

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 25 Swanley Centre, SWANLEY, Kent, BR8 7TG

**Pharmacy reference:** 1032971

**Type of pharmacy:** Community

**Date of inspection:** 28/08/2019

## Pharmacy context

The pharmacy is located shopping precinct in a busy town centre surrounded by residential premises. The people who use the pharmacy are mainly older people. The pharmacy receives around 80% of its prescriptions electronically. It provides a range of services, including Medicines Use Reviews, the New Medicine Service, influenza vaccinations (seasonal) and emergency hormonal contraception. It supplies medication in multi-compartment compliance packs to a large number of people who live in their own homes to help them manage their medicines. It supplies medicines to one care home. And it provides substance misuse medications to a small number of people.

## 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	2.2	Good practice	The pharmacy encourages its team members to undertake ongoing training. And it gives them time set aside to do it.
<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

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 takes steps to protect people's personal information and regularly seeks feedback from people who use the pharmacy. And it largely keeps its records up to date. Team members understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy adopted some measures for identifying and managing risks associated with pharmacy activities. These included; documented, up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. Team members had signed the SOPs to indicate that these had been read and understood. 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 and shelves where these were stored were sometimes highlighted. This helped to minimise the chance of a mistake when selecting the items. Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. A recent incident had occurred where the wrong strength of a medicine had been supplied to a person. The relief dispenser said that the person was satisfied with the way that it had been dealt with and he was supplied with correct medicine.

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.

Team members' roles and responsibilities were specified in the SOPs. The dispenser said that the pharmacy would not open if the pharmacist had not turned up and that a team member would inform the pharmacy's head office. And she explained that she would not sell any pharmacy-only-medicines or hand out dispensed items if the pharmacist was not in the pharmacy.

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. The emergency supply record was completed correctly. And there were signed in-date Patient Group Directions for the relevant services offered. Controlled drug (CD) registers examined were largely filled in correctly, but the address of the supplier was not recorded. CD running balances were checked around once a month. Methadone balances were checked weekly; overage was recorded in the register. The recorded quantity of one item checked at random was the same as the physical amount of stock available. The responsible pharmacist (RP) log was completed correctly and the correct RP notice was clearly displayed. All necessary information was not recorded when a supply of an unlicensed medicine was made. The pharmacist said that he would ensure that this was recorded in future. The private prescription record was largely completed correctly. But there were several private prescriptions that did not have the required information on them when the supply was made.

Confidential waste was removed by a specialist waste contractor, 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 not be viewed by people using the pharmacy. The delivery signature sheets were meant to be folded when signatures were obtained, to protect other people's personal information. But not all sheets had been folded as they should have been in accordance with the pharmacy's procedures. The dispenser said that one of the drivers did not fold the sheet but she believed that he covered other people's personal information. The pharmacy team members had completed General Data Protection Regulation training.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2018 to 2019 survey were available on the NHS website. Results were positive and over 98% of respondents rated the pharmacy as very good or excellent overall. The complaints procedure was available for team members to follow if needed. The pharmacist said that there had been a few complaints received from people when the pharmacy's internet was not working. This had meant that the pharmacy had not been able to download some prescriptions from the NHS spine. The issue had been reported to the pharmacy's head office and it had been resolved.

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's head office. The dispenser could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. She said that she had worked with people who had dementia in a previous employment. 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. And they get time set aside in work to complete it. They can raise any concerns or make suggestions. And 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, one trained dispenser and one relief dispenser working during the inspection. 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 relief dispenser 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 dispensers had completed an NVQ level 2 dispenser course. Team members were provided with online training from the pharmacy's head office. The pharmacist said that all team members were up-to-date with their training and that he monitored this. He said that he had completed declarations of competence and consultation skills for the services offered, as well as associated training. He was aware of the Continuing Professional Development requirement for the professional revalidation process. The relief dispenser said that she was allowed time during the day to complete training.

The pharmacist said that he had queried a prescription with a prescriber recently as the person had been prescribed two medicines which were similar. The prescriber had confirmed that one of them was meant to replace the other and he did not want the person to be supplied with both of the medicines.

The dispenser said that she felt comfortable about discussing any issues with the pharmacist or making suggestions. Team members used a monthly compliance tracker to ensure that all daily, weekly and monthly tasks were completed. The pharmacist said that information was passed onto team members on an informal basis, but he would organise more formal meetings when needed.

Targets were set for Medicines Use Reviews and New Medicine Service. The pharmacist said that the pharmacy usually met the targets. He did not feel under pressure to achieve them and he would not let them affect his professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. But the pharmacy could do more to monitor the room temperature during the summer months and ensure that it remains within the right range.

### Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the counter and a barrier restricted unauthorised access. 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. A portable air-conditioning unit was available, but this was loud and made it difficult for team members to speak with people. It blew air directly onto the dispensing and checking area which meant that paperwork was often moved. The layout of the pharmacy was such that only a small area was cooled by the air-conditioning unit. The room temperature on the day of the inspection was 28 degrees Celsius, and the weather had been exceptionally hot during the week. Team members complained about the temperature in the pharmacy and said that their concentration was sometimes affected. The pharmacist was using a small portable desk fan at his checking area to attempt to keep him cooler. The pharmacist said that he had raised the issue several times with the regional manager, but nothing had been resolved. Following the inspection, the inspector spoke with the regional manager and he said that he would discuss the temperatures with the facilities team.

There were six chairs in the shop area. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. 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.

There was a small stock room and toilet facilities upstairs. The toilet area was 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 manages its services well and provides them safely. It gets its medicines from reputable suppliers and 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 step-free access to the pharmacy through a wide entrance. The door remained open during the inspection to allow cooler air into the pharmacy. 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 a record of blood test results was kept. This could make easier harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. 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 prescriptions for Schedule 4 CDs weren't. The pharmacist said that prescriptions were not kept on the shelves for more than four weeks. But he confirmed that he would highlight these prescriptions to help minimise the chance of them being handed out when the prescription was no longer valid. Dispensed fridge items were kept in clear plastic bags to aid identification. The pharmacist said they checked CDs and fridge items with people when handing them out. The pharmacist said that the pharmacy supplied valproate medicines to a few people. He said that he had had conversations with people in the at-risk group about the possible need for them to be on a Pregnancy Prevention Programme. The pharmacy had the relevant patient information leaflets and warning cards available but these had not always been handed out when they should. The pharmacist said that he would ensure that these were provided when needed in future.

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 six months was marked. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging.

Part-dispensed prescriptions were checked daily. '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 and collected. Uncollected prescriptions were checked weekly. Uncollected prescriptions were returned to the NHS electronic system or to the prescriber and the items were returned to dispensing stock where possible if the items had not been collected after five weeks. The dispenser said that people were sent a letter a week before their medicine was returned to stock to inform them.

Prescriptions for people receiving their medicines in multi-compartment compliance packs were ordered in advance so that any issues could be addressed before people needed their medicines. Prescriptions for 'when required' medicines were routinely requested; the dispenser said that people often contacted the pharmacy to let them know if they did not need more. 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. Patient information leaflets were routinely supplied. But medication descriptions were not put on the packs to help people and their carers identify the medicines. Team members wore gloves when handling medicines that were placed in these packs. The relief dispenser said that the care home was responsible for ordering prescriptions for their residents. She said that the Regional Development Manager had visited the care home before the service was provided.

CDs were stored in accordance with legal requirements and they were kept secure. 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 a delivery driver. The pharmacy obtained people's signatures for deliveries where possible. 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 pharmacy's head office. 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 had the equipment to be able to comply with the EU Falsified Medicines Directive but it was not yet being used. The pharmacist said that he and other team members had undertaken some training on how the system worked. He explained that he was not sure when the pharmacy was due to start using the equipment.



## 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. Separate liquid measures were marked for methadone use only. 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 pharmacist said that the blood pressure monitor had been in use for around one year. The weighing scales 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 largely within the recommended range. There were a couple of occasions recently when the maximum temperature was 12 degrees Celsius. The dispenser had informed the pharmacist and the thermometer had been reset and rechecked. The pharmacist said that he checked that the fridge was closing properly and that the temperature was within the recommended range when rechecked. There was no record kept of the action taken. The pharmacist said that he would ensure that team members kept records in future. The fridges were 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.