

Registered pharmacy inspection report

Pharmacy Name: Targett Chemist, 172 Halfway Street, SIDCUP, Kent, DA15 8DJ

Pharmacy reference: 1032947

Type of pharmacy: Community

Date of inspection: 09/10/2019

Pharmacy context

The pharmacy is located on a parade of shops on a main road 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, the New Medicine Service and influenza vaccinations. And it supplies medications in multi-compartment compliance packs to a large number of people who live in their own homes to help them manage their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan; Statutory Enforcement

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy is not able to show that it has standard operating procedures to support the safe running of the pharmacy.
		1.6	Standard not met	The pharmacy does not have all the records available which are required by law, so staff cannot comply with their legal obligations to complete these in a timely manner.
		1.7	Standard not met	The pharmacy does not always ensure that people's personal information is adequately protected, as some records are not kept secured at the pharmacy.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not ensure that fire exits are kept clear and there are significant trip hazards in some staff areas of the premises.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot show that medicines which need cold storage are stored properly. This makes it more difficult for the pharmacy to know that the medicines are safe to use. The pharmacy does not always keep medicines in containers which are properly labelled. This may increase the risk that date checks or product recalls are not effective.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not fully identify or manage all the risks associated with its services. The lack of staff awareness of, or ready access to written procedures increases the risk that activities are not being undertaken in a safe and effective manner. The pharmacy does not keep all its records up to date, as required by the law. And some records are not kept at the pharmacy which may mean they are not always kept securely. The pharmacy's 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. The dispenser said that near misses were highlighted with the team member involved at the time of the incident. And they identified and rectified their own mistakes. A few recent near misses had been recorded on a piece of paper by one of the dispensers. But another dispenser said that she had not recorded any of her near misses for a long time and did not know where the near miss log was kept. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. The responsible pharmacist (RP) said that he would investigate any dispensing incidents and inform team members involved, but he was not aware of a designated form that these should be recorded on. He said that he would make a note on the patient's medication record. The dispenser and pharmacist said that they were not aware of any recent incidents.

There were no written standard operating procedures (SOPs) available at the pharmacy. The superintendent pharmacist (SI) said that he had removed the SOPs from the pharmacy, and they had not been at the pharmacy for around one month. One of the dispensers said that they had worked at the pharmacy for over two years and did not recall reading any SOPs.

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. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks. The trainee medicines counter assistant (MCA) said that team members could not access the pharmacy if the pharmacist had not turned up. She knew that she should not hand out dispensed items or sell pharmacy-only medicines if the pharmacist was not present in the pharmacy.

The pharmacy had current professional indemnity and public liability insurance. Some records required for the safe provision of pharmacy services were available, though not all records required by law were at the pharmacy. And some records were not complete. The SI informed the inspectors at the start of the inspection that the private prescription records, private prescriptions and the emergency supply records were not at the pharmacy. Controlled drug (CD) registers were not kept on the premises. The responsible pharmacist (RP) showed the inspector invoices and prescriptions for CDs which had been received and supplied several days before the inspection. But he had not been able to make the entries in the registers for these.

The RP log was largely completed correctly and the correct RP notice was clearly displayed. But there

were several occasions where the RP had not signed out when they had finished their shift. 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.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. Some bagged items waiting collection could be viewed by people using the pharmacy but people's personal information could not be seen. The pharmacist used his own smartcard to access the NHS electronic services. But a smartcard belonging to an ex-employee was being used during the inspection. And team members knew the personal identification number for it. The SIs smartcard was in a docking station and was also being used. The dispenser said that she did not have her own card and another dispenser did not have his registered to the pharmacy. The dispenser said that she had requested a card from the SI. The inspector discussed this with the RP during the inspection and he said that he would speak with the SI regarding team members having their own smartcards to use.

The pharmacy had carried out a patient satisfaction survey during 2016 to 2017. And the results were available on the NHS website. The dispenser said that she would refer any complaints to the SI, but she was not aware of a complaints procedure. The dispenser said that she was not aware of any recent complaints.

The pharmacist had completed level 2 training about protecting vulnerable people. The dispensers said that they had completed safeguarding training with their previous employers. Other team members confirmed that they had not received any formal safeguarding training. The trainee MCA could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The team members could give examples of action they had taken in response to safeguarding concerns. 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 they can make suggestions to improve how the pharmacy runs. But they are not always provided with regular ongoing training. This could make it harder for them to keep their skills and knowledge up-to-date.

Inspector's evidence

The SI was present at the start of the inspection. There was one locum pharmacist, two trained dispensers, one trained MCA and three trainee MCAs working during the inspection. Some team members had completed an accredited course for their role and others were undertaking training. But one of the trainee MCAs said that she had completed part A of an accredited course for her role. But she had not received the results or completed the Part B within the required timeframe. She thought that she may have to start the course again and said that she would discuss this with the SI. The team worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

Team members appeared confident when speaking with people. A trainee MCA was aware of the restrictions on sales of pseudoephedrine-containing products. She said 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 said that he had recently attended an event about revalidation and peer review. Team members were not provided with ongoing training on a regular basis, but they did receive some. The dispenser said that team members sometimes received training about new products or other issues.

The dispenser said that she felt comfortable about discussing any issues or concerns with the pharmacist. She said that she planned to request that the pharmacy hold a meeting to discuss some changes that team members wished to implement that might help with the running of the pharmacy. Targets were not set for team members.

Principle 3 - Premises Standards not all met

Summary findings

The premises generally provide a safe, secure, and clean environment for the pharmacy's services. But the pharmacy does not always keep its fire exits clear of obstruction or stairs free from trip hazards. And it could do more to protect some sensitive information and medicines.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright and clean. 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; the room temperature was suitable for storing medicines.

There was a small bench for seating in the shop area. This was positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. The fire exit was blocked with cardboard boxes and there were significant trip hazards on the stairs to the store room.

The consultation room was accessed via the side of the medicines counter. It was suitably equipped and well-screened. But not all sensitive information or stock located on the route to this room was fully protected from unauthorised access. 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 not all met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy gets its medicines from reputable suppliers. But it cannot show that medicines which require refrigeration are always stored correctly. And it cannot show that it responds appropriately to drug alerts and product recalls to make sure the medicines it supplies are fit for purpose. It doesn't always highlight prescriptions for higher-risk medicines. And this may mean that it misses opportunities to speak with people when they collect these medicines.

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 pharmacist said that he checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. But a record of blood test results was not always kept. Prescriptions for higher-risk medicines were not highlighted. So, opportunities to speak with these people when they collected their medicines might be missed. Prescriptions for Schedule 3 and 4 CDs were not highlighted. This could increase the chance of these medicines being supplied when the prescription is no longer valid. The pharmacy did not have the patient information leaflets or warning cards about pregnancy prevention available to accompany supplies of valproate medicines. The dispenser was not sure if there were any people taking valproate medicines who were in the at-risk group. The RP ordered replacements during the inspection.

Stock was stored in an organised manner in the dispensary. The dispenser said that team members were in the process of implementing a more reliable expiry date checking system. She said that short-dated stock would be highlighted and lists would be kept so that these items could be removed from dispensing stock before they had expired. This process had not yet started. There were several boxes containing different batches found with dispensing stock. This could make it harder for the pharmacy to date-check the stock properly or respond to safety alerts appropriately. There were some Schedule 3 and 4 (part 1) CDs in the pharmaceutical waste bins. The dispenser knew that these should be denatured before disposal. She said that she would remind team members to check for these before placing medicines in the bins. There were several expired items found with in-date stock in the store room. The dispenser said that she had not had the time to keep on top of date-checking processes recently.

There were three fridges in the pharmacy used to store medicines, two were in the dispensary and one in the consultation room. For the largest fridge, the minimum temperature was 3 degrees Celsius and the maximum was 7 degrees Celsius. The minimum temperature showing on the thermometer of the second fridge in the dispensary was 1 degree Celsius and the maximum was 19 degrees Celsius with a current temperature of 3 degrees Celsius. The third fridge was in the consultation room. The minimum temperature on its thermometer was 3.5 degrees Celsius and the maximum temperature was 19.9 degrees Celsius. Temperature records were not kept and team members did not know if the temperatures were checked regularly. The fridges were fully stocked with no room for additional stock. The pharmacist contacted the relevant authority to ask if the medicines in the fridges might be safe to

use.

The dispenser said that the SI dealt with the part-dispensed prescriptions. There were many prescriptions which had expired and some were dated over three years ago. Prescriptions were not always kept at the pharmacy until the remainder was collected. This could make it harder for team members to refer to the original prescription and could potentially increase the chance of errors. Uncollected prescriptions were checked monthly. The MCA said that uncollected prescriptions were managed by the SI and was not sure what happened with these.

The dispenser said that the pharmacy contacted a person's GP if they requested to have their medicines in multi-compartment compliance packs. An assessment would be carried out to show that it was needed. 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 contacted the pharmacy when they needed them with their packs. 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. But the backing sheets were not attached to the trays. This could increase the chance of them being misplaced. The dispenser said that she would ensure that these were attached in future. Most medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were sometimes supplied, but this was not consistently done.

CDs were stored in accordance with legal requirements and they were kept secure. CDs that people had returned were clearly marked and segregated. The pharmacist said that deliveries were made by the SI when needed. The dispenser said that she was not sure whether signatures were obtained for deliveries.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. There was no evidence found during the inspection to show that any drug alerts or recalls had recently been actioned. The dispenser was not what happened with these and said that the SI managed them.

The dispenser said that she had not received any training about the EU Falsified Medicines Directive. The pharmacy had the equipment installed but team members were not using it and were not sure when this would happen.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

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 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.

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.