

Registered pharmacy inspection report

Pharmacy Name: Earls Court Chemist, 206 Earls Court Road, London, SW5 9QB

Pharmacy reference: 9012120

Type of pharmacy: Community

Date of inspection: 30/09/2024

Pharmacy context

This pharmacy is located on a busy main road, in a touristic area of West London. It serves the mixed local population as well as visitors from abroad. The pharmacy dispenses NHS prescriptions and provides a range of services including the Pharmacy First and travel vaccination services. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. The pharmacy has moved premises since the last inspection.

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 identifies and manages the risks associated with its services. It records and reviews any mistakes that happen during the dispensing process. It protects people's personal information. Team members understand their role in protecting vulnerable people. And the pharmacy largely keeps its records up to date and accurate.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which were easily accessible to the team. Current members of the team had signed a log sheet to show that they had read and understood the SOPs. Team members' roles and responsibilities were not detailed in the SOPs. The responsible pharmacist (RP) said that they would ensure these were filled in. Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were recorded on a paper record which was displayed in the dispensary. This helped ensure that it was filled in as soon as a near miss was identified. Team members said that the pharmacists discussed near misses with the wider team and agreed on action to take to help reduce these. The pharmacy had made some changes, for example, separating medicines that looked or sounded alike. Since the pharmacy had changed premises there was now more workspace in the dispensary and designated areas for the various dispensing tasks. This helped create a workflow and reduce dispensing mistakes.

A procedure was in place for dealing with dispensing mistakes which had reached a person, or dispensing errors. The pharmacy had documented a mistake where medicine was delivered to the wrong person. As a result, people were now asked to sign a record sheet to confirm receipt of their medication. Bag labels were also attached to both sides of the medicine bag to help confirm the person's details.

The pharmacy had in-date professional indemnity insurance. The correct responsible pharmacist (RP) notice was displayed, and the RP record was generally completed correctly. The nature of the emergency was seen to be recorded when a supply of a prescription-only medicine was supplied in an emergency. The private prescription records were largely completed correctly, but the correct prescriber details were not always recorded. Team members said that they would maintain complete records about private prescriptions in the future. Controlled drug (CD) registers examined were generally filled in correctly, but the address of a supplier was not always included when entering stock in. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available.

A suggestions box was displayed in the retail area for people to provide feedback. People could also give feedback verbally or via online platforms. A poster encouraging people to speak to a member of the team should they have a complaint was displayed in the retail area.

Confidential waste was shredded at the pharmacy, computers were password protected and computer screens were not visible to people. Individual smartcards were used to access the NHS spine, but some were seen to be shared. This was discussed with the team. Bagged items awaiting collection could not be viewed by people using the pharmacy. Team members had completed training about protecting people's personal information. The pharmacy had two consultation rooms which could be used for

private conversations. Team members were observed asking people collecting their medicines to write their details down and discreetly confirming details.

All members of the team had completed the relevant safeguarding training and were able describe the steps they would take if they had a concern about a vulnerable person. They said they would raise concerns to the pharmacist or contact the local safeguarding board. The contact details of the local safeguarding team were displayed in the dispensary. The pharmacy had not had any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough members to provide its services safely. They are provided with some ongoing training to support their learning needs. And they have regular meetings where they can raise concerns or make suggestions.

Inspector's evidence

During the inspection there was a trainee pharmacy technician, two qualified dispensers, and a trainee medicine counter assistant (MCA). The RP had left the pharmacy for an emergency appointment but had returned a short while later. They had signed in as the responsible pharmacist before leaving. The pharmacy also had another two regular pharmacists, one of whom was the superintendent pharmacist (SI). All members of the team were either suitably qualified for their role or enrolled onto the relevant course. There were contingency arrangements for staff cover if needed. The pharmacy was up to date with its workload, and team members were observed communicating effectively and working well together.

One of the dispensers mainly covered the medicines counter. They asked appropriate questions before selling Pharmacy-only medicines (P-medicines) and was able to name several medicines which were liable to misuse and described when they would refer to a pharmacist.

Team members knew that they should not hand out any dispensed items or sell any pharmacy-only medicines if a pharmacist was not present at the pharmacy. They were observed explaining this to a person who had arrived to collect their medicine whilst the pharmacist was not present. A sign was also displayed in the dispensary to remind team members about the tasks they could and could not do in the absence of the RP.

Trainee members of the team said that they completed their training modules in their own time. They were encouraged to complete additional training as and when that became available, for example, via online pharmacy magazines. Team meetings were also held regularly to discuss any issues or changes at the pharmacy. Formal performance reviews were done annually with the SI. Team members said that they were comfortable to raise concerns or give feedback to the pharmacists and SI, and said that the SI was always open to suggestions.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean, bright, and fitted to a high standard. It comprised of a spacious shopfloor and a dispensary at the back of the shop. The dispensary had ample storage and workspace. Workbenches were kept clean and tidy. The shopfloor was well maintained and had several seats for those waiting for prescriptions or services. There were two clearly signposted consultation rooms which were fitted with computers, sinks, and storage cupboards. The doors of the consultation rooms had frosted glass for additional privacy. 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 were two large TV screens fitted at the window which were used to promote services.

Air conditioning was available, and the room temperature was suitable for storing medicines. Team members had access to a staff room, which was fitted with a separate fridge for storing food, and clean toilet facilities. A cleaning rota was in place and cleaning tasks were shared between the team. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy generally provides its services in a safe way. It orders its medicines from reputable sources and largely manages them properly. But it does not always highlight prescriptions for higher-risk medicines, so it may be missing out on opportunities to provide additional counselling information.

Inspector's evidence

There was step-free access into the pharmacy. The retail area was spacious and open, and this assisted people with restricted mobility or using wheelchairs. 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 that may be suitable for them. Some team members were multilingual and translated for people or used a translating app when needed.

Dispensing audit trails were maintained to help identify who was involved in dispensing and checking a prescription. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines. Baskets were used throughout the dispensing process to help prevent the mixing of people's prescriptions. There were designated areas for tasks, such as dispensing, assembling multi-compartment compliance packs, and checking.

Team members were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group and said they would dispense this medicine in its original pack. The RP said that prescriptions for higher-risk medicines, such as methotrexate and lithium, were marked with a sticker but this was not always the case. The team could not demonstrate that they had made the appropriate checks when supplying these medicines. The RP said that they would ensure the team was following the pharmacy's SOPs.

The multi-compartment compliance pack service was well managed. Prescriptions were ordered and managed by the pharmacy. There were clear audit trails for the service to help keep track of when people were due their packs and when their prescriptions were ordered. Once prescriptions were received, they were reviewed by a member of the dispensary team then clinically checked by one of the pharmacists. Any changes were confirmed with the GP. Stock was checked by the pharmacist before the packs were assembled. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were provided to help people and their carers identify the medicines and patient information leaflets were routinely supplied. Additional alerts were seen to be placed on the packs, for example, when a medicine was stopped.

In-date patient group directions (PGDs) were available for the Pharmacy First service. The pharmacists had completed all the relevant training. They maintained the relevant records when providing the service and updated the electronic system as soon as a supply was made. Checklists and flowcharts were easily accessible to the team.

People were asked to sign a delivery log to confirm receipt of their medication. The delivery driver returned any undelivered medicines to the pharmacy and took a photograph of the person's door to confirm that they had attempted delivery. The driver had been briefed about safeguarding and data

protection.

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 regular intervals and kept a record. No expired medicines were found on the shelves in a random check in the dispensary. Fridge temperatures were checked and documented daily. The pharmacy received drug alerts and recalls electronically and kept a record of any action taken in response to these.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

Suitable equipment for measuring liquids was available and separate liquid measures were used to measure certain medicines and prevent contamination. Triangle tablet counters were available and clean. The blood pressure monitor was new and team members said that it would be serviced regularly by the supplier. There was a large pharmaceutical fridge in the dispensary. The phone in the dispensary was portable so it could be taken to a more private area where needed. Up-to-date reference sources were available in the pharmacy and online.

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. |