General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Mistry Chemists, Wood Street, Isle of Sheppy, SHEERNESS, Kent, ME12 1UA

Pharmacy reference: 1032942

Type of pharmacy: Community

Date of inspection: 25/11/2024

Pharmacy context

The pharmacy is in a busy town centre next to a surgery. It provides NHS dispensing services, the New Medicine Service and the Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to a small number of people who live in their own homes and need this support. And it provides substance misuse medications to some people. This was a reinspection of the pharmacy, following an inspection in May 2024 when it was found not to be meeting all the Standards for registered pharmacies.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 had made improvements since the previous inspection, and it now has up to date standard operating procedures. And team members now understand their role in protecting vulnerable people. The pharmacy largely protects people's personal information well. And it mostly keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally. The pharmacy now records mistakes that happen during the dispensing process, but it doesn't review the record which means that it may be missing out on opportunities to learn and improve the pharmacy's services.

Inspector's evidence

The pharmacy had made improvements since the previous inspection, and it now had up-to-date standard operating procedures (SOPs). Team members had signed to show that they had read, understood, and agreed to follow them. Team members said that the pharmacy would remain closed if the pharmacist had not turned up in the morning and they knew which tasks should not be undertaken if there was no responsible pharmacist (RP) signed in. They knew that they should not sell any pharmacy-only medicines or hand out dispensed items if the pharmacist was not in the pharmacy and there was no second pharmacist available. Team members' roles and responsibilities were specified in the SOPs.

The pharmacy now recorded its near misses, where a dispensing mistake was identified before the medicine had reached a person. Team members explained that these were highlighted with the team member involved at the time of the incident. And once the mistake was highlighted, team members were responsible for identifying and rectifying them. The RP said that the near miss record would be reviewed for patterns every three months, but it had not been reviewed since the previous inspection. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. Dispensing errors, where a dispensing mistake had reached a person, were recorded on a designated form and a root cause analysis was undertaken. A recent error had occurred where the wrong type of medicine had been supplied to a person. The RP explained that person had been supplied with the correct medicine. And team members had been reminded to take care when dispensing medicines with similar names.

The pharmacy had current professional indemnity insurance. The nature of the emergency was routinely recorded when a supply of a prescription-only medicine was supplied in an emergency without a prescription. The private prescription records were largely completed correctly. But the correct prescriber's details were not always recorded which could make it harder for the pharmacy to find these details if there was a future query. The correct RP notice was clearly displayed, and the RP record was largely completed correctly. But there were a few occasions recently where the RP had not completed the record when they had finished their shift and there was a different pharmacist working the following day. Controlled drug (CD) registers examined were filled in correctly and the recorded quantity of one CD item checked at random was the same as the physical amount of stock available.

People's personal information on bagged items waiting collection could not be viewed by people using the pharmacy. Confidential waste was removed by a specialist waste contractor, computers were

password protected and people using the pharmacy could not see information on the computer screens. The pharmacists used their own smartcards to access the NHS electronic services during the inspection. But one smartcard was seen being shared, and the importance of each individual using their own smartcard was discussed with the RP.

The complaints procedure was available for team members to follow if needed and details about it were available. The RP said that there had not had any recent complaints. The RP said that he would attempt to deal with any complaints and inform the SI if needed.

The pharmacy had made improvement since the previous inspection and team members had not completed training about protecting vulnerable people. They described 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. And the RP said that there had not been any safeguarding concerns at the pharmacy.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. Team members are provided with some ongoing training to support their learning needs and maintain their knowledge and skills. And they can raise any concerns or make suggestions. The team members can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There were two pharmacists and five trained dispensers working on the day of the inspection. Holidays were staggered to ensure that there were enough staff to provide cover. And there were contingency arrangements for pharmacist cover if needed. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. And the pharmacy was seen to be up to date with its dispensing.

Team members appeared confident when speaking with people and they asked people relevant questions to establish whether over-the-counter medicines were suitable for the person they were intended for. One dispenser, when asked, 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 misused or may require additional care.

Team members explained that they were not provided with ongoing training on a regular basis, but they did receive some. One of the dispensers showed some healthy living leaflets that the pharmacy received on an ad hoc basis. She said that she read the information and answered the questions. And she explained that the pharmacist checked the answers.

The pharmacists were aware of the continuing professional development requirement for professional revalidation. The second pharmacist had completed declarations of competence and consultation skills for the NHS Pharmacy First service and had done the associated training. People were signposted to another local pharmacy on the days that he was not working if they wanted to access to this service. Targets were not set for team members the services. The second pharmacist said that the services were provide for the benefit of the people using the pharmacy.

Team members felt comfortable about discussing any issues with the pharmacist or making any suggestions. And they explained that they had ongoing informal performance reviews. Team members explained that the pharmacy had informal morning huddles to discuss any issues and allocate tasks. The pharmacists felt able to make professional decisions.

Principle 3 - Premises ✔ Standards met

Summary findings

People can have a conversation with a team member in a private area. And the premises provide a safe, secure, and clean environment for the pharmacy's services.

Inspector's evidence

The pharmacy was bright, clean, and tidy throughout which presented a professional image. It was secured against 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 could intervene when needed. Air conditioning was available, and the room temperature was suitable for storing medicines.

There was seating in the shop area for people waiting for services. The consultation room was accessible to wheelchair users and was in the shop area. It was suitably equipped and well-screened and the door was kept closed when the room was not in use. Conversations at a normal level of volume 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. And people with a range of needs can access the pharmacy's services. The pharmacy gets its medicines from licensed wholesalers and stores them properly. It has made improvements since the previous inspection, and it now responds appropriately to drug alerts and recalls.

Inspector's evidence

There was step-free access into 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.

Workspace in the dispensary was free from clutter. 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. Team members initialled dispensing labels when they dispensed and checked each item to show who had completed these tasks.

There were signed in-date patient group directions available for the relevant services offered. The RP explained that he routinely spoke with people about their medicines when he handed them out, particularly if the person was taking a higher-risk medicine such as warfarin. The pharmacy did not keep a record of any blood test results which could make it harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Prescriptions for Schedule 3 and 4 CDs were not highlighted. The RP explained that he checked the validity of all prescriptions when checking and handing out. And he said that he checked CDs and fridge items with people when handing them out. 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 (PPP). The RP said that he would refer people to their GP if they needed to be on the PPP and weren't on one. He was not aware of the MHRA guidance for original pack dispensing for these medicines. He said that he would review the guidance and ensure that it was followed in future.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. The pharmacy had made improvements since the previous inspection, and it now took appropriate action when drug alerts and recalls were received from the NHS or the MHRA. And it kept a record of the action taken which made it easier for the pharmacy to show what it had done in response. Stock was stored in an organised manner in the dispensary. Team members said that expiry dates were checked every three months, but this activity had not been recorded. They said that items with a short expiry were highlighted, but there were a few medicines found during a spot check which had expired recently which were not highlighted. This was discussed with the team during the inspection.

The fridge was suitable for storing medicines and was not overstocked. Fridge temperatures were checked daily, and maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. CDs were stored in accordance with legal requirements and denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and separated. Returned CDs were recorded in a

register and destroyed with a witness, and two signatures were recorded.

Prescriptions were generally dispensed when people came to collect their medicines. Some prescriptions for larger numbers of items were dispensed ahead of the person coming in to collect. 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. One of the team said that the dispensing tokens were sometimes printed and used as a reference when dispensing. The second pharmacist said that he routinely requested that these were printed.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. A suitability assessment was completed by the person's GP to identify which medicines were needed to be dispensed into the packs. Prescriptions for people receiving their medicines in the packs were ordered in advance so that any issues could be addressed before people needed their medicines. A dispenser said that people requested prescriptions for 'when required' medicines 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 it 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. Patient information leaflets were not routinely supplied which could make it harder for people to have up-to-date information about their medicines. The importance of providing patient information leaflets was discussed with the dispenser during the inspection.

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 and separate liquid measures were used to measure certain medicines only. Triangle tablet counters were available and clean. A separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination. Tweezers were available so that team members did not have to touch the medicines when handling loose tablets or capsules. Up-to-date reference sources were available in the pharmacy and online. The blood pressure monitor had been in use for around a month, and the RP said that it would be replaced in line with the manufacturer’s guidance. The shredder was in good working order. And 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.