

Registered pharmacy inspection report

Pharmacy Name: Blackwells Chemist, 245 Croydon Road,
BECKENHAM, Kent, BR3 3PS

Pharmacy reference: 1032588

Type of pharmacy: Community

Date of inspection: 01/06/2023

Pharmacy context

This is a community pharmacy on a busy main road in South East London. It mainly offers NHS services such as dispensing prescriptions. And it is an NHS Covid vaccination site. It delivers medicines to a small number of people in their own homes. And it dispenses medicines in multi-compartment compliance packs to some people who need this additional level of support. It provides a travel vaccination service under patient group directions.

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 not all met | 1.6 | Standard not met | The pharmacy does not keep all the records it needs to up to date, particularly its responsible pharmacist records. |
| 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 show that it stores its medicines requiring cold storage at the appropriate temperatures. And there is some evidence that the temperatures have gone out of the appropriate range. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not keep all its records up to date and accurate, particularly its responsible pharmacist records. Otherwise, it generally manages the risks associated with its services adequately. People using the pharmacy can provide feedback or raise concerns. And staff generally protect people's personal information well. Team members know what to do to help protect the welfare of a vulnerable person. The pharmacy has written procedures, but these are not easily accessible to team members to refer to. And they are not regularly updated. So, they may be less useful to staff, and may not reflect current best practice.

Inspector's evidence

When asked, staff members did not know where the standard operating procedures (SOPs) were, including the responsible pharmacist (RP), who was a locum. The superintendent pharmacist (SI) arrived part-way through the inspection and found them on the pharmacy computer. There was no documentary evidence to show that staff had read through them, but the staff members present said that they had. The SOPs were not stored on the computer in an organised way and only the SI was able to show where they were. They had inconsistent naming, and they were difficult to navigate. Several SOPs seen were overdue for review, and this was discussed with the SI. The SI said that he would make sure the SOPs were more easily accessible to team members and get them to read through the relevant SOPs again.

Dispensing mistakes which were identified during the dispensing process (near misses) were recorded in a book in the dispensary on an ongoing basis. The dispenser described how they asked another team members to check dispensed items before handing to the pharmacist for the final check, and this had helped reduce the number of near misses. The RP was initially unsure how dispensing mistakes where the medicine was handed to a person (dispensing errors) were recorded. But he later clarified that they were reported on the National Reporting and Learning System. The SI said that dispensing mistakes were reviewed every so often but was unable to find the documentation during the inspection. He sent this following the inspection and it showed that a review had been done in May 2023. Learning points included storing similar looking medicines in different places, and one-to-one discussions with team members to identify any individual issues.

The trainee dispenser knew what she could and could not do if the pharmacist had not turned up in the morning. And she could describe what she would do if someone requested to buy a medicine which was liable to abuse.

People could find details about how to make a complaint or provide feedback from the pharmacy's website, and this also gave details of the local Patient Advice and Liaison Service. Details were also available in the pharmacy's practice leaflet. The pharmacy had current indemnity insurance.

The right RP notice was displayed (as confirmed by the RP), but the wrong RP was signed into the record; this was changed when highlighted. The RP record the SI showed had not been filled in regularly, and there were only two entries found since 1 August 2022. The SI was unsure what had happened and said that he would ensure the entries were completed correctly going forward. Records about private prescriptions contained the required information. Records about emergency supplies did

not always contain the nature of the emergency. Controlled drug (CD) registers seen largely complied with requirements, but there were some entries still to be made from a few days ago. The dispenser was aware of this and said she would ensure the entries were made. The SI confirmed that the pharmacy had not recently supplied any unlicensed medicines to people and so did not have any corresponding records.

No confidential information could be read from the public area. Team members had individual smartcards for accessing the electronic NHS systems, but they had left the cards in terminals that other team members were using. This was discussed with the team. Confidential waste was put into separate sacks for offsite disposal. Both pharmacists confirmed they had completed level 3 safeguarding training. The dispenser had also done safeguarding training and could describe an example of where there had been a concern about a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services. They do some ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about raising any concerns or making suggestions. Staff generally do the right accredited training for their role, but the pharmacy could do more to ensure that it enrolls people on the required courses in a timely way.

Inspector's evidence

Present on the day of inspection was the RP, SI, a trained dispenser, and an MPharm student. There was also an untrained member of staff who was involved in the sale of medicines and had worked at the pharmacy for around eight months. Following the inspection and on the same day, the SI provided evidence that he had enrolled the person on an accredited course. Team members were up to date with their workload, but the SI said that there had been some staffing shortages which had increased the pressure on the staff.

Team members felt comfortable about raising any concerns or making suggestions. They had access to training material such as pharmacy magazines and manufacturers' literature but there was no structured ongoing training. Team members generally read this material at home, and said it was usually too busy to do this during work time. The SI said that he held informal meetings with the team from time to time as things came up, but these were not documented. Team members were not set any targets for the services they provided.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services, and they are kept secure. People can have a conversation with a team member in a private area. Team members mostly keep the pharmacy clean and tidy, although storage space is limited.

Inspector's evidence

The pharmacy was long and narrow and was generally clean and tidy. Storage space in the dispensary was limited but on the whole, it had been used well. There was a pile of boxes in the middle of the dispensary but although it limited the amount of floorspace available it did not represent a significant tripping hazard. There was an adequate amount of clear space for dispensing activity.

Lighting throughout the pharmacy was good, and the ambient temperature was suitable for storing medicines. Air conditioning was available. There were two consultation rooms which provided adequate levels of soundproofing. And there was a toilet available for customers to use. The premises were appropriately secure from unauthorised access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always store its medicines properly. It cannot show that it stores all its medicines requiring cold storage at the appropriate temperatures. And there is some evidence that the temperatures have gone outside of this range. The pharmacy generally stores its other medicines properly. Team members take the right action in response to safety alerts. And the pharmacy's services are accessible to people. The pharmacy is not up to date with date-checking its stock, and this could increase the chance that people get medicines that are not suitable to use.

Inspector's evidence

The pharmacy had step-free access from the street. There was an awning at the front to help protect people waiting from the elements; this had mainly been used when the pharmacy provided vaccinations during the pandemic and there were larger queues of people. The vaccination service was now less busy, and there was seating people could use in the shop area. The pharmacy was operating the 'Evergreen' model for NHS Covid vaccinations and was providing them to people throughout the year. The RP said that he undertook the clinical checks with people prior to their vaccination, and there was a volunteer to help the people who were waiting.

The SI said that there were still serious problems in getting hold of some stock for prescriptions. He said GPs wanted to find out which medicines were available but this was proving difficult. The pharmacy obtained its stock from licensed suppliers, and it generally stored it in an orderly way. The last date-checking records were from 2022 and two date-expired medicines were found in with stock. The dispenser said that the staffing issues had made keeping up with the date checking difficult, but that she would get it back up to date again. Bulk liquids were marked with the date of opening to help staff know if they were still suitable to use. CDs were stored in cabinet which could be made secure. Medicines for destruction were appropriately separated from stock.

The pharmacy had three fridges for storing medicines. There was a larger medical fridge which had a temperature tracker in it, but the reading on the fridge said that the maximum temperature had reached 18.3 degrees Celsius. The SI said that the team had been moving a lot of items around in the fridge the previous day and the door had been opened quite a lot. There was also a smaller medical fridge. This also had an electronic tracker and there was no documentary record of the fridge temperatures. The readings on this fridge were seen to be in the appropriate range. The team members present did not know how to get the temperature ranges off the electronic trackers, and the SI said that there was another team member who did but was not present. He said that the trackers had an alarm if the temperature went out of the appropriate range. The pharmacy had another small fridge which had rabies vaccinations and Covid vaccinations in it. The SI explained that the Covid vaccinations were due to expire the same day and would not be used. This fridge had a thermometer which showed a range of 0 to 19 degrees Celsius, and there was no record of the temperatures being monitored and it did not have a separate electronic tracker.

The pharmacy was providing Covid vaccinations from one of the consultation rooms under the national patient group directions (PGDs). The RP was providing the vaccinations and described the training he had completed, which included e-learning, face-to-face training, and anaphylaxis training. The pharmacy provided a range of travel vaccinations, and PGDs seen for this service were in date.

Dispensed multi-compartment compliance packs were supplied with the relevant patient information leaflets. The dispenser explained how the prescriptions were checked before dispensing, while dispensing the packs, and the pharmacist did a clinical check. The dispenser showed how changes to people's medicines or doses were recorded, and the records seen were generally clear and comprehensive. People were usually assessed for their need for the packs by the local medicines optimisation service. The pack seen were labelled with a description of the medicines inside and there was a separate written audit trail to show who had undertaken each step of the dispensing process.

No dispensed prescriptions for higher-risk medicines were found. Dispensary team members were not all aware of the additional counselling to be given to people taking medicines such as methotrexate or warfarin, and the SI said that he would discuss this with them. He did not think that prescriptions for CDs were routinely highlighted, which could make it harder for team members handing them out to know if the prescriptions were still valid. Staff were aware of the additional guidance about pregnancy prevention for people taking valproate-containing medicines. And they were not aware of any people the pharmacy had who were in the at-risk group. The original packs of these medicines had the warning cards attached, and the SI said that the current guidance was to only supply the medicines in their original boxes.

The number of deliveries to people's homes had decreased significantly. The pharmacy kept an audit trail to show when medicines had been delivered. People's signatures were not obtained to help with infection control.

The pharmacy received drug alerts and recalls via email from several sources. They were printed out and a record of the action taken in response was made.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment it needs to provide its services. But it could do more to ensure that it uses liquid measures which are appropriately calibrated.

Inspector's evidence

There was a range of liquid measures, but these were plastic and staff said the glass ones had broken. The SI confirmed that he would order in new calibrated glass measures. The blood pressure meter was new, and the SI explained that the supplying service would arrange recalibration or replacement. Both consultation rooms had in-date anaphylaxis kits easily available. The pharmacy phone was cordless and could be moved to a more private area if needed.

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. |