

Registered pharmacy inspection report

Pharmacy Name: Davidson Chemist, 5 Midfield Parade, Barnehurst, BEXLEYHEATH, Kent, DA7 6NA

Pharmacy reference: 1032646

Type of pharmacy: Community

Date of inspection: 07/01/2020

Pharmacy context

The pharmacy is located on a parade of shops near to a large town centre in a largely residential area. It received receives around 75% of its prescriptions electronically. And it provides a range of services, including Medicines Use Reviews, the New Medicine Service and influenza vaccinations (seasonal). It also provides medicines as part of the Community Pharmacist Consultation Service. And it supplies medications in multi-compartment compliance packs to a small number of people who live in their own homes to help them manage their medicines.

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

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It records and reviews any mistakes that happen during the dispensing process. And it regularly seeks feedback from people who use the pharmacy and it keeps its records up to date and accurate. Team members understand their role in protecting vulnerable people. And they largely protect people's personal information well.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. These included; documented up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. Near misses were highlighted and resolved at the time of the mistake being identified. Near misses were recorded and reviewed yearly for any patterns. The superintendent (SI) pharmacist explained that this was only done once a year due to the low numbers of mistakes and any more frequently than this may not show any patterns. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. The SI said that dispensing incidents where the product had been supplied to a person were recorded on the near miss log and reported to the National Pharmacy Association. And a root cause analysis was undertaken. He said that there had not been any recent incidents reported to the pharmacy. The SI took a mental break between dispensing and checking medicines.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The pharmacist did not sign the dispensing label when he dispensed and checked each item to show that he had completed these tasks. He said that he would do this in the future. And this would help to investigate any incidents.

Team members' roles and responsibilities were specified in the SOPs. The medicines counter assistant (MCA) said that she would not be able to access the pharmacy if the pharmacist had not turned up in the morning. She said that if a locum was working on that day then she would be able to get the keys from the superintendent (SI) pharmacist in the morning. She knew that she should not sell pharmacy-only medicines or hand out bagged items if the pharmacist was not in the pharmacy.

The pharmacy had current professional indemnity and public liability insurance. Records required for the safe provision of pharmacy services were kept and maintained. All necessary information was recorded when a supply of an unlicensed medicine was made. The private prescription records and emergency supply records were completed correctly. There were signed in-date Patient Group Directions available for the influenza vaccination service. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. The responsible pharmacist (RP) log was completed correctly and the right RP notice was clearly displayed.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine

were stored securely and the pharmacist used his own smartcard to access the NHS electronic services. Bagged items waiting collection could not be accessed by people using the pharmacy, but some people's personal information could be seen. The MCA turned them so that they were facing away from people at the medicines counter.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2018 to 2019 survey were displayed in the shop area and were available on the NHS website. Results were positive and 100% of respondents were satisfied with the pharmacy overall. The complaints procedure was available for team members to follow if needed and details about it were displayed in the shop area. The SI said that there had not been any recent complaints.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) training about protecting vulnerable people. Other team members had completed safeguarding training provided by the pharmacy. The MCA could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The SI said that there had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The team members can take professional decisions to ensure people taking medicines are safe. And they can raise any concerns or make suggestions and have ongoing appraisals. But they are not always provided with regular ongoing training. This could make it harder for them to keep their skills and knowledge up-to-date.

Inspector's evidence

The SI was working in the dispensary and the MCA was working on the medicines counter during the inspection. They communicated effectively to ensure that tasks were prioritised and the workload was well managed. The MCA had completed an accredited course for her role and was undertaking tasks she was trained to do.

The MCA appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. She confirmed that would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The SI was aware of the continuing professional development requirement for the professional revalidation process. He explained that he had recently completed training provided by the CPPE, including risk management and sepsis. He said that he was due to undertake communication skills training next month. The MCA said that she was not provided with ongoing training on a regular basis, but she did receive some information about new products and updates from the SI.

The SI said that he felt able to take professional decisions. He had completed declarations of competence and consultation skills for influenza vaccination service, as well as associated training. The MCA said that she had ongoing informal appraisals and performance reviews, but these were not documented. She felt comfortable about discussing any issues with the pharmacist or making any suggestions. She had worked at the pharmacy for around 32 years and with the SI for around 30 years. They had a good working relationship and worked well together. Targets were not set for team members. The SI said that he provided the services for the benefit of the people who used the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises largely 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 secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the 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. Air conditioning was available; the room temperature was suitable for storing medicines.

There were two chairs in the shop area and these were positioned close to the medicines counter. The MCA said that she would offer a person the use of the consultation room if they wanted to discuss something in a more private setting. There were several delivery boxes in the shop area and some contained prescription-only medicines. These were moved to the rear of the pharmacy during the inspection to minimise the chance of these being accessed by people using the pharmacy. The SI said that he would install a barrier to restrict access to the rear area so that people could not access it from the shop area.

The pharmacy's main consultation room was accessible to wheelchair users and it was accessible from the shop area and dispensary. It was suitably equipped but it was not well-screened. The window in the door to the rear area of the pharmacy was see-through. The SI said that he would ensure that the window was covered in the future. Low-level conversations in the consultation room could not be heard from the shop area.

Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. People with a range of needs can access the pharmacy's services. The pharmacy gets its medicines from reputable suppliers and largely stores them properly. It responds appropriately to drug alerts and product recalls, so that people get medicines and medical devices that are safe to use. And it dispenses medicines into multi-compartment compliance packs safely. But the pharmacy doesn't always highlight prescriptions for higher-risk medicines. And this may mean that it misses opportunities to speak with people when they collect these medicines.

Inspector's evidence

The pharmacy was accessible through a wide entrance with one step. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. The pharmacist said that he had enquired about installing a ramp, but this had not yet been approved. He explained that people who could not physically access the pharmacy would usually press the door bell and he would serve them at the door. Services and opening times were clearly advertised and a variety of health information leaflets was available.

The SI said that he checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. And a record of the blood test results was kept. This made it easier for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Prescriptions for higher-risk medicines were not highlighted. So, opportunities to speak with these people when they collected their medicines might be missed. Prescriptions for Schedule 3 and 4 CDs were not highlighted. This could increase the chance of these medicines being supplied when the prescription is no longer valid. The SI said that he would highlight prescriptions for higher-risk medicines and Schedule 3 and 4 CDs in the future. He said that the pharmacy supplied valproate medicines to a few people. But there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme. The pharmacy did not have the relevant patient information leaflets or warning cards available. The SI said that he would order replacements from the manufacturer.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every few months and this activity was recorded. Short-dated items were not generally marked. Medicines were largely kept in their original packaging. But there were a few boxes which contained mixed batches found with dispensing stock and one of the medicines had expired in May 2019. The SI said that he would ensure that medicines were kept in their original packaging in the future to help minimise the chance of out-of-date medicines being supplied to a person. Keeping medicines in their original packaging would also mean that drug alerts and recalls could be properly actioned.

Part-dispensed prescriptions were checked frequently. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed, but the prescriptions were not always kept with the items until they were collected. This meant that the prescription may not be able to be referred to. And it may increase the chance of medicines being handed out when the prescription was no longer valid. Uncollected prescriptions were checked monthly. Items uncollected after around three

months were returned to dispensing stock where possible and the prescriptions were usually returned to the NHS electronic system or to the prescriber.

The SI said that assessments for the people who had their medicines in multi-compartment compliance packs were carried out by the pharmacy if a person was referred by their GP. The pharmacy did not routinely order prescriptions on behalf of people who received their medicines in these packs and people were responsible for requesting their own prescriptions. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied.

A suitable cabinet was available for the storage of CDs. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded. Some out-of-date CDs were found which were not stored properly. But the pharmacist confirmed later that these had been appropriately destroyed on the same day as the inspection.

The SI said that he delivered some medicines to people who could not physically access the pharmacy. The pharmacy obtained people's signatures for deliveries where possible. But there were multiple people's details on each sheet so the layout might make it harder to ensure that people's details were protected when signatures were recorded. The SI said that he would ensure that other people's personal information was protected when signatures were recorded in the future. He said that he contacted people before attempting to deliver their medicines to ensure that they would be in. And he said that most of the deliveries were made in the evening.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

The pharmacy had the equipment to be able to comply with the EU Falsified Medicines Directive but it was not yet being fully used. The SI said that he had undertaken some training on how the system worked. And that the pharmacy would be using the equipment fully in the near future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination. Up-to-date reference sources were available in the pharmacy and online. The shredder was in good working order. The phone in the dispensary was portable so it could be taken to a more private area where needed.

Fridge temperatures were checked daily for the fridges; maximum and minimum temperatures were recorded for the fridge in the dispensary. Records indicated that the temperatures were consistently within the recommended range. The SI said that the fridge in the stock room had not been in use for long and he had been checking the temperatures each day but had not kept a record. The temperatures on the day of the inspection were within the recommended range. The inspector showed the SI how to add another fridge to the computer record and he said that he would ensure that the temperatures were recorded daily for both fridges in the future. The fridges were suitable for storing medicines and were not overstocked.

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.