

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: 12/12/2023

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 met**

Required Action: None

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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 identifies and managed the risks associated with its services. It generally records the information it needs to by law. Team members record dispensing mistakes so that they have an opportunity to learn from them and make the pharmacy's services safer. They largely protect people's personal information well. And they know what to do if they have concerns about the welfare of a vulnerable person.

Inspector's evidence

There was a range of standard operating procedures (SOPs) on the pharmacy computer, and the superintendent pharmacist (SI) explained that the SOPs could be accessed from any of the computer terminals. A selection of SOPs was examined and the ones looked at had been updated recently. The pharmacy had started to keep a record of when staff had read through the relevant SOPs, but some staff were still in the process of reading them. The responsible pharmacist (RP) confirmed that he had read the SOPs but had not yet signed the record to indicate this.

Dispensing mistakes which were identified during the dispensing process (near misses) were recorded in a book in the dispensary on an ongoing basis. The RP explained how dispensing mistakes where the medicine was handed to a person (dispensing errors) were recorded on the National Reporting and Learning System. He said that any errors would also be reported to the SI. The pharmacy sometimes reviewed the errors monthly, but this was not always done, and the last review was from August 2023. The RP explained that the pharmacy had been busy recently with the vaccination service, but he was intending to start the reviews again in the new year.

The dispenser could explain what she could and could not do if the pharmacist had not turned up in the morning or was absent from the pharmacy. 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, although the leaflet itself was not very prominently displayed. The pharmacy had current indemnity insurance.

The right RP notice was displayed, and on the whole, the RP records examined had been filled in correctly; this was marked improvement from the previous inspection. Records about emergency supplies and private prescriptions dispensed largely complied with requirements. But several records about private prescriptions did not have the prescriber's details recorded. Controlled drug (CD) registers seen complied with requirements.

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. The RP said that there had been some issues with the IT system not working properly on different team members' logins and was advised to contact the NHS about this. Confidential waste was put into separate sacks for offsite disposal. Both pharmacists confirmed they had completed level 3 safeguarding training. The RP could explain what he would do if he had a safeguarding concern and said that the staff had done safeguarding training as part of the NHS Covid vaccination service.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services and on the whole they do the right training for their roles. 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. They are not set any targets for the services the pharmacy offers.

Inspector's evidence

Present on the day of the inspection was the RP, SI, a trained dispenser, and a trainee medicines counter assistant (MCA). There was also another team member who said they had started work at the pharmacy around a month ago. They had not yet been registered on an accredited training course and were seen to be dispensing medicines into multi-compartment compliance packs, which is a higher-risk activity. This was discussed with the RP who had previously been unaware this had been happening.

The team was up to date with the dispensing and appeared to be managing the workload well. The RP said that he usually focussed on providing the vaccinations, and the Covid vaccination service had been quite busy recently. Team members felt comfortable about raising any concerns or making suggestions, and the SI often worked at the pharmacy. Staff were not set any numerical targets for the services. They had occasional staff meetings, where they discussed any updates such as new services or products. There was not any structured ongoing learning for team members, but they had access to pharmacy magazines and other literature.

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. And the pharmacy could do more to keep all areas free from unnecessary clutter.

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. There was a box in front of the fire exit, and the SI said that this would be moved to another area. 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, but they were small and a little cluttered. There was a toilet available for customers to use. There were several seats to enable people waiting for the vaccination service to sit down. The premises were appropriately secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides and manages its services safely and effectively. It gets its stock from reputable suppliers and largely stores it properly. People with a range of needs can access the pharmacy's services. Team members take the right action in response to safety alerts, to help people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy had step-free access from the street through an automatic door. 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 RP explained that the flu and Covid vaccination services were at the tail end of the season, but they were both still relatively busy.

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.

People were assessed to see if they needed their medicines in multi-compartment compliance packs by the local medicines optimisation agency. Dispensed packs examined had an audit trail to indicate who had dispensed and checked the pack, and patient information leaflets were routinely supplied. The dispenser was able to show the records the pharmacy kept about people who had been discharged from hospital or had their medicines changed. The records seen were clear and had enough detail to explain what had happened.

Dispensary staff were aware of the additional guidance about pregnancy prevention for people taking medicines containing valproate. The RP was aware of the recent updates in the guidance about dispensing the medicines in original packs. He was not aware of any people the pharmacy currently had who were in the at-risk group. The RP described how he would use stickers to highlight any prescriptions for higher-risk medicines. There were no dispensed prescriptions for these medicines found, so this could not be checked during the inspection. Not all the prescriptions for Schedule 4 CDs were highlighted, and this could make it harder for staff handing the medicine out to know if the prescription was still valid.

The pharmacy only did a small number of deliveries of medicines to people's homes, and only did them once a week. The dispenser showed how the pharmacy used a sheet to record the signatures of some recipients. But the way in which the signatures were obtained on the same sheet did not always protect other people's personal details. This was discussed with the dispenser, who said that she would review how the pharmacy recorded its deliveries.

The pharmacy obtained its medicines from licenced wholesale suppliers and stored them in a generally tidy way. CDs were stored in a cabinet which could be made secure. Bulk liquids were not always marked with the date of opening, which could make it harder for staff to know if they were still suitable to use. Date-checking of stock was done regularly and this was recorded. No date-expired medicines

were found in with dispensing stock when a selection of medicines was checked at random. Medicines for destruction were kept separate from regular stock. The pharmacy had two medical fridges it stored medicines in. The temperatures were checked and recorded daily, and records seen were within the appropriate range. There were also electronic temperature trackers for each fridge, and the staff explained that if the fridges went out of range it triggered a text message to the SI.

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 has the equipment it needs to provide its services and it maintains it appropriately. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had clean glass measures, with separate ones marked for use with certain liquids. There were also some plastic measures, and these were disposed of during the inspection as there were enough calibrated glass ones available. The pharmacy phone was cordless and could be moved to a more private area if needed. An in-date anaphylaxis kit was available in the consultation room which the SI was using to administer vaccines. The blood pressure meter was part of an NHS service, and SI explained how the NHS arranged for the meter's recalibration or replacement.

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.