

# Registered pharmacy inspection report

**Pharmacy Name:** Daysol Pharmacy, 3 Parkside Parade, Northend Road, ERITH, Kent, DA1 4RA

**Pharmacy reference:** 1032739

**Type of pharmacy:** Community

**Date of inspection:** 25/04/2019

## Pharmacy context

The pharmacy is located on a small parade of shops in a residential area near to a large town, and close to the M25 motorway. This is one of two independent pharmacies owned by the same family. The pharmacy offers a variety of services. And provides multi-compartment compliance aids to around ten people who live in their own homes and substance misuse medications to around ten 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
<b>1. Governance</b>	Standards not all met	1.7	Standard not met	The pharmacy does not store all its prescriptions on the premises. And it cannot show that these are kept securely.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The pharmacy is not maintained to a level of hygiene appropriate to the pharmacy services provided. Parts of the pharmacy are dirty or cluttered.
<b>4. Services, including medicines management</b>	Standards not all met	4.2	Standard not met	The pharmacy does not always ensure that medicines are supplied in accordance with a legally valid prescription.
		4.3	Standard not met	The pharmacy does not manage its medicines appropriately to ensure that these are safe to use.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy largely identifies and manages the risks associated with its services. It actively seeks feedback from the public and generally protects people's personal information. It largely keeps its records up to date. 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 its activities. These included; documented, up to date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. The trainee dispenser said that the pharmacist would discuss any near misses with her at the time of the incident. Near misses were recorded and reviewed regularly for trends and patterns. Medicines in similar packaging were separated where possible.

Designated forms were available for recording dispensing incidents. The pharmacist said that he would report the incident on the National Reporting and Learning System. He said that he was not aware of any dispensing incidents at the pharmacy.

Baskets were sometimes used to minimise the risk of medicines being transferred to a different prescription. But they were not consistently used. There were several dispensed medicines on top of prescriptions. There were some overlapping other prescriptions and medicines. This could increase the chance of errors. The pharmacist placed these in baskets during the inspection. 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 trainee dispenser said that pharmacy would not open if the pharmacist had not turned up. She said that she did not have access to the pharmacy. She knew that she should not hand out bagged items or sell pharmacy only medicines if the pharmacist was not on the premises.

The pharmacy had current professional indemnity and public liability insurance in place. The private prescription records and emergency supply records examined complied with requirements. But not all prescriptions had been written on the correct form. The responsible pharmacist RP log had been completed correctly and the right RP notice was displayed. Controlled drug (CD) registers largely complied with requirements, But the address of the supplier of the CD was not always recorded. CD running balances were checked weekly and any overage was recorded in the register. A CD medicine was checked and the balance in the register matched the quantity in stock.

Confidential waste was shredded and the people using the pharmacy could not see information on the computer screens. Computers were password protected. The pharmacist used his own Smartcard to access the NHS spine during the inspection. He said that he removed the card from the docking station at the end of his shift and secured it in the pharmacy. Some people's personal information was visible at the counter. The pharmacist said that he would ensure that these were moved. Some prescriptions were not stored on the premises, and it was not possible to check whether these were kept securely.

The pharmacist said that the pharmacy carried out yearly patient satisfaction surveys. Results from the 2017 to 2018 survey were available on the NHS website. And results were generally positive. The pharmacist said that there had not been any complaints since he took over the pharmacy around eight years ago. The pharmacy had a complaints procedure available for team members to refer to where needed.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) training about protecting vulnerable people. The trainee dispenser said that she had completed safeguarding training during her previous employment. She 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 pharmacist said that there had not been any safeguarding concerns at the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has enough team members to provide its services safely. But it could do more to ensure that team members are enrolled on accredited pharmacy courses in a timely manner. The team discusses adverse incidents and uses these to learn and improve.

### Inspector's evidence

There was one superintendent pharmacist and one trainee dispenser working during the inspection. The trainee dispenser said that she had been working at the pharmacy for around eight months. But she was not enrolled on an accredited dispenser's course. She said that she was due to leave the pharmacy within a week. And the pharmacist had not yet employed another person to replace her. She was assembling multi-compartment compliance aids during the inspection. And said that this was the main activity that she carried out at the pharmacy. The trainee dispenser confirmed after the inspection that she had stopped working at the pharmacy. Team members worked well together during the inspection and communicated effectively to ensure that tasks were prioritised, and the workload was generally well managed.

The trainee dispenser appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. She 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. She knew that people had to complete a form and have a consultation with the pharmacist before being able to purchase Viagra Connect. She explained that she discussed any dispensing mistakes with the pharmacist and they took action to help prevent a recurrence.

The pharmacist did not take a break between dispensing and checking medicines before handing them out. The inspector spoke with him about his dispensing and checking practices. And he then took a short break between dispensing and checking some medicines.

The trainee dispenser said that she had not had any form of appraisal or performance review since starting at the pharmacy. She said that there had been a meeting after work one day to discuss HR issues, but no meetings were held to discuss pharmacy services or issues. She said that the pharmacist discussed any dispensing mistakes with her, to help prevent a recurrence.

Targets were not set for the services. The pharmacist said that he carried out Medicines Use Reviews for the benefit of the people using the pharmacy.

## Principle 3 - Premises Standards not all met

### Summary findings

The premises generally provide a safe and secure environment for the pharmacy's services. But parts of it are cluttered and dirty.

### Inspector's evidence

The pharmacy was secure to restrict unauthorised access and pharmacy only medicines were kept behind the counter. Air-conditioning was available; the room temperature was suitable for storing medicines. There were three chairs available in the shop area. The store room was cluttered with paperwork and other items. The pharmacy was dirty and cluttered throughout. The area where the CDs were kept was dirty. Workspace in the dispensary was cluttered with little space for dispensing. This could increase the chance of errors. There were piles of paperwork around which did not look as if they had been moved for a long time.

The consultation room was accessible from the shop area. The doorway was partially blocked with a makeup stand. So, the room was not easily accessible to wheelchair users. The pharmacist said that the stand was due to be removed soon. Low level conversations in the consultation room could not be heard from the shop area. The glass in the door was opaque. The door was left open for the duration of the inspection. There were two chairs, a small table and a sink available. A sharps bin was kept in the far corner next to the sink; this was nearly full and had used sharps visible. This was moved into the dispensary during the inspection.

Toilet facilities were not used for storing pharmacy items. There were separate hand washing facilities available. But there was nothing to dry hands on. The sink and toilet area were dirty.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not always provide its services safely. It does not always keep prescriptions for dispensed medicines. And this could increase the risk of medicines being handed out when the prescriptions have expired. The pharmacy does not always supply medicines against a valid prescription. The pharmacy gets its medicines from reputable suppliers. But it does not always keep medicines in appropriately labelled containers. This could increase the chance of expired medicines being supplied. And may mean that it cannot take appropriate action when there is a medicine recall or alert. The pharmacy does not always store medicines within the manufacturer's recommended temperatures. This may mean that these are not safe to use. People with a range of needs can access the pharmacy's services.

### Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. 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 he checked monitoring record books for people taking high-risk medicines such as methotrexate and warfarin. But a record of blood test results was not kept. This could make it harder for the pharmacy to monitor people's previous results. The pharmacist said that the local surgeries would not usually issue a prescription if the person needed a blood test. Prescriptions for schedule 3 and 4 CDs were not highlighted. This could increase the risk of these medicines being supplied when the prescription has expired. The pharmacist said that medicines requiring refrigeration were dispensed when the person came in to collect. He said that these were shown to people when handing out. The pharmacist confirmed that the pharmacy supplied valproate medicines to one person in the at-risk group. But it did not have the patient information leaflets or warning cards available. This could mean that people do not always get the information they need to take their medicines safely. The pharmacist said that he would order these from the supplier.

Stock was stored in an organised manner in the dispensary. The pharmacist said that expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next few months was marked. Several medicines were found which were not kept in their original packaging. And the packs they were in did not include all the required information on the container such as batch numbers or expiry dates. There were several mixed batches found with dispensing stock. This could make it harder for the pharmacy to date-check the stock properly or respond to safety alerts promptly. Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. But the thermometer was showing that the minimum temperature was at 1.1 degrees Celsius. And the fridge temperatures remained out of the recommended range for the rest of the inspection. The fridge was not overstocked. But there was a build-up of ice on the back wall.

The pharmacist said that part dispensed prescriptions were checked daily. These prescriptions were not retained at the pharmacy and the pharmacist said that he dispensed from labels. He said that 'owings' notes were provided and people were kept informed about supply issues. Prescriptions for alternative

medicines were requested from prescribers where needed. The pharmacist said that uncollected prescriptions were checked every two months. He said that items uncollected after around six months were returned to dispensing stock where possible. The dispensed items for people who were exempt from paying for their prescriptions did not have the prescriptions attached. The pharmacist said that these had been submitted to the NHS. This could make it harder for the team members to refer to the original prescription if there were any queries. Or to know if the prescription was still valid when handing out the medicines.

Prescriptions for people receiving their medicines in multi-compartment compliance aids were ordered in advance so that any issues could be addressed before people needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the pharmacist said that people routinely contacted the pharmacy when they needed them. The pharmacy kept a record for each patient which included any changes to their medication. Compliance aids were suitably labelled and there was an audit trail to show who had dispensed and checked each compliance aid. But the backing sheets were not attached to the compliance aid. This could increase the chance of them being misplaced. The trainee dispenser said that she would ensure that these were attached. Medication descriptions were put on the compliance aids and patient information leaflets (PILs) were routinely supplied. The trainee dispenser wore gloves while handling medicines.

CDs were stored in accordance with legal requirements. Denaturing 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. There was evidence found that some medicines had been supplied against invalid prescriptions.

The pharmacist said that he made deliveries after the pharmacy had closed. The pharmacy did not obtain people's signatures for deliveries. This could make it harder for the pharmacy to show that the medicines were safely delivered.

Only licensed wholesalers were used for the supply of medicines and medical devices. The pharmacist said that he received drug alerts and recalls from the NHS and the MHRA. He was not able to show that these had been actioned and there were several emails received in the last few months from the MHRA that had not been opened. The pharmacist said that he would check these more frequently and keep a record of any action taken.

The pharmacy had the equipment and authorisation code ready for the implementation of the EU Falsified Medicines Directive. But these were not yet in use.



## 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

Suitable equipment for measuring medicines was available. But these were not clean. A separate measure was for CD use only. There was CD residue in the measure. Triangle tablet counters were available, and a separate counter was marked for cytotoxic use only. There was a layer of dust and powder residue on the counters. Dirty equipment could increase the chance of cross-contamination. The pharmacist said that he would ensure that the equipment was cleaned after use.

Up-to-date reference sources were available in the pharmacy and online. The phone in the dispensary was portable so could be taken to a more private area where needed. The shredder was in good working order.

### 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.