

Registered pharmacy inspection report

Pharmacy Name: Kembers & Lawrence, 10-11 Camberwell Green,
LONDON, SE5 7AF

Pharmacy reference: 1040771

Type of pharmacy: Community

Date of inspection: 19/06/2019

Pharmacy context

This is a community pharmacy which is one of five branches and is situated on a local High street. It serves a mixed local population. The pharmacy sells a wide range of over-the-counter medicines and dispenses NHS prescriptions. It also provides flu vaccinations and supplies medicines in multi-compartment compliance aids to help people take their medicines.

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

The pharmacy generally manages its risks well to make sure people are kept safe. The pharmacy largely keeps the records it needs to by law and generally protects people's personal information. Team members are generally aware of how to protect vulnerable people.

Inspector's evidence

The pharmacist said he screened prescriptions as soon as they were received. He picked stock against the prescriptions before generating the medicine labels. He described taking a short mental break between dispensing and checking prescriptions, to help reduce the chance of errors.

Approximately 50% of prescriptions were received via the electronic prescription service. Electronic prescriptions for people known to the pharmacy were dispensed in advance. This helped the pharmacist manage his workload.

The pharmacist said that he recorded near misses, but he could not find logs during the inspection. He said he sent copies of the near miss logs and discussed them with the superintendent pharmacist (SI) as well as with pharmacists working at the other branches. He described some changes which he had made to help reduce errors, for example, he had separated amlodipine and amitriptyline tablets, and salbutamol Easi-breath and Evohaler.

A template form was available to document dispensing errors which had reached people. The pharmacist said he now assembled one person's multi-compartment compliance aid before starting another following an incident where two people's medication were mixed up in one compliance aid.

Standard operating procedures (SOPs) were held electronically. These had been prepared in 2016 but there was no evidence that they had been reviewed since then; the pharmacist was also not aware of any reviews or updates to these. This could mean that the procedures may not fully reflect current best practice. Both the pharmacist and trainee medicine counter assistant (MCA) said they had read the SOPs, but audit trails were not maintained to confirm this.

In-date indemnity insurance was in place. The responsible pharmacist (RP) sign was displayed in the retail area. Samples of the RP record examined were generally in order.

All necessary records, including private prescription and emergency supply records, were kept. They were mostly in order, but emergency supply records did not include the nature of the emergency for a number of supplies made. So it may not be possible to know why a supply was made, if there was a query. Copies of the medicine label and bag label were attached to the certificate of conformity for unlicensed medicines. This enabled the team to identify what batch was supplied to which person.

Samples of controlled drug (CD) registers examined were generally in order. CD running balances were kept; a random stock check of a CD did not agree with the recorded balance; the pharmacist investigated and reported the discrepancy to the local CD Accountable Officer following the inspection. Two packs of expired CDs were found mixed with in-date stock. The pharmacist was advised to contact

the CD Accountable Officer to arrange for the destruction of the expired CDs.

The trainee MCA was not sure if there was complaint procedure in place but said she would listen to the person raising the complaint and try to resolve it. Feedback from people was sought through an annual survey; the results of the most recent survey were displayed in the retail area. The trainee MCA was not aware of one area for improvement which had been raised in the latest survey, which was to provide more advice on stopping smoking.

The trainee MCA said she had completed some training about protecting people's confidentiality as part of her medicine counter assistant course but had not received any training on the General Data Protection Regulation. This could mean that she may not know how to protect people's information properly. She said that she would signpost people to the consultation room or to a quiet corner for additional privacy. Confidential waste was shredded at the pharmacy, but some bag labels were found in the normal waste bin. These were immediately removed and the pharmacist said he would ensure these were disposed of appropriately. Computers were password protected. Medicines awaiting collection were stored in the dispensary and people's personal information was not visible from the retail area.

The pharmacist had completed level two training about safeguarding vulnerable people from the Centre for Pharmacy Postgraduate Education (CPPE). The trainee MCA had not received formal training but was able to describe signs of abuse and neglect. She said she would speak to the pharmacist if she was concerned about the wellbeing of a person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. They are trained or are enrolled onto courses which are suitable for their role. They are provided with training resources and are given time to complete them. This helps them keep their skills and knowledge up to date.

Inspector's evidence

There was a regular pharmacist and a trainee MCA during the inspection. The pharmacy did not employ any other members of the team, but cover was provided from another branch if needed. The pharmacist said there was currently sufficient staff cover for the services provided.

The trainee MCA completed her course material during quieter periods at work. She said she was always able to ask the pharmacist questions and said he provided her with feedback on a regular basis. She said she would use the WWHAM questioning techniques when selling pharmacy only medicines (P medicines) and described referring young children, elderly people or those taking other medicines to the pharmacist. She could name products which were liable to abuse and would refer multiple requests of these to the pharmacist. She was also aware of the sale restrictions on some products. She said she would not hand out dispensed medicines in the absence of the RP, but she would sell P medicines if she did not need to refer to the pharmacist. The inspector reminded her of the RP regulations.

The trainee MCA had access to other material, for example, pharmacy magazines and product booklets, to help keep her knowledge up to date. The trainee MCA said she was happy to raise concerns to the pharmacist or one of the owners. She explained that one of the owners regularly worked at a nearby branch, and she was able to visit him there. He also called the pharmacy every week to check how they were getting on. Targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally suitable for the pharmacy's services.

Inspector's evidence

This was a spacious pharmacy with ample storage and work space. The retail area was well laid out, clean and tidy. The dispensary was generally clean and tidy, but some workbenches were cluttered with stock, paperwork and medicines awaiting collection. Some dispensary shelves were also dusty or marked.

A clearly signposted consultation room was available for services and was suitable for private conversations. It was generally clean and tidy.

A sink, with hot and cold running water, was available for the preparation of medicines. The room temperature and lighting were suitable for the provision of pharmacy services.

A storage room was located behind the dispensary and this was used to store excess medicines. Other storage rooms were located in the basement, but these were mainly used to store non-pharmacy items. The basement was messy and very dusty, with rubbish scattered all over the floor. The pharmacist said the basement was generally not used by the pharmacy team. The premises were secure.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally organises its services well and provides them safely. But people taking some higher-risk medicines might not always get all the information they need to take their medicines safely. The pharmacy largely manages its medicines appropriately to make sure that they are safe for people to use.

Inspector's evidence

Access into the pharmacy was step-free and aisles in the retail area were wide enough for people with wheelchairs. Team members were multilingual and were observed translating for people. Services were listed on a banner in the window.

Audit trails were not maintained of who had dispensed and checked an item. This could make it harder for the pharmacy to show who had done which task if there was a query. Prescriptions for schedule 4 CDs were not always flagged up once they were dispensed. This could increase the chances of these items being supplied when the prescription is no longer valid.

The pharmacist said that he had read the valproate guidance, but he could not describe what checks to make or what information to provide when supplying this medicine to patients in the 'at-risk' group. He said that the people who may become pregnant would be aged 18 to 50 years. Information cards and additional warning stickers were not available to hand. The pharmacist said he would order additional supplies of these and re-read the guidance.

The pharmacist said he did not routinely check if people taking other higher risk medicines, such as warfarin and methotrexate, were being monitored. There was no system in place to flag prescriptions for these medicines once they were dispensed to help ensure people were provided with appropriate advice. INR levels for people taking warfarin were not recorded for reference.

The pharmacy provided medicines in multi-compartment compliance aids for six to eight people. It did not manage prescriptions for these people; they were asked to bring their prescriptions at least two days before they were due to collect their trays. The pharmacist said that medicine descriptions were provided on the compliance aids to help people identify their medicines and patient information leaflets (PILs) were routinely supplied.

The pharmacist said that expiry date checks were conducted every three months; the last check had been done in March 2019 by an MCA who normally worked at another branch. Date-checking records were not maintained to help keep track of these checks. Medicines with a short expiry date were not always highlighted. This could increase the chance of people being supplied medicines which were past their 'use-by' date. The pharmacist said he would review the date-checking procedure. Some medicines were stored in a disorganised manner inside drawers and different batches of medicines were mixed together. This could make it harder for the pharmacy to respond to safety alerts properly. A medicine which had expired in October 2018 was found on the shelf, as well as two packs of expired CDs which were mixed with in-date stock.

The fridge temperatures were checked daily and records showed that they were kept within the required range of 2 to 8 degrees Celsius. But the maximum fridge temperature remained at 9.3 degrees Celsius for several hours during the inspection. The pharmacist said he would investigate this and take the appropriate steps to ensure medicines inside the fridge were still safe to supply.

The pharmacist said he received drug alerts and recalls via email but he did not maintain audit trails of action taken in response to these. He was aware of the recent alert for paracetamol tablets but not that for co-amoxiclav powder for oral suspension. The pharmacy did not hold any of the affected stock. The pharmacist signed onto the MHRA's email subscription service at the time of inspection, to help ensure he received alerts in a timely manner

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There were several glass measures available. One measure was marked with a sticker, but the writing had faded so it was not clear what the measure should be used for. The pharmacist said this was used for CDs and that he would mark it clearly to help prevent cross-contamination.

Clean counting triangles were also available, including a separate one for cytotoxic medicine. This helped avoid cross-contamination. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several reference sources.

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.