

Registered pharmacy inspection report

Pharmacy Name: Parkland Pharmacy, Unit 2, Cranston Court, 56
Bloemfontein Road, London, W12 7DH

Pharmacy reference: 9012170

Type of pharmacy: Community

Date of inspection: 02/12/2024

Pharmacy context

The pharmacy is located inside a shop unit within a residential new build. It provides NHS dispensing services, the Pharmacy First service, the New Medicine Service, and blood pressure checks. It also provides the flu vaccination service via patient group directions. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes and need this support.

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 met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot provide assurances that medicines requiring cold storage are kept at the right temperature.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy largely 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

During the inspection the pharmacy was in the process of changing its dispensing software. The pharmacy had up-to-date standard operating procedures (SOPs) which were easily accessible to the team. Current members of the team confirmed that they had read and understood the SOPs. Team members' roles and responsibilities were detailed within the SOPs. The superintendent pharmacist (SI) said that they would review the SOPs to include changes to the dispensing software.

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 a dispensing robot fitted which the team said had helped reduce near misses significantly as both the prescriptions and the medicine packs were scanned onto the system. There were designated areas for the various dispensing tasks, and 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 not had a recent dispensing error.

The correct responsible pharmacist (RP) notice was displayed, and the RP record was completed correctly. The nature of the emergency was not always recorded when a supply of a prescription-only medicine was supplied in an emergency. This may make it difficult for the pharmacy to explain why a supply was made. The private prescription records were largely completed correctly, but the correct prescriber details were not always recorded. This may make it difficult to find all the details in case of a query. Team members said that they would maintain complete records about private prescriptions and emergency supplies in the future. Controlled drug (CD) registers examined were filled in correctly and the recorded quantity of a CD item checked at random was the same as the physical amount of stock available. The pharmacy had in-date professional indemnity insurance.

People could give feedback verbally or via online platforms. A complaint form was also available in the SOP folder, and team members described signposting people to the consultation room if they wanted to raise a concern to a member of the team.

Confidential waste was shredded at the pharmacy, computers were password protected and computer screens were not visible to people visiting the pharmacy. Individual smartcards were used to access the NHS spine, but were not always stored securely when not in use. This may increase the risk of inappropriate use of the cards. Team members said they would make sure the smartcards were stored securely in future. Bagged items awaiting collection could not be viewed by people using the pharmacy. Most members of the team had completed training about protecting people's personal information. Newly employed team members were still in the process of reading the pharmacy's information

governance policies.

Team members were observed asking people collecting their medicines to write their details down and discreetly confirming details. Most 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 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 have regular meetings where they can raise concerns or make suggestions. But they do not always have opportunities to complete ongoing training. This may make it difficult for them to keep their skills and knowledge up to date.

Inspector's evidence

During the inspection there was the SI, a regular RP, two pharmacy students, a trainee pharmacy assistant, and an assistant. The assistant had started one month ago and had been informed that they would be enrolled onto a suitable course following a successful induction period. 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.

Team members were provided with in-house training at the start of employment, and this covered the SOPs, roles and responsibilities, dispensing processes, operating the dispensing robot, and dealing with queries. The newly employed assistant said that they spent time shadowing colleagues or the pharmacists. They were given set tasks, such as dispensing, before moving onto the next task, and this helped ensure they fully understood processes. They felt supported by the RP, who checked on them throughout the day.

The trainee pharmacy assistant had enrolled onto the course in March 2024 but had not completed any of their modules. They were not provided with study time during their working hours. There was no evidence of any structured, ongoing training for team members. This may make it harder for them to keep their skills and knowledge up to date. The RP said that trainee members of the team would be provided with study time in the future.

Meetings were held regularly where team members had the opportunity to ask question, discuss changes, and give feedback. Team members felt well supported and said that the pharmacists were open to feedback. Some targets were set, such as service sign-ups, but team members said they were reasonable and achievable.

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 located inside a spacious shop unit. It was clean, bright, and fitted to a high standard. There was a small retail area, a medicines counter, and a spacious dispensary. Pharmacy-only 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. The dispensary was fitted with a dispensing robot and there was ample work and storage space. A corridor ran along the side of the dispensary, and this led to a consultation room and a staff room. The consultation room did not have a ceiling, but conversations held inside the room could not be overheard.

The path to the fire exit at the back of the premises was cluttered. Following the inspection, the pharmacy sent photographs to confirm that the path had been cleared. Air conditioning was available, and the room temperature was suitable for storing medicines. 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 not all met

Summary findings

The pharmacy cannot show that it keeps medicines requiring cold storage at the right temperature. This means that it may not be able to demonstrate that the medicines are safe to use. The pharmacy generally manages its other services adequately.

Inspector's evidence

There was step-free access into the pharmacy and sufficient space in the retail area. This assisted people with restricted mobility or using wheelchairs. Services and opening times were clearly advertised. 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.

Most prescriptions were received electronically and were dispensed using the dispensing robot. Team members said that the dispensing robot had helped improve the dispensing process and reduce errors. A dispenser scanned the prescriptions onto the dispensing software for the robot to select and release the medicines. Once labelled, the dispensed medicines were stored in baskets and kept on a designated workbench for the pharmacist to conduct a clinical and accuracy check. Baskets helped prevent transfer between patients. The dispensed by and checked by boxes on the labels were not always signed, and this may make it harder to identify who was involved in these processes.

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 other higher-risk medicines, such as methotrexate and lithium, were marked with a sticker to highlight them to the team. Any checks made were not routinely recorded. This may make it harder to show that the pharmacy had made the appropriate checks when supplying these medicines.

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. Stock was released by the robot when the prescriptions were labelled, and the packs were then 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, but patient information leaflets (PILs) were not always supplied. The pharmacy team said that PILs would be supplied with all packs in the future.

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.

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. But medicines requiring cold storage were stored in a disorganised manner inside the fridge. The RP said that fridge temperatures were checked and documented daily but the electronic record was missing most

readings, with only 12 temperature readings recorded since February 2024. The RP said that there may have been an issue with the software and that they would look into it. The SI explained that the fridges were linked to a UPS system that kicked in if the temperatures dropped. The system would maintain the temperature for up to eight hours in case of an electrical failure. The dispensing robot highlighted medicines with short expiry dates that were stored inside the robot. These were removed from the robot regularly. The pharmacy team manually checked expiry dates of medicines stored outside the robot and maintained a clear record. Drug alerts and recalls were received electronically, actioned, and retained for reference.

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

The dispensing robot was serviced regularly, and its system was updated continuously. Additional checks or support could be requested at any time. The pharmacy had two plastic measures. The RP said that glass measures would be ordered in the future. Triangle tablet counters were available and clean. A relatively new blood pressure monitor was in use. There was a large pharmaceutical fridge. 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.