

Registered pharmacy inspection report

Pharmacy Name: Soka Blackmore Pharmacy, 2 Pembroke Parade,
Pembroke Road, ERITH, Kent, DA8 1DB

Pharmacy reference: 1032738

Type of pharmacy: Community

Date of inspection: 07/01/2020

Pharmacy context

The pharmacy is located in a largely residential area near to a town centre. The people who use the pharmacy are mainly older people. The pharmacy receives around 50% of its prescriptions electronically. The pharmacy provides a range of services, including Medicines Use Reviews, the New Medicine Service, chlamydia testing and treatment and the influenza vaccination (seasonal). It also provides medicines as part of the Community Pharmacist Consultation Service. 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. And it provides substance misuse medications to a small number of people.

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 not all met | 2.2 | Standard not met | The pharmacy does not always ensure that team are undergoing training appropriate for their role. And this means that they may not have the skills or knowledge they need to provide the pharmacy's services safely. |
| 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 does not manage or store its medicines properly. For example, it cannot show that it stores medicines which need cold storage at the right temperatures. This makes it more difficult for it to know that the medicines are safe to use. The pharmacy does not have an adequate expiry date routine. This could increase the risk of people getting medicine which is past its 'use-by' date. And the pharmacy does not always ensure that it stores its medicines securely. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy adequately manages most of the risks associated with its services. It largely protects people's personal information and people can provide feedback about the pharmacy's services. It generally keeps the records it needs to keep by law. And team members understand their role in protecting vulnerable people. But the standard operating procedures have not been reviewed for several years. And this could mean that they do not reflect current practice. When something goes wrong, team members generally respond appropriately. But it is not clear if these incidents are always recorded. And this could make it harder for the pharmacy to review them and identify improvements.

Inspector's evidence

The pharmacy adopted some measures for identifying and managing risks associated with its activities. These included; documented standard operating procedures (SOPs). But most of the SOPs seen had not been reviewed since 2015. The superintendent (SI) pharmacist said that he kept a record of near misses, but it took him a while to find the near miss log. And no near misses had been recorded on the log since July 2016. Some information about dispensing incidents had been recorded in the complaints book, but this did not show that a root cause analysis had been undertaken and did not contain information about the person who had been given the wrong medicine. There was some information about what had been done as a result of the incidents. A dispensing incident report form was available in the relevant SOP. The SI said that this had been implemented since the last SOP review.

Workspace in the dispensary was cluttered with paperwork and baskets. The SI was dispensing in a very small area in front of a basket at the start of the inspection. The SI appeared to take a brief break between dispensing and checking the medicines. He sometimes showed the medicines to the person at the counter and discussed how the person should take them. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The SI signed the dispensing label when he dispensed and checked each item to show that he had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The SI said that team members could not access the pharmacy if the pharmacist had not turned up in the morning.

The pharmacy had current professional indemnity and public liability insurance. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. The emergency supply records were completed correctly. And the SI said that the patient group directions available for the relevant services offered were online. There was one record for the supply of an unlicensed medicine found, but this did not have all the required information recorded. The SI was not able to find previous records. But he said that he would ensure that all necessary information would be recorded in the future when a supply of an unlicensed medicine was made.

The private prescription records were generally completed correctly, but the prescriber's details, patient's details and appropriate date on the prescription were not always recorded correctly. This could make it harder for the pharmacy to find these details if there was a future query. The SI said that he would ensure that these were recorded on the computer in the future. He was not able to locate recent private prescriptions. He said that the pharmacy technician may have filed them somewhere.

Controlled drug (CD) registers examined were largely filled in correctly, and the CD running balances

were kept for most Schedule 2 CDs. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. The responsible pharmacist (RP) record was largely completed correctly and, the right RP notice was clearly displayed. But the SI did not routinely complete the record when he had finished his shift. The SI said that he would ensure that the RP record was completed fully in the future.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. The pharmacist used his own smartcard to access the NHS electronic services. He said that he took this with him at the end of the day. Bagged items waiting collection could not be viewed by people using the pharmacy. The SI had completed training about the General Data Protection Regulation. He said that other team members had also undertaken training.

The pharmacy carried out yearly patient satisfaction surveys; results from the surveys were not currently available on the NHS website. The complaints procedure was available for team members to follow if needed and details about it were available in the pharmacy leaflet. The SI said that there had not been any recent complaints.

The SI had completed the Centre for Pharmacy Postgraduate Education (CPPE) training about protecting vulnerable people. He could describe potential signs that might indicate a safeguarding concern and said that he would refer any concerns to the relevant authority. He confirmed 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 not all met

Summary findings

The pharmacy has enough team members to provide its services safely. But it does not always ensure that team members are enrolled on approved pharmacy courses within the required time frame. This could mean that they do not have all the skills and knowledge they need to undertake their tasks safely. Team members can raise any concerns or make suggestions. And some of them undertake ongoing training modules to help them keep their knowledge and skills up to date. They can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

The SI was working alone at the time of the inspection. He explained that the pharmacy technician had to leave for the afternoon, but there would usually be two people working in the dispensary. He said that a person had completed two weeks work experience training in the pharmacy at the end of the summer last year, and the person now worked part-time after school. The SI confirmed that the person was 16 years of age and said that he would enrol him on an accredited course promptly as he was unpacking stock items and checking them against the delivery notes. The SI said that the person did not sell any medicines and did not operate the till.

The SI communicated effectively with people during the inspection. He ensured that tasks were prioritised and the workload was well managed. He was aware of the continuing professional development (CPD) requirement for the professional revalidation process. He said that he had recently undertaken training about cannabidiol and the Primary Care Network. He explained that pharmacy technician also carried out her own CPD. And that she undertook training modules provided by the CPPE. The SI said that he had completed declarations of competence and consultation skills for the services offered, as well as associated training.

The SI said that team members had informal ongoing appraisals and performance reviews, but he confirmed that these were not documented. He said that the pharmacy did not hold any formal meetings, and that information was passed on informally and the team discussed any issues at the time. Targets were not set for team members. The SI said that he carried out the services for the benefit of people who used the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can largely have a conversation with a team member in a private area. And the pharmacy makes arrangements for those who cannot access that area.

Inspector's evidence

The pharmacy was secured from unauthorised access. 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.

The dispensary was cluttered with paperwork and other items. A room was available to the rear of the pharmacy. The SI said that he would consider using this room to store these items so that there was more clear space in the dispensary.

There were two stools in the shop area for people to use. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. There were several unsealed delivery boxes in the shop area.

The consultation room was not accessible to wheelchair users and was located in the dispensary. The SI explained that if a person in a wheelchair wanted an influenza vaccination, he would ask them to return to the pharmacy during the lunchtime when the pharmacy was closed and he would administer it in the shop area. Or he would signpost them to another local pharmacy. He said that he would use an area of the shop which was protected from view from the street. The consultation room was suitably equipped and well-screened. The SI said that he would remain with people at all times while they were accessing the consultation room. 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 not all met

Summary findings

The pharmacy does not always manage its medicines properly. It does not always store its medicines securely or in accordance with legislation. And the pharmacy does not always date-check medicines regularly, and they are not always kept in appropriately labelled containers. So, there is a risk that people may get products that are passed their 'use-by' date, or the pharmacy may not be able to respond to safety alerts properly. And medicines requiring refrigeration are not always stored in accordance with the manufacturer's recommendations. However, the pharmacy gets its medicines from reputable sources and otherwise stores them properly. People with a range of needs can access the pharmacy's services. The pharmacy largely provides its services safely. But it doesn't always highlight prescriptions for higher-risk medicines or carry out appropriate checks. And this may mean that it misses opportunities to speak with people when they collect these medicines. The pharmacy does not always remove dispensed items when the prescription is no longer valid. And this could increase the chance of team members handing these items out by mistake.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised and a variety of health information leaflets was available.

The pharmacy sometimes reused dispensing bottles. The bottles were rinsed with water between uses. As a consequence, people may not be dispensed the correct quantity of liquid or water may dilute the strength of the medicine. The SI said that he would not continue this practice and would provide a new dispensing bottle for each person every time.

The SI said that he sometimes checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin if the person had it with them. But a record of blood test results was not kept. He said that he did not ask for INR results for people taking warfarin as he said that this had been already checked by another healthcare professional before the prescription was written. The SOP for anti-coagulation medicines stated that the person's INR results should be recorded on the person's medication record where possible. 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 was no longer valid. There was a prescription for a Schedule 3 CD waiting collection and the prescription was no longer valid. The SI 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 contact the manufacturer to request replacements.

Stock was largely stored in an organised manner in the dispensary. A complete expiry date check had not been done for over twelve months. Short-dated stock was not marked and there were many out-of-date medicines found with dispensing stock. And there were several packs containing mixed batches found in with dispensing stock. Not keeping the medicines in appropriately labelled containers could

make it harder for the pharmacy to date-check the stock properly or respond to safety alerts appropriately. And having expired items with dispensing stock increases the chance of these being supplied to people. A split pack of tablets was found which appeared to have been returned by a person and it had not been segregated properly from other medicines. The SI said that he would not have dispensed from this and would place this for disposal and discuss it with the team.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The pharmacy used two fridges to store medicines in. But the maximum temperature showing on the fridge in the kitchen area was 22.6 degrees Celsius and the minimum temperature was 1.7 degrees Celsius. A second thermometer at the back of the fridge was showing a current temperature of minus 2 degrees Celsius. There was a build-up of ice on the rear wall of the fridge. The temperatures on the thermometer in the second fridge were within the required range but there were food items kept in that fridge as well as medicines. The food items were moved to the fridge which should be used to store food and drink items. The SI said that he would remind team members to not store food items with medicines.

Part-dispensed prescriptions were not all kept in one place. The SI struggled to find a prescription for an owed item which was showing on the patient medication record. Prescriptions were not kept at the pharmacy until the remainder was dispensed. The SI explained that he would dispense against the information on the PMR and the 'owings note'. But he would not have the original prescription to use as a reference. This could make it harder for team members to refer to the original prescription and could potentially increase the chance of errors. Uncollected prescriptions were not checked regularly. There were many dispensed items found waiting collection and the prescriptions for them were no longer valid. One such prescription was dated 26 November 2018. The SI said that he kept them 'just in case' the person came to the pharmacy to collect their medicines and then he would refer them to their GP for another prescription. He said only then, would he check that the medicines could be returned to dispensing stock and then he would destroy the prescription. The current system for managing uncollected prescriptions increased the chance of these being handed out when the prescription was no longer valid. And reduces the chance of medicines being able to be returned to dispensing stock as they may be out of date.

The SI said that GPs carried out assessments for people who had their medicines in multi-compartment compliance packs. He said that the pharmacy did not order prescriptions on behalf of people who received their medicines in these packs. The pharmacy kept a record for each person which included any changes to their medication. There were no completed packs available for inspection. The SI explained how he assembled the packs and what information was added to them. And he said that the patient information leaflets were routinely supplied.

Medicines were not all stored securely or in accordance with legislation. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Some other prescription-only medicines and pharmacy-only medicines were not kept securely.

Deliveries were made by the SI or the pharmacy technician. The SI explained that this service was only provided to people who could not access the pharmacy themselves. He said that the pharmacy did not obtain signatures for the deliveries. This could make it harder for the pharmacy to show that the medicines were safely delivered. The SI explained that he contacted people before attempting to deliver their medicines to check that they would be in.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and

recalls were received from the NHS and the MHRA. The pharmacist explained the action the pharmacy took in response to any alerts or recalls. But no record of any action taken was kept, which could make it harder for the pharmacy to show what it had done in response. The inspector showed the SI how to keep an audit trail on the email system and he said that he would ensure that this was kept in the future.

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. He said that the pharmacy would scan boxes during the dispensing process 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. The SI pointed out which measures he used for measuring methadone. Triangle tablet counters were available. Methotrexate came in foil packs and there was no need for the loose tablets to be counted out in a triangle.

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.

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. |