

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: 29/10/2020

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. It provides a range of services, including Medicines Use Reviews, the New Medicine Service, chlamydia testing and treatment. And 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 met

Required Action: None

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 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 protects people's personal information and people can provide feedback about the pharmacy's services. It keeps the records it needs to keep by law and these are largely kept accurate and up to date. The pharmacy learns from mistakes that happen during the dispensing process to help make its services safer.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. These included documented standard operating procedures (SOPs). The superintendent (SI) pharmacist said that the pharmacy had undertaken all necessary risk assessments in relation to Covid-19. The inspector discussed with the pharmacist about the reporting process in the event that a team member tested positive for the coronavirus.

The superintendent (SI) pharmacist said that he usually kept records of any near misses, where a dispensing mistake was identified before the medicine had reached a person. But he said that there had not been any at the pharmacy recently. He said that he was not aware of any dispensing incidents, where a dispensing mistake had reached a person, since the last inspection. And he confirmed that if there was a dispensing error, that he would keep a record of it and carry out a root cause analysis.

Workspace in the dispensary was limited and it was somewhat cluttered with paperwork and medicines, but there was a clear space where the SI dispensed and checked medicines. 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 trainee dispenser knew that he should not sell pharmacy-only medicines or hand out dispensed medicines 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 available though not all elements required by law were complete. The responsible pharmacist (RP) record was completed correctly and the right RP notice was clearly displayed. The emergency supply records were completed correctly. And the SI said that the patient group directions available for the relevant services offered were kept online. The SI said that the pharmacy had not made any recent supplies of an unlicensed medicine. But he confirmed that he would ensure that all necessary information was recorded when a supply of an unlicensed medicine was made. The private prescription records were generally completed correctly, but the prescriber's details were not always recorded accurately. 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 accurate records were made on the computer in the future. Controlled drug (CD) registers examined were largely filled in correctly, and the CD running balances were kept. The SI explained that there had been a slight delay with making some

entries due to the increased workload.

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 some training.

The SI said that the pharmacy carried out patient satisfaction surveys; results from the surveys were not currently available on the NHS website. During the inspection, a person complimented the SI about how helpful he was and said that he provided a good service all year round. 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 met

Summary findings

The pharmacy has enough team members to provide its services safely. And for those who need to be, it enrolls on a suitable accredited training course for their role. Other team members undertake ongoing training modules to help them keep their knowledge and skills up to date. Team members can raise any concerns or make suggestions and they can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

The SI was working alone at the start of the inspection, but the trainee dispenser started his shift soon after. The SI explained that a pharmacy technician was employed on a full-time basis, but she was not working on the afternoon of the inspection. The SI said that the trainee dispenser had been working at the pharmacy since January 2020. He had almost completed the dispenser course and expected to pass the final exam in the near future. The inspector discussed with the pharmacist about the reporting process in the event that a team member tested positive for the coronavirus.

The trainee dispenser was confident when speaking with people and he referred to the SI during the inspection where needed. He confirmed that he would refer to the pharmacist if someone asked to purchase more than one box of a pseudoephedrine containing medicine. Or, if he noticed that someone was regularly asking to purchase a medicine which had the potential for misuse or may require additional care.

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 attended some virtual meetings with other pharmacists from the local area, and one was about patient compliance. He said that he had been learning about the coronavirus and how to manage the symptoms and reduce the spread of infection. He explained that he had undertaken some learning on how to better communicate with people while at work. He said that the pharmacy technician also carried out her own CPD and he confirmed that she was up to date with this. 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 said 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. The trainee dispenser appeared to have a good working relationship with the SI and he felt confident about raising any issues with him as they arose. 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. And he felt confident about taking professional decisions.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. Most people can 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 and 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 intervene when needed. Air conditioning was available and the room temperature was suitable for storing medicines. There was a screen at the counter to help minimise the spread of infection.

There was one stool and one chair in the shop area for people to use while they were waiting. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. And these had been placed at a suitable distance from each other to help reduce the spread of infection.

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 to speak with him in a more private setting, he would ask them to return to the pharmacy during the lunchtime when the pharmacy was closed. Or when there were no other people in the shop. 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 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. It dispenses medicines into multi-compartment compliance packs safely.

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 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. And he confirmed that a record of blood test results was kept on their medication record. He explained that he handed out all dispensed medicines so he had the opportunity to speak with people when they collected their medicines. 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. 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 had the relevant patient information leaflets and warning cards available.

Stock was stored in an organised manner in the dispensary and the SI said that the dispenser was in the process of completing a full expiry date check of medicines. Medicines were kept in their original container, but short-dated stock was not marked and there were a few out-of-date medicines found with dispensing stock during the inspection. The SI said that he would continue to work on improving the date checking procedures to help minimise the chance of out-of-date medicines being supplied to people. Fridge temperatures were checked daily and the maximum and minimum temperatures were recorded. Records indicated that the previous temperatures had consistently been within the recommended range. However, the maximum temperature on the day of the inspection was 19.6 degrees Celsius, but the current temperature was at 6.5 degrees Celsius. The SI said that high maximum temperature showing on the thermometer was likely from him opening the fridge during the day for a short period.

Part-dispensed prescriptions were checked frequently and 'owings notes' were provided to people. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. There were a few dispensed items found waiting collection and the prescriptions for them were no longer valid. And one prescription found was for a Schedule 4 CD. The dispensed medicines found with expired prescriptions were removed from the collection area on the day of the inspection. And the SI said that he would ensure that these were dealt with promptly in the future, to help minimise the chance of these being handed out in error. The SI confirmed that the person's medication record would be updated if they had not collected their medicine and the items would be returned to dispensing stock where possible.

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. The packs were assembled with all the required information and information leaflets were supplied routinely.

CDs were stored in accordance with legislation. Denaturing kits were available for the safe destruction of CDs. CDs that had expired were clearly marked and separated from stock.

The SI explained that the delivery service was only provided to people who could not access the pharmacy themselves. He said that the pharmacy did not currently ask for signatures for the deliveries to help minimise the spread of infection. He explained that he checked the person's details with them before leaving the items. And he said that he routinely 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, the MHRA and wholesalers. The pharmacist explained the action the pharmacy took in response to any alerts or recalls. An audit trail was kept on the pharmacy's email system to show what had been 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 used. The SI said that he had undertaken some training on how the system worked. But he was not sure when it would be used.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Equipment for measuring liquids was available, but some of it was not suitable for pharmacy use. The SI said that he would order suitable ones and use these in future. Separate measures were used for measuring certain medicines. Triangle tablet counters were available and 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.

The pharmacy had masks and hand gel available. The dispenser wore a face mask during the inspection. And team members mostly worked in different parts of the pharmacy so they were able to maintain a suitable distance from each other.

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.