

# Registered pharmacy inspection report

**Pharmacy Name:** Hempstead Pharmacy, 148B Hempstead Road,  
GILLINGHAM, Kent, ME7 3QE

**Pharmacy reference:** 1032769

**Type of pharmacy:** Community

**Date of inspection:** 21/11/2019

## Pharmacy context

The pharmacy is located in a largely residential area. The people who use the pharmacy are mainly older people. The pharmacy receives around 90% of its prescriptions electronically. It provides a range of services, including Medicines Use Reviews, influenza vaccinations and a stop smoking service. It also provides medicines as part of the Community Pharmacist Consultation Service. And it supplies medications in multi-compartment compliance packs to some people who live in their own homes to help them manage their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and it regularly seeks feedback from people who use the pharmacy. It generally keeps the records it needs to keep by law, to show that its medicines are supplied safely. And team members understand their role in protecting vulnerable people.

### 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 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 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. Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. There had not been any recent dispensing incidents at the pharmacy.

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 pharmacist was not in the pharmacy at the start of the inspection. The inspector spoke with him and he arrived at the pharmacy shortly after. The dispenser thought that she could carry out dispensing tasks before the pharmacist had arrived and the medicines counter assistant (MCA) had forgotten that she was not allowed to sell any medicines if there was no responsible pharmacist (RP) signed in. The inspector reminded them what they could and couldn't do if the pharmacist had not turned up. The SI said that he would remind team members about the opening up processes and that no dispensing could be carried out and medicines could not be sold if there was no RP. The pharmacist said that he would get all team members to re-read the 'the arrangements which are to apply during the absence of the responsible pharmacist from the premises' SOP.

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. All necessary information was recorded when a supply of an unlicensed medicine was made. And there were signed in-date Patient Group Directions available for the relevant services offered. 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. The hand-written private prescription record had all the necessary information recorded, but it had not been kept up to date since July 2019. The inspector showed the team how to access the electronic record for private prescriptions, but this did not have all

the prescriber's details recorded correctly. The pharmacist said that the pharmacy would use the electronic private prescription record in the future and he would ensure that all the required details were recorded correctly. The nature of the emergency was not routinely recorded when a supply of a prescription only medicine was supplied in an emergency without a prescription. This could make it harder for the pharmacy to show why the medicine was supplied if there was a query. The pharmacist said that he would ensure that this was completed correctly 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. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. Bagged items waiting collection could be viewed by people using the pharmacy, but people's personal information was not visible.

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 overall 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. Some people had commented about the lack of seating available in the shop area. The pharmacist said that additional seating was available if needed but the shop area was small and there was little room for more permanent seating. The pharmacy had recently received 100% for a mystery shopper visit.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. Other team members had completed safeguarding training provided by the pharmacy. Team members could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacist 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. 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. These are not affected by the pharmacy's targets.

### Inspector's evidence

There was one pharmacist (who was the superintendent), one trained dispenser, one trainee dispenser and one trained MCA working during the inspection. Most team members had completed an accredited course for their role and the rest were undertaking training. The team members wore smart uniforms with name badges displaying their role. 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. She explained that she 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 pharmacist was aware of the continuing professional development requirement for the professional revalidation process. He had completed a consultation skills refresher course and he was due to attend another consultation skills course in January 2020. The pharmacist said that team members were provided with ongoing training on a regular basis and they usually completed this during quieter periods or at home. They received booklets from one of the suppliers, but these had recently stopped. The pharmacist explained that he planned to enrol all team members on the Avicenna academy online training. The pharmacist had completed declarations of competence and consultation skills for the services offered, as well as associated training. Team members regularly reviewed any dispensing mistakes and discussed these openly in the team.

Team members had yearly appraisals and performance reviews, and these were documented. Team members felt comfortable about discussing any issues with the pharmacist or making any suggestions. The team had regular meetings to discuss patient alerts, issues and important information. The pharmacist said that he felt able to take professional decisions. Targets were not set for team members. The pharmacist said that he provided services 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. And people can have a conversation with a team member in a private area. But the pharmacy could do more to keep some areas tidy and free from clutter.

### 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. The room temperature was suitable for storing medicines.

The shop area was small and there were two chairs in the shop area for people to use. The MCA said that she would offer the use of consultation room if a person asked to speak to a team member in a more private setting.

There was limited space in the dispensary. There were several baskets with medicines and delivery boxes kept on the floor and these posed trip hazards to team members. The pharmacist said that he would ensure that the trip hazards were removed and floor space kept clear. There was a small area designated for checking prescriptions and this was kept clear. Some of the areas used for dispensing had been raised up to help taller team members, this also meant that there was additional storage space under the raised worktop.

The consultation room was accessible to wheelchair users and was located in the shop area. It was suitably equipped and well-screened. 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. The pharmacy gets its medicines from reputable suppliers and largely stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services.

### Inspector's evidence

There was a small step up to the pharmacy. A bell was available at a suitable height for wheelchair users and this was in good working order. Team members could check the CCTV screen to see who had pressed the bell. A ramp was available and team members 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 pharmacist said that he checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. And some blood test results were kept. Prescriptions for higher-risk medicines were highlighted, so there was the opportunity to speak with these people when they collected their medicines. Prescriptions for Schedule 3 CDs were highlighted but not prescriptions for Schedule 4 CDs. This could increase the chance of these medicines being supplied when the prescription is no longer valid. The pharmacist said that he would ensure that the prescriptions for Schedule 4 CDs were also highlighted in the future. The pharmacist 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. Expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next three months were marked. There were no date-expired items found in with dispensing stock.

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. The MCA said uncollected prescriptions were checked monthly and items uncollected after around three months were returned to dispensing stock where possible. Prescriptions were not always kept with dispensed items until they were collected. This could make it harder for the pharmacy to know that the prescription was still valid when the medicines were handed out. The pharmacist said that he would ensure that these were kept in the future.

The pharmacist said that assessments were carried out by people's GPs to show that they needed to have their medicines in multi-compartment compliance packs. Prescriptions for people receiving their medicines in these packs 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 dispenser said that people ordered these if they needed them when their packs were due. 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. Team members used tweezers to handle medicines so that they did not have to touch these. This helped to reduce the chance of contamination.

CDs were largely stored in accordance with legal requirements. 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.

Deliveries were made by members of the pharmacy team. 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. The SI said that he would ensure that signatures were recorded in the future and people's personal information was protected when obtaining them. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

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 did not have the equipment to be able to comply with the EU Falsified Medicines Directive. The pharmacist said that he was in the process of deciding which hardware to install. He planned to have the equipment installed within the next few months.



## 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 blood pressure monitor was replaced yearly. The carbon monoxide testing machine was calibrated by an outside agency. The weighing scales and the shredder were 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; maximum and 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.

### 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.