

Registered pharmacy inspection report

Pharmacy Name: Brent Pharmacy; The, 15 The Brent, DARTFORD,
Kent, DA1 1YD

Pharmacy reference: 1032691

Type of pharmacy: Community

Date of inspection: 12/04/2019

Pharmacy context

The pharmacy is family owned and part of a small chain of independent community pharmacies. It is located on a small parade of shops in a residential area near to a large town in Kent, with a health centre (with two practices) and a dental centre nearby. It provides multi-compartment compliance packs to a number of people who live at home. And it provides a range of services including health checks and substance misuse medications.

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 generally identifies and manages the risks associated with its services. It keeps records required by law but they are not always complete. So, they may not be reliable in the event of a future query. It actively seeks feedback from the public. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy adopted some measures for identifying and managing risks associated with pharmacy activities. These included, near miss and dispensing incident reporting and review processes. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. Near misses were recorded and reviewed regularly for trends and patterns. Medicines in similar packaging or with similar names were separated where possible.

Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. A recent incident had occurred where the wrong form of medicine had been supplied to a person. The person's wife noticed the mistake before he had taken any. The medicines were returned to the pharmacy and the correct item dispensed. The pharmacy manager said that all branch managers had to view of all dispensing incidents so that learnings could be shared.

There were up to date standard operating procedures (SOPs) available but not all the ones required by law were present. The pharmacy did not have one to cover 'the steps to be taken when there is a changeover of responsible pharmacist (RP) at the premises' or 'the arrangements which are to apply during the absence of the RP'. This could make it harder for team members to know if they are following the right procedures.

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 team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members roles and responsibilities were specified in the SOPs. The medicines counter assistant (MCA) said that the pharmacy would open if the pharmacist had not turned up in the morning. She knew that she should not sell pharmacy only medicines or general sales list medicines before the pharmacist had turned up. And the trainee dispenser knew that she should not carry out any dispensing tasks.

The pharmacy had current professional indemnity and public liability insurance in place.

Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. All necessary information was recorded when a supply of an unlicensed special was made. Signed, in date patient group directions (PGDs) were available for the services offered. The correct prescriber name and address was not always recorded in the private prescription record. The electronic emergency supply record did not have any entries. The pharmacy manager said that the pharmacy had not made any emergency supplies since starting to use the electronic record.

They made supplies in accordance with the NHS Urgent Medicine Supply Advance Service. But these were not recorded in the emergency supply record.

The pharmacist said that controlled drug (CD) running balances were checked around once a month. The balance of one CD medicine was last checked on 16 January 2019; liquid overage was recorded in the register. The recorded quantity of one item checked at random was not the same as the physical amount of stock available. The pharmacist found a 'missed entry' and reconciled the register. The RP record was completed and the correct RP notice was clearly displayed.

Confidential waste was shredded and the people using the pharmacy could not see information on the computer screens. Computers were password protected. Smart cards used to access the NHS spine were stored securely and team members used their own smart cards during the inspection. Bagged items waiting collection could not be viewed by people using the pharmacy. The pharmacy team members had completed General Data Protection Regulation training.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2018 – 2019 survey were available on the NHS website and in the shop area. And 95% of people who responded rated the pharmacy as excellent or very good overall. The complaints procedure was displayed in the shop area. The pharmacy manager said that there had not been any complaints for around a year.

The pharmacist and other team members had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people and Dementia Friends training. The MCA could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The pharmacy manager said that there had not been any safeguarding issues at the pharmacy for around six years.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They are provided with ongoing and structured training to support their learning needs and maintain their knowledge and skills. They can raise any concerns or make suggestions and have regular meetings. This means that they can help improve the systems in the pharmacy. The team members can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There was one regular pharmacist, two trainee dispensers (one was the pharmacy manager) and one MCA working during the inspection. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The MCA appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. And said that she would refer to the pharmacist if a customer 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 customer.

The pharmacy manager said that she had been enrolled onto the NVQ level 2 pharmacy course again, due to not being able to complete the last course within the required time frame. She said that the main contributing factor was that the pharmacy did not have a regular pharmacist for around 12 months. The team completed training using counter skills booklets. And the pharmacist ensured that they were informed about any changes to legislation.

The MCA had completed all training required to provide the health checks. She said that she was in the process of learning how to check all the equipment. She said that she had referred a person who had a high BMI and high cholesterol to their GP; she had consulted with the pharmacist beforehand. The pharmacy manager said that the part-time MCA was the stop smoking adviser. She said that appointments were made for when she was working. The MCA working during the inspection was due to attend the course so that there would be more members of the team able to provide the service. The pharmacist had completed all training required to provide the services, including declarations of competence and consultation skills.

The group superintendent pharmacist contacted the pharmacy during the inspection to ask if there were any issues. The trainee dispenser said that he contacted the pharmacy weekly. She said that the first point of call for any issues was the general manager. The pharmacy manager said that she felt confident to raise any issues with head office. She said that she had been working in other pharmacies within the organisation. But this had been to the detriment of her own pharmacy. So, she had raised this issue and had been placed back in her pharmacy permanently. She said that a part time dispenser had been employed to help manage the workload at her request. She had meetings every six months with the general manager. And team members had yearly appraisals and performance reviews.

Targets were not set for the services. The pharmacy manager said that services were provided for the benefit of people using the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. The pharmacy generally protects people's personal information. But the open view into consultation room may mean that people's dignity is not always protected.

Inspector's evidence

Pharmacy only medicines were kept behind the counter; there was no barrier to restrict access behind the counter. The trainee dispenser said that there used to be a rope barrier. But this had been broken by children.

The pharmacy was bright, clean and tidy throughout; this presented a professional image. Air-conditioning was available; the room temperature was suitable for storing medicines. The shop area was spacious with two wipe clean chairs available. The chairs were positioned away from the counter to help minimise the risk of conversations being heard at the counter.

The consultation room was accessible from the shop area. The door was left open at the start of the inspection; this was kept locked when not in use for the rest of the inspection. The pharmacy manager said that the door was usually kept locked. The door was partially obscured, but parts were see-through. So, there was a clear view into the room from the shop area. Low level conversations in the consultation room could not be heard from the shop area. There was a small sink, two chairs and a desk. The sharps bin was placed in the far corner of the desk. Lockable cabinets were used to keep people's personal information. But these were not kept locked. 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

People with a range of needs can access the pharmacy's services. The services are generally well managed. But the pharmacy does not always remove expired prescriptions promptly, or highlight prescriptions for schedule 3 and 4 controlled drugs. This could increase the chance of medicines being handed out when the prescriptions have expired. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls and makes sure that its medicines and devices are safe to use.

Inspector's evidence

There was step free access to the pharmacy through a wide automatic door. The pharmacy team had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. A variety of patient information leaflets were available. Services and opening times were clearly advertised.

The pharmacist said that she checked monitoring record books for people taking high risk medicines such as methotrexate and warfarin. But a record of results was not kept. This could make it harder for the pharmacy to monitor people's previous blood test results. Prescriptions for schedule 3 and 4 CDs were not highlighted. The pharmacy manager said that dispensed fridge items were shown to people when handing out. The pharmacist said that the pharmacy supplied valproate medicines to a few female patients. But it did not have the patient information leaflets or warning cards available. None of the team recalled seeing the folder with this information. This could mean that people taking these medicines do not get all the information they need to take them safely.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every few months and this activity was recorded. Stock due to expire before the end of the year was marked. Lists were kept for short dated stock and items with less than one-month expiry were removed from dispensing stock and disposed of appropriately. There were no date expired items found in with dispensing stock. Medicines were kept in appropriately labelled containers.

The pharmacy manager said that part dispensed prescriptions were checked daily. 'Owings' notes were provided and people were kept informed about supply issues. Prescriptions for alternative medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until medicines were collected. The pharmacy manager said that uncollected prescriptions were checked every six weeks. She said that people were contacted to ask if they still wanted their medicines before returning items to dispensing stock where possible. There was a prescription for pregabalin in the retrieval system which had not been written in accordance with new legislation. And a prescription for diazepam which had expired.

Prescriptions for people receiving their medicines in compliance packs were ordered in advance so that any issues could be addressed before they needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the dispenser said that people routinely contacted the pharmacy if they needed them. The pharmacy kept a record for each patient which included any changes to their medication. They also kept hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each tray.

Medication descriptions were put on the packs. Patient information leaflets were routinely supplied. The trainee dispenser said that gloves were worn when assembling trays.

CDs were stored in accordance with legal requirements. Kits were available for the safe destruction of CDs. CDs 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.

Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for deliveries where possible; these were recorded in a way so that another person's information was protected. The pharmacy manager said that a cool box was provided for transporting medicines requiring refrigeration.

Only licensed wholesalers were used for the supply of medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA; these were printed and any action taken was recorded and kept for future reference.

The pharmacy manager said that the pharmacy had the equipment and activation code for the implementation of the EU Falsified Medicines Directive. She said that the operations manager was due to install the equipment and provide training.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Up to date reference sources were available in the pharmacy and online. Suitable equipment for measuring medicines was available. Separate measures were marked for methadone use only. The trainee dispenser said that she estimated quantities which fell between the 10ml graduations on the conical measure. The pharmacy manager said that she would order a suitable measure. Triangle tablet counters were available and clean; a separate counter was marked for methotrexate use only.

The pharmacy manager said that the blood pressure monitor was replaced around every three months. The Smokerlyzer was calibrated by an outside agency. The weighing scales were in good working order. The phone in the dispensary was portable so could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum/minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked. The pharmacy manager said that if the temperature was found to be outside the recommended range, she would inform the pharmacist, reset the thermometer and recheck after one hour. If the temperature was not within the range after this, she would inform head office.

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.