General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: The Village Pharmacy, 9 The Village, Charlton, LONDON, SE7 8UG

Pharmacy reference: 1040795

Type of pharmacy: Community

Date of inspection: 08/07/2024

Pharmacy context

This pharmacy is located within a parade of shops and serves the local community. It is open Monday to Saturday. The pharmacy's main activity is dispensing NHS prescriptions. It also offers other services such as the NHS Pharmacy First scheme, substance misuse treatment, and multi-compartment compliance packs to people who need help managing their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy does not have adequate systems in place to make sure the record about the responsible pharmacist is maintained appropriately.
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 not all met**

Summary findings

The pharmacy doesn't always maintain its responsible pharmacist records in line with requirements. So it may not be able to show who the pharmacist on duty was in the event of a future query. But it generally identifies and manages most of the risks associated with the provision of its services. And it has some procedures to learn from its mistakes. People who use the pharmacy can provide feedback. And team members are provided with some training about safeguarding to ensure that incidents are dealt with appropriately.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place. A folder, containing SOPs which were dated from 2017 and last reviewed in 2022, was found during the inspection. Team members also described reading a newer set of SOPs, held electronically. They could not access the electronic SOPs during the inspection. There was some confusion as to which version of the SOPs were the most current. All current members of the team said that they had read the SOPs, but not all had signed the SOPs to confirm this. Although the SOPs in the folder had been annotated to confirm they had been reviewed in 2022, they had not been updated to reflect changes. For example, the SOPs still referred to The Royal Pharmaceutical Society of Great Britain, which no longer existed. Following the inspection, the pharmacy sent a set of updated SOPs, which were dated on the day of the inspection.

Dispensing mistakes which were identified before a medicine was supplied to a person, known as near misses, were seen to be routinely recorded. The pharmacy team members said that the near misses were regularly reviewed and discussed. The reviews were not documented which could make it harder to check that any action points raised were implemented. The pharmacy described making some changes to reduce mistakes, for example, separating medicines that looked alike or sounded alike, and offering additional training to individual members of the team.

There was a procedure in place for dealing with dispensing mistakes which had reached a person, known as dispensing errors. The responsible pharmacist (RP) who worked at the pharmacy regularly did not know where they would document dispensing errors. The RP said they would familiarise themselves with the procedure.

The correct RP sign was displayed. The RP could not find the RP record and said that it was kept on the electronic dispensing software. Following the inspection, the pharmacy sent samples of the RP record on a document which allowed for amendments to be made without identifying when, and by whom, they were made. This did not meet the RP guidance. The RP confirmed that these records had been made following the inspection, as the pharmacy's subscription for an electronic RP log had lapsed. The private prescription and emergency supply records were generally kept in order. The pharmacy had current indemnity insurance cover. Controlled drug (CD) registers were held electronically and were kept in line with requirements. CD balance audits were carried out at regular intervals and a random stock check of a CD agreed with the recorded balance.

Some members of the team were not sure if a complaints procedure was in place, although one could be found in the SOP folder. Team members said that people were able to give feedback or raise concerns online or in person. Team members were made aware of any complaints via the pharmacy

team's instant messaging app group. Complaints were either dealt with by the support staff or escalated to the pharmacists. Team members said they would apologise to the person and investigate the complaint.

Members of the team said they had received some training about protecting people's confidentiality via the courses they were enrolled on. Some members, however, said that they had not completed any training on the General Data Protection Regulation and there was no evidence they had completed any formalised training on this. Prescriptions and medicines awaiting collection were stored inside the dispensary, away from customer view. Several consent forms containing confidential information were stored inside an unlocked consultation room. These were removed and stored inside the dispensary during the inspection. Confidential waste was shredded. Computers were password protected and smartcards were used to access the pharmacy's electronic records.

Some members of the team had not completed training about safeguarding vulnerable groups, whilst others had completed training through the courses they were enrolled on. Team members said that they would raise safeguarding concerns to the pharmacist. One member of the team described reporting a concern about a vulnerable adult to the pharmacist and the person's GP.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are suitably trained for the roles they undertake, and they are provided with ongoing training. But some members lack understanding of certain processes, which may make it harder to provide services safely and effectively.

Inspector's evidence

During the inspection, the pharmacy was staffed by a regular locum pharmacist (the RP), a pharmacy technician, a qualified dispenser, a trainee dispenser, and a trainee medicine counter assistant (MCA). A regular pharmacist, two qualified dispensers, and a trainee dispenser also worked at the pharmacy but were not present during the inspection. The team was managing its workload and team members said there was sufficient cover for the services provided. The RP struggled to describe processes or find the relevant documents, for example, the RP record, although they had been working at the pharmacy for some time.

The trainee MCA was observed asking the relevant questions before selling Pharmacy-only medicines (P-medicines). A series of questions was also displayed on the till for team members to refer to. They described referring to the pharmacist at times, for example, before selling medicines for a child.

Team members had access to an online learning platform and were informed of any modules they had to complete. They mostly completed these in their own time as they did not have time to complete them during working hours. The most recent training was completed several months ago and covered the Pharmacy First service. They said that the pharmacy manager regularly shared information and updates, for example, on seasonal remedies. Some members of the team said they had discussed further training opportunities with the pharmacy manager, who had offered to provide them with additional support. A dispenser had been asked to train on ear wax removal and had completed an endoscopic ear wax removal core stage 1 training course to provide the service.

Team meetings were held regularly, and the pharmacy team could also share information via a group instant messaging app. Team members said they shared any concerns they had openly.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has appropriate facilities to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy was spacious, bright, and had modern fittings. There was a small retail area which was fitted with a medicine counter. P-medicines were stored securely behind the counter. And the pharmacy had chairs for people who wanted to wait for a service. The pharmacy had two spacious consultation rooms which were located beside the medicines counter. The rooms were each fitted with a sink, and one had a therapy bed. They were clean and organised, and allowed for a conversation at normal volume to be had without being heard from the outside.

The dispensary was located behind the medicines counter and consultation rooms. It was spacious and had ample worktop and storage space. And there was a sink for preparing liquid medicines which was clean. There was a separate section to process prescriptions for multi-compartment compliance packs. A storage room, fitted with shelves, workbenches, and an island bench, was used to store excess stock.

Cleaning tasks were shared by the team. The temperature and lighting in the pharmacy were adequate and the pharmacy had air conditioning to help control the temperature. There was a staff toilet with access to hot and cold running water and handwash. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are generally well organised. People with differing needs can access the pharmacy's services. And it orders its medicines from reputable sources. But it does not always make sure that it stores its medicines in appropriately labelled containers. And the pharmacy could do more to ensure that people supplied higher-risk medicines receive appropriate advice about their medicines.

Inspector's evidence

The pharmacy had step-free access. Team members could easily see people entering through the main door and could assist them if required. The pharmacy was able to cater for people with different needs, for example, by printing large-font labels. There was enough space for people with wheelchairs and pushchairs to access the medicine and dispensary counters.

Dispensing audit trails were maintained to help identify who was involved in dispensing and checking a prescription. Members of the team were observed confirming people’s names and addresses before scanning a QR code on the bag label and handing out the dispensed medicines. The QR code was linked to the prescription and team members were able to check information if needed, for example, the person involved in dispensing the prescription. Baskets were used throughout the dispensing process to help prevent the mixing of people’s prescriptions.

The pharmacy's medication record system required individual logins to dispense prescriptions. This enabled the system to maintain an audit trail of who was involved in the various stages of processing a prescription, including labelling and stock selection. Medicine packs were scanned onto the system during the dispensing process, and this helped ensure that the correct medicine was picked. An additional check was required from the pharmacist if a medicine pack did not scan.

The pharmacy supplied medicines in multi-compartment compliance packs to people living in their own homes who needed additional assistance. Compliance packs seen included medicine descriptions on the packs which made it easier for people to identify individual medicines in their packs. Patient information leaflets (PILs) were seen to be provided. The pharmacy had clear audit trails to help keep track of when prescriptions were due to be ordered and when the packs were supplied. This helped make sure that the packs were supplied at the right time. The pharmacist carried out a clinical check before the dispensing staff picked the stock and assembled the packs. The medicine packs were retained with the compliance pack so that the pharmacist could check them when carrying out a final accuracy check.

The pharmacy was not routinely identifying people taking higher-risk medicines such as valproate, and some members of the team struggled to explain what advice they would provide to people in the at-risk group. This may mean that people were not always provided with the appropriate advice. They said that they would re-read the guidance. However, they were aware about the requirment to supply this medicine in its original pack.

One of the dispensers was responsible for providing the micro-suction ear wax removal service. They had completed the relevant training and had the appropriate insurance cover in place. People were asked to scan a QR code to complete the consent form. The dispenser described examples of when a

treatment would not be provided, for example, if the person's blood pressure was too high or too low, or if the person had a history of involuntary movements. The dispenser assessed the person's ear for signs of infection, damage to the ear canal, or inflammation. After care was provided to the person, and they were advised to return to the pharmacy if they experienced symptoms such as pain.

The pharmacy was offering the NHS Pharmacy First service. The RP said that some people had been signposted to the pharmacy although they did not meet the criteria, but the pharmacy team had completed the relevant training to assess a person's eligibility and provide them with advice. Clinical pathways and signed patient group directions were available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. The pharmacy team checked the expiry dates of medicines at regular intervals and kept a date-checking record. Several medicines, removed from their original container and stored in amber medicine bottles, were found in the shelves and were not labelled with batch number or expiration date. These were disposed of during the inspection. Medicines were generally stored tidily on the shelves, but CDs were stored in a disorganised manner inside the CD cabinet. The RP said that they would make sure the medicines were better organised. The RP could not find the fridge temperature record during the inspection. A sample of the record was sent following the inspection, and this indicated that the temperatures were maintained within the recommended range. The pharmacy team members said that drug alerts and recalls were received electronically and actioned but did not keep a record of the action taken. They said they would maintain a record in the future.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had several glass measures, with one used to measure certain liquids only. Several measures had limescale and another had a liquid medicine inside. The RP said they would be cleaned. There were clean tablet counting triangles. There were two pharmaceutical fridges, and these were clean and suitable for the storage of medicines. The blood pressure monitor was relatively new. The dispenser involved in providing the ear wax removal service did not know if the micro-suction equipment was serviced or calibrated. They described cleaning the tubing with a disinfecting fluid daily. Disposable Zoellner suction tubes were available.

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.