roles and responsibilities, safeguarding and dealing with errors. These had been reviewed in 2019 and were due review in 2021. The superintendent pharmacist (SI) said he had reviewed them when the pharmacy relocated but did not update the review date. He confirmed he would amend the review date.

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 August 2024 and details of the medicines involved in the near misses were not included. Also, the near misses were not reviewed to find any patterns or trends. This meant team members might miss out on some opportunities to learn and make improvements to the pharmacy's services. In the past, midodrine and minoxidil tablets had been separated on the shelves to avoid picking errors. Team members confirmed there had not been any mistakes where the medicine was handed to a person (dispensing errors) but described what would happen if these occurred. They said they would be reported online, and the person's GP would be informed if the person had taken the medicine. They also confirmed dispensing errors involving controlled drugs (CDs) would be reported to the CD accountable officer (CDAO).

The correct responsible pharmacist (RP) notice was displayed. The pharmacy had current professional indemnity insurance. There was a complaint procedure, and the pharmacy displayed a poster about how to raise a complaint or give feedback. The pharmacy team members described how they would deal with a customer complaint. They would attempt to resolve the situation themselves but would involve the pharmacist if it could not be resolved. People could give feedback on the pharmacy's website, through online review platforms, via the NHS website, by calling the pharmacy or in person in the shop.

Records of private prescriptions, emergency supplies of medicines, unlicensed medicines dispensed, CD registers and RP records were generally well maintained. CDs that people had returned were recorded in a register as they were received and destroyed with a witness. A random check of the physical amount of a CD medicine agreed with the balance recorded in the register. Details of the CDAO were available to the team. However, some CD entries where mistakes were made were not amended in the correct way. The importance of not crossing entries in the CD register was discussed.

Assembled prescriptions were stored in the dispensary. And a leaflet was available to people telling them how their personal information was recorded and processed, with details of the data protection

officer. The pharmacy did not have an information governance policy available at the time of the inspection. Following the inspection, the SI provided a confidentiality code of conduct and agreement signed by the pharmacy team members.

The pharmacists had completed level two safeguarding training and team members had completed level 1 safeguarding training. Team members said they would refer concerns to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides, and they work effectively together and are supportive of one another. They have the appropriate skills and qualifications for their roles. The pharmacy supports its team members in keeping their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the team comprised of the SI who was also the RP, a second pharmacist, two dispensers and one medicines counter assistant (MCA). The SI felt that there was sufficient staff to cope with the pharmacy's workload and they were up to date with dispensing. There were two members of staff trained in each role who all worked full time and could cover in each other's absence.

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 annually. Meetings were held with the team in response to incidents and when there were updates to share. The pharmacy was using a shared electronic platform with the GP clinic and other local pharmacies to discuss stock availability and other queries. The clinic also shared relevant updates, such as staff changes, but the platform was not used to discuss any confidential information.

Team members felt they were able to raise concerns or give feedback. Following feedback from service users, changes had been implemented to the range of stock kept in the pharmacy and the pharmacy had trialled a repeat prescription app for people to order medicines. 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 pharmacy journals received by the pharmacy and the SI shared newsletters with the team. There were no targets set for services provided but the team members were encouraged to work towards improving the service.

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. Pharmacy-only medicines were stored behind a medicines counter. The dispensary had sufficient work and storage space. There were designated areas for dispensing and checking prescriptions. An allocated area had been created towards the back of the dispensary for managing and preparing multi-compartment compliance packs. A clean sink, with running water, was used for preparing medicines. The room temperature and lighting were suitable for providing pharmacy services. Additional storage rooms were located in the basement.

A consultation room was available for private conversations and services. This was accessible through a corridor leading from the shop floor. The room allowed a conversation at a normal level of volume to take place inside and not be overheard.

The pharmacy had a website where it advertised some of the pharmacy's services and allowed appointments to be booked. Details about the SI and the pharmacy registration were listed. The pharmacy was not yet selling any medicines through the website.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and delivers its services safely and effectively in the pharmacy. It gets its medicines from licensed suppliers, and it stores them securely. However, the team does not routinely identify people receiving higher risk medicines so may be missing opportunities to carry out appropriate checks and provide them with advice.

Inspector's evidence

People accessed the pharmacy via an automatic door. The pharmacy leaflet included information about the services the pharmacy provided. People were signposted to services the pharmacy did not offer, for example, team members referred people requiring travel vaccinations to a local pharmacy that offered the service. And the pharmacy also sold general sales list (GSL) medicines and non-medicine items via a third party delivery service. The pharmacy had the option to print large print labels for those who required. Dispensing audit trails were maintained to help identify who was involved in dispensing and checking prescriptions. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. 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. The pharmacy had a spreadsheet to keep track of when packs were due. It attached backing sheets to the packs, so people had written instructions about how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. There were no audit trails showing who had dispensed the packs, but they were generally prepared by the same dispenser and checked by the same pharmacist.

Patient group directions (PGDs) were used to deliver the Pharmacy First service and COVID vaccinations. The Pharmacy First PGDs were signed by both pharmacists but only the SI had signed the COVID PGD. The SI said only he provided the COVID vaccines. Prescriptions for CDs and fridge items were highlighted to alert the team, so these items were not forgotten when handing out to people. The pharmacy did not routinely provide counselling to people taking higher-risk medicines. The importance of carrying out additional checks with those people taking medicines that require monitoring was discussed. But team members were aware of the guidance for valproate. The SI said he would check that people were on the pregnancy prevention programme (PPP) if relevant and would make a note on their patient medication record (PMR). They would refer the person back to the GP if they had concerns and the dispenser said they only dispensed complete packs of valproate. Patient leaflets and alert cards for valproate were available to people. The pharmacist had access to summary care records and obtained verbal consent before accessing.

The pharmacy obtained medicines from eight licensed wholesalers to reduce the risk of stock issues. 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. Pharmacy team members checked medicine expiry dates every six months and clearly marked

short-dated medicines, but they did not make a record of date-checking. No out-of-date medicines were found on the shelves that were checked during the inspection. Pharmacy team members monitored the minimum and maximum temperatures of the medicine's fridge daily and the temperatures recorded were within acceptable limits.

The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) and from wholesalers, via email. The SI said they would action any alerts and inform staff if any actions were needed. Team members listed several alerts that had been actioned recently. 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 necessary equipment and facilities to provide its services safely and to protect people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date references sources available including access to the internet. The pharmacy had a set of clean, well-maintained calibrated measures available for measuring liquids. And tablet counting equipment was available; this was clean and some was separately labelled for use with cytotoxic medicines. 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 fridge was clean and suitable for storing medicines. And a blood pressure machine and otoscope were available. The pharmacy had a cordless phone so team members could move to more private areas for confidential conversations. Team members had individual smart cards, and these were seen to be used appropriately.

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.