

Registered pharmacy inspection report

Pharmacy Name: Glory Chemist, 314 Stafford Road, CROYDON,
Surrey, CR0 4NH

Pharmacy reference: 1036517

Type of pharmacy: Community

Date of inspection: 25/04/2023

Pharmacy context

This is a small family-owned pharmacy on a parade of shops in Whaddon, near Croydon. Most of the people using the pharmacy live nearby. It dispenses people's prescriptions, sells over-the-counter medicines and provides healthcare advice. It dispenses some medicines in multicompartiment compliance packs to those who find it difficult to manage their medicines. And it offers a delivery service to people who can't visit the pharmacy in person.

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

The pharmacy provides its services in line with its written procedures which are being followed by its team members. They are clear about their responsibilities and know when to seek help. The pharmacy keeps satisfactory records of the things it needs to, although some of them are not as complete as they could be. The pharmacy manages and protects confidential information well and has suitable insurance in place to help protect people if things do go wrong. Its team members understand their role in helping to protect vulnerable people.

Inspector's evidence

There was a file containing a mix of newer standard operating procedures (SOPs) and old ones. The newer SOPs were dated May 2021 and they indicated that they were due to have been reviewed in April 2022. When this was pointed out to the responsible pharmacist (RP) he agreed to review the current SOPs and dispose of those that were no longer required. Those SOPs examined had been signed by team members to show that they had read and understood the procedures. The RP SOPs had only been signed by the RP and one other person, so the RP agreed to brief everyone in the team on the SOPs, focussing particularly on what they could and couldn't do in the absence of a pharmacist. The pharmacy also had a business continuity plan in place to maintain its services in the event of a power failure or other major problem.

There was a book for recording mistakes that were identified before the item(s) left the pharmacy, known as near misses. There were very few entries and little evidence that they had been regularly reviewed. The importance of recording and learning from all near misses was discussed during the inspection. Upon reflection the RP agreed to ensure that all errors and near misses were properly recorded and regularly reviewed so that they could identify any possible causes or trends.

Staff were generally able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do, although there was some uncertainty in some of their answers. The RP agreed to clarify this when undertaking the staff briefing referred to above. The RP notice was clearly displayed for people to see, as required by the regulations. But the RP record on the patient medication record (PMR) computer system did not include the times at which the RP's responsibilities ceased each day. The record was otherwise complete. Once this was pointed out, the RP agreed to ensure this was completed in future, perhaps with the help of a reminder notice or similar prompt.

Although the pharmacy was no longer required to carry out a patient questionnaire for the NHS, the RP did monitor feedback posted online via two well-known search engines. The RP described how patient feedback led them to improve the seating arrangements in the pharmacy. The pharmacy had a complaints procedure and the RP tried to resolve problems straight away wherever possible. A certificate of professional indemnity and public liability insurance from the NPA valid until July 2023 was on display near the medicines counter.

Private prescription records were maintained in a book and most of those examined were complete. A few were missing the date of prescribing, but when this was pointed out the RP agreed to ensure this

was completed in future. There were no emergency supply records available to examine as people generally contacted NHS111 for a Community Pharmacist Consultation Service (CPCS) referral to the pharmacy.

The controlled drug (CD) registers were correctly maintained, but no checks had been recorded on the running balances since May 2021. Upon reflection the RP agreed that they should be regularly checked in future. Stock balances of two randomly selected CDs were checked and both found to correspond with the entries in their respective registers. Alterations made in the CD register were asterisked with a note made at the bottom of the page, dated with an indication of who made the entry and a reason for the adjustment. Records of CDs returned as no longer needed by people were seen to be made upon receipt, and there were some awaiting destruction and safe disposal. There were no records of unlicensed 'specials' as the pharmacy hadn't needed to order any for several years.

Staff were able to demonstrate an understanding of data protection and the importance of maintaining patient confidentiality. There were signed confidentiality agreements with a data protection SOP in the SOP file. Completed prescriptions in the prescription retrieval system were arranged so that people waiting at the counter couldn't read any details. Confidential waste was separated from general waste and shredded in the pharmacy on a regular basis. There were safeguarding procedures in place and contact details of local referring agencies were available online if required. The RP had completed level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members satisfactorily complete their tasks but the pharmacy hasn't done enough to ensure all of them start the required training on time. However, they do have a suitable understanding of their role, and they work well together.

Inspector's evidence

There was one trainee dispensing assistant, and the RP on duty during the inspection. There was another MCA who finished her shift shortly after the inspection started. This appeared to be appropriate for the workload and they were working well together. In the event of staff shortages, part-time staff could adjust their working hours to provide additional cover. They were all were able to demonstrate an awareness of potential medicines abuse and could identify people making repeat purchases. They described how they would refer to the pharmacist if necessary. All staff were asking appropriate questions when responding to requests or selling medicines. There were no formal targets in place.

The medicines counter assistant was still in her three-month probation period, so had yet to start an accredited training course. The RP assured the inspector that she would be registered as soon as she had completed three months. The trainee dispensing assistant had been working at the pharmacy since December and would be starting medical school in the autumn. He described the on-the-job training he had been given by the RP but had not yet been enrolled on any of the required accredited training. Having confirmed that the exemption available for pharmacy students did not apply in this case, the RP agreed to enrol him on the appropriate training course.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure environment for people to receive its services. The pharmacy is well laid out with sufficient space for people to wait for their prescriptions. It has a suitably fitted out consultation room, which it uses for some of its services and for sensitive conversations.

Inspector's evidence

The pharmacy premises were small, basic and somewhat dated. The retail area was clearly laid out with access via a single door to the wide pavement outside. There was a small dispensary, providing sufficient space to work safely and effectively, although all available workbenches were somewhat cluttered. There was a clear workflow in the dispensary and the layout was suitable for the activities undertaken. The dispensary sink was clean and had hot and cold running water. There was handwash available.

The medicines counter was immediately in front of the dispensary. To one side, there was a small consultation room available for confidential conversations, consultations and the provision of services. The door to the consultation room was closed but not locked when not in use. There was no confidential information visible. Room temperatures were appropriately maintained by a combined air-conditioning and heating unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its service in a safe and effective manner, and people with a range of needs can easily access them. It sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It appropriately identifies people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take.

Inspector's evidence

There was a sign in the doorway listing the services available from the pharmacy, although dispensing prescriptions was the main activity. There were some controls in place to reduce the risk of errors, such as using baskets to keep individual prescriptions apart. The 'dispensed by' and 'checked by' boxes on the dispensing labels were initialled so that there was an audit trail to show who had undertaken each step in the process. Owings tickets were used if the pharmacy was unable to supply all of the medicines and the prescription was kept in the 'owings' box until the stock arrived. The RP explained that if they were unable to obtain the necessary item(s) in sufficient time, they contacted the GP to suggest an alternative. Completed prescriptions awaiting collection had a CD sticker on if there was a schedule 2 CD to be assembled, or a schedule 3 CD inside. The RP was reminded that the 28-day validity also applied to schedule 4 CDs. Fridge lines were highlighted with a fridge sticker so that staff would know to look in the fridge.

The pharmacist was aware of the risks involved in dispensing valproates to women who could become pregnant. He explained that the pharmacy had no-one in the at-risk group currently taking valproates. And that if there were any people in the at-risk group, he would ask if they were on the pregnancy prevention programme (PPP) and make a record of any counselling on the PMR system. There were information leaflets and cards available for people taking valproates. Very few people locally were now taking warfarin, but they were asked if they knew their current INR levels, and the results noted on the PMR. The RP highlighted that many of the local surgeries insisted upon the pharmacies checking and providing them with the readings.

Medicines were obtained from licensed pharmaceutical wholesalers. Unlicensed 'specials' if needed would be obtained from Alliance Specials. Routine date checks were seen to be in place, and no out-of-date stock was found. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules. Fridge temperatures were recorded daily, and all were seen to be within the required temperature range.

The pharmacy offered a delivery service to a small number of people who couldn't visit the pharmacy in person. Deliveries were made by either the RP or an available member of staff. Details of each delivery were recorded in a delivery book. The pharmacy provided a seasonal flu vaccination service in the autumn and winter and finished at the end of March when the patient group direction (PGD) expired. The pharmacy provided weekly compliance aids to a small number of people. They were seen to include a description of the tablets and capsules inside. Patient information leaflets (PILs) were also provided.

Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to the local council for disposal. Denaturing kits for the safe disposal of CDs were available for use. The pharmacy received drug alerts and recalls from the MHRA, and there was evidence of the recent recall of pholcodine-containing products having been actioned. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable equipment for the range of services it provides. It also has easy access to appropriate sources of information that it may need. It uses its facilities and equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy had the necessary resources required to accurately measure liquids, tablets and capsules. There were separate measured used for measuring liquid CDs. The pharmacy used appropriate online reference sources including the BNF and BNF for children. Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were used appropriately with no sharing of passwords. Confidential information was kept secure and items awaiting collection were not visible from retail area. The blood pressure monitor was replaced approximately every two years.

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.