

Registered pharmacy inspection report

Pharmacy Name: Priory Pharmacy, 8 Carlton Parade, ORPINGTON,
Kent, BR6 0JB

Pharmacy reference: 1032867

Type of pharmacy: Community

Date of inspection: 13/01/2020

Pharmacy context

This is a community pharmacy in a parade of shops in Orpington. There are some large retail parks nearby. The pharmacy mainly dispenses NHS prescriptions and sells over-the-counter medicines. And it supplies medications in multi-compartment compliance packs to help people take their medicines safely.

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. Staff are clear about their own roles and responsibilities and they protect people's personal information well. They know how to protect vulnerable people. The pharmacy largely keeps the records it needs to by law to show that medicines are supplied safely and legally. People can give feedback about the pharmacy and its services. The pharmacy has written procedures for team members to follow. But the pharmacy does not review them regularly, which could mean that they do not reflect current practice.

Inspector's evidence

A range of standard operating procedures (SOPs) was available, but some of them (including the responsible pharmacist (RP) ones) had not been reviewed since 2017. This may mean that they do not reflect current practice. There was a small team in the pharmacy, but not all team members had signed to indicate that they had read and understood the SOPs. For example, only the RP had signed the SOP relating to the safe and effective supply of medicinal products. There was also some duplication in the SOPs; the SOP relating to 'owing' medicines had a separate SOP and this topic was also covered as part of the RP SOPs. The RP said that he would review all the SOPs and resolve any duplication and ask the staff to read and sign them when this was complete.

The RP showed a book that he would use to record any near misses, where a dispensing mistake was made and identified before the medicine was handed to someone. No recent records were found. The RP explained how he dispensed and checked items himself and was observed taking a mental break between the two processes. The level of business was low, and the RP was not aware of any recent near misses that had occurred. He demonstrated how he recorded other dispensing incidents, and there had been a recent one involving a controlled drug (CD). A discrepancy had been found when checking the CD running balance, and after a search the medicine involved was found to have moved in the cabinet and gone on to a higher shelf when the door had been shut. The RP showed how they now stored the medicine in a different place in the cabinet to prevent this reoccurring. He said that the local CD Accountable Officer had been informed.

The medicines counter assistant (MCA) was clear about her own role and responsibilities. She could describe what she could and couldn't do if the pharmacist had not turned up.

The pharmacy undertook an annual patient survey, and the results from the recent one were very positive, with 100% of respondents rating the pharmacy as very good or excellent overall. The pharmacy had a copy of the NHS complaints procedure and its own complaints procedure which team members could refer to. The pharmacist said that he dealt with any complaints personally and showed a complaint the pharmacy had received several years ago where he had written out to the person. The pharmacist was not aware of any recent complaints. People could find out how to make a complaint from the practice leaflet, although the leaflet itself required updating as it still referred to the local PCT which no longer existed.

The right RP notice was displayed. The RP log had been maintained, but the pharmacist was signing in for the whole week at a time and some of the entries were unclear as they stretched into different columns in the log. The pharmacist said that he would review how he made entries to make sure that

they were clearer in the future. Records for emergency supplies, private prescriptions, and controlled drug (CD) registers seen complied with requirements. CD running balances were checked regularly, and a random check of a CD medicine showed that the recorded balance matched the amount of physical stock held. The pharmacist explained that they had not received a prescription for an unlicensed medicine for several years.

No confidential information was visible to people using the pharmacy. A shredder was used to destroy confidential waste. The pharmacist was the only person who dispensed, and he had his own NHS smartcard. Computer terminal screens were turned away from public view and access was password protected. The pharmacist showed that team members had signed confidentiality agreements as part of their employment contracts; the contracts also included descriptions of their roles and responsibilities. Team members had undertaken training on the General Data Protection Regulation (GDPR). The pharmacist was able to describe what he would do if he had any safeguarding concerns, although he had not yet completed the level 2 training package. The MCA said that she would refer any safeguarding concerns to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. They have done the right training for their roles. And they do some ongoing training to help keep their knowledge and skills up to date. They can raise concerns or make suggestions to help improve the pharmacy's services. And they are able to take professional decisions to ensure that people are kept safe.

Inspector's evidence

At the time of the inspection there was one pharmacist (owner) and a trained MCA. Another team member worked as an MCA a few hours a week, and the pharmacist explained that the team member had completed the accredited counter assistant training. He said that the team member had taken the certificate home but was able to show evidence of them being registered on an accredited course some years ago. The pharmacy was up-to-date with dispensing and the workflow was well managed.

Each team member had a training folder which contained evidence of ongoing training they had done. The training was not done on a regular basis, but as and when new developments occurred. The MCA had completed ongoing training which included new health promotion campaigns, GDPR, and children's oral health. She said that she was usually able to do the training at work. There was a small team in the pharmacy and there were not any formal meetings. Team members discussed any issues as they arose and they felt comfortable about raising any concerns or making suggestions. The owner was the regular pharmacist and was easily contactable. Team members were aware of the whistleblowing policy. The MCA could describe what she would do if a person requested to purchase multiple packs of an over-the-counter medicine. The pharmacist felt able to take professional decisions. He gave an example of a recent occasion where he had checked if a person had received information about their medicines from the doctor and then counselled the person appropriately. Team members did not have any targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are safe, secure, and suitable for the pharmacy's services. The pharmacy does not have a consultation room, but people can have a conversation with a team member which would not be overheard.

Inspector's evidence

The pharmacy had not received a refit for some time. Although this was reflected in the appearance of the fixtures and fittings, they were generally in a good state of repair. Overall, the pharmacy was clean and tidy. There was enough clear work space to dispense safely. Some areas of the floor were a little worn, but they did not represent a tripping hazard. The pharmacy did not have a consultation room, but the pharmacist was considering if one could be installed. The pharmacy was quiet during the inspection, with only one person in at a time. The pharmacist said that this enabled him to have a conversation with a person that would not be overheard by other people. And this was observed during the inspection.

The pharmacy did not have air conditioning but the room temperature during the inspection was suitable for the storage of medicines. The pharmacist said that the pharmacy remained cool during the summer months. Lighting throughout was suitable.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. It gets its medicines from reputable sources and largely stores them properly. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access into the pharmacy via a manual door. And there was sufficient space in the pharmacy to allow people with wheelchairs or pushchairs to manoeuvre easily. A list of the opening times was displayed in the window.

Dispensing baskets were not routinely used. The pharmacist explained that due to the relatively low level of dispensing, prescriptions were usually dispensed as soon as they came in. A few prescriptions and medicines were found which were part-way through the dispensing process, and they were adequately spaced on the shelves to help prevent them becoming mixed up.

Multi-compartment compliance packs were only supplied to one person. The packs were not labelled with an audit trail of who had dispensed and checked them, but the pharmacist explained that he was the only person who did these activities. Patient information leaflets were routinely supplied. The pharmacist said that there had been no changes in the person's medication but was able to explain how he would record them on the electronic record if there were any. People were assessed for the suitability of the compliance pack service by the local Medicines Optimisation agency, who also undertook some monitoring to see how they were managing with the packs.

The pharmacist showed how he kept the original container with prescriptions for higher-risk medicines until they were bagged up. He said that this prompted him to counsel the person appropriately when they collected the medicines. He showed a recent example of a prescription for methotrexate. He said that he only provided the further information about these medicines the first time the person had them and confirmed that he would look at the current guidance for dispensing higher-risk medicines. He was aware of the guidance around pregnancy prevention to be supplied to some people taking valproate medicines. The pharmacy did not have any people in the at-risk group, but it had the associated information materials such as leaflets and cards.

The pharmacy had the equipment to comply with the Falsified Medicines Directive and the pharmacist confirmed that it was being used where possible. The pharmacy obtained its medicines from licensed wholesale dealers and stored them in an orderly way in the dispensary. Stock was date-checked regularly, and this was supported with records. One date-expired medicine was found on the shelves sampled, and the medicine was immediately removed for disposal. Bulk liquids had mostly been marked with the date of opening, but a bottle of ranitidine liquid had not. This could make it harder for staff to know if it was still suitable to use. The bottle was removed, and the pharmacist said that he would ensure that they marked the bottles with the dates of opening in the future. Medicines for destruction were separated from stock and placed into designated bins. Some bins were stored unsealed in the toilet area and this could make them less secure from unauthorised access. The pharmacist said that the bins would be moved.

CDs were stored securely. Medicines requiring cold storage were kept in a fridge and the temperatures were monitored daily. Records seen showed that the fridge temperature had been maintained within the appropriate range.

The pharmacy received drug alerts and recalls via email. And a record of the action taken was maintained so that the pharmacy could show what it had done in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

A range of glass measures was available for use with liquids. One cylinder had some limescale and the pharmacist said that he would clean the measure. Tablet counting equipment was clean, and the pharmacist explained how he washed the tablet triangle after counting any cytotoxic medications.

Team members had access to up-to-date reference sources including the internet. The fax machine could not be seen by people using the pharmacy. The phone was corded but could be moved to some extent to a more private location to help protect people's personal information.

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.