

Registered pharmacy inspection report

Pharmacy Name: Kristal Pharmacy, 127/129 Evelina Road, Nunhead,
LONDON, SE15 3HB

Pharmacy reference: 1040867

Type of pharmacy: Community

Date of inspection: 16/09/2019

Pharmacy context

This community pharmacy is located along a parade of shops in South-East London. It includes a post office and large retail area. It dispenses a large volume of NHS prescriptions which it receives from several local GP surgeries. The pharmacy supplies some people with medicines in multi-compartment compliance packs to help them organise 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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	Some team members have not been signed-up to necessary courses within the required time frame. This means that they may not have some background knowledge to support them in their roles and their own development.
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 adequately manages its risks. It makes records about mistakes and near misses so that it can improve its services. The pharmacy keeps the legal records that it needs to and generally makes sure that these are accurate. The pharmacy's team members generally manage people's personal information well. And they know the right action to take to help vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. It had introduced new SOPs which included up-to-date information about its procedures. The pharmacy's team members usually signed records to show that they had read SOPs relevant to their role. There were several team members who hadn't signed these records, so the pharmacy may have found it harder to prove that they had read the SOPs. The responsible pharmacist said that the team members had read the SOPs but had forgotten to sign the records. The responsible pharmacist's name and registration number was displayed on a notice in the retail area. The names and job titles of team members were also displayed but these were not up-to-date with recent staffing changes.

The pharmacy kept electronic records about the dispensing errors. The records included a description of the incident and actions to reduce the chance of the mistake reoccurring. Dispensers recorded near misses on a template. Recent records showed there were several errors that were due to newly-employed team members who were not familiar with the pharmacy. Some records said that the similar appearance of medicine packaging sometimes contributed to errors. The pharmacy had separated different formulations of ramipril to help prevent mistakes.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. A complaints procedure was displayed for people to see. A suggestion box was available for people to provide their suggestions. The pharmacy's team members could not provide any examples of improvements that had been made using the suggestion box.

The pharmacy had a procedure about safeguarding vulnerable people. Concerns would be escalated to the responsible pharmacist. The pharmacy had contact details for local safeguarding organisations. Team members said that there were no previous safeguarding concerns.

The pharmacy kept required records about controlled drugs (CDs). The records included running balances to help the pharmacy check if the entries were accurate. The pharmacy checked running balances each week and made entries in the CD registers to show this. The physical stock of three CDs were checked and matched the recorded running balances. The running balance of one CD did not match the physical stock. The responsible pharmacist later emailed the inspector when the discrepancy had been resolved. CDs returned by people were recorded in a register and included information about how they were destroyed. Some entries did not include information about who witnessed the destruction which may have been difficult for the pharmacy to find out if needed. Certificates were displayed which showed that the pharmacy had current arrangements for public liability and professional indemnity insurance. Other records about the responsible pharmacist and private prescriptions were kept and maintained adequately.

The pharmacy had procedures about managing information and maintaining confidentiality. Team members used a shredder to destroy confidential waste. There was a window from the dispensary which overlooked the pharmacy counter. Team members working in the dispensary sometimes spoke to people at the counter through this window. The inspector highlighted this to the responsible pharmacist to make sure that conversations with people were conducted appropriately and sensitive information was not shared in this manner. Some team members had NHS smartcards which they used for accessing electronic prescriptions. Team members without smartcards asked the pharmacist or other dispensers to download electronic prescriptions if needed.

Principle 2 - Staffing Standards not all met

Summary findings

Some team members have not been signed-up to necessary courses within the required time frame. This means that they may not have some background knowledge to support them in their roles and their own development. The pharmacy's team members receive some training to competently provide services and they mostly are working towards appropriate qualifications for their roles. The pharmacy has enough staff to manage its workload.

Inspector's evidence

The pharmacy was busy, and its team members generally served people efficiently. There were some occasions during the inspection where people were frustrated when they had to wait for dispensed medicines or to speak to the pharmacist. The responsible pharmacist and superintendent pharmacist provided details about recent changes to staffing. The pharmacy had recently employed two new team members and was in the process of employing another. This was to replace three team members who had recently ended their employment at the pharmacy. This may have affected the pharmacy's efficiency at times because the newer team members were less experienced.

Most team members were undertaking appropriate pharmacy qualifications or had already achieved them. A dispenser described the training that he had undertaken when he joined the pharmacy. This included reading the SOPs and being enrolled on an NVQ level 2 pharmacy course. Another dispenser had obtained a pharmacy qualification when she was previously employed at another pharmacy. There were some certificates on display which showed the pharmacy qualifications that had been obtained by some team members. An experienced dispenser said that she had previously started a course but had to stop due to personal reasons. She said that the superintendent pharmacist was re-enrolling her on a course, so she could achieve the required pharmacy qualification. The inspector spoke to a dispenser who was responsible for filling the multi-compartment compliance packs. The dispenser described the training that he had been provided with to make sure that the packs were filled correctly. This included discussions with the pharmacists on duty. He had worked at the pharmacy for more than three months but had not been enrolled on a course to obtain the required pharmacy qualification. The superintendent pharmacist said that this was because the team member did not have the required English language skills to complete the course.

The pharmacy's team members described conversations they had with the responsible pharmacist and superintendent pharmacist to support them in their roles. They said that they could discuss any issues they were facing to the superintendent pharmacist, and they felt they had enough support. There were no formal targets that were set by the superintendent pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to store its medicines and to manage its workload. The pharmacy has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitable-sized consultation room which was appropriate for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides organised services to people. It makes sure that its medicines are safe for people to use. Its team members largely provide extra advice to people who take higher-risk medicines and helps them to take their medicines safely.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy did not have its practice leaflet on display, so some people may have found it harder to access information about the pharmacy and its services. The superintendent pharmacist said that an updated leaflet was currently being printed.

The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licensed wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every month. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records were dated in September 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto liquid medication bottles when they were opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for cytotoxic and other hazardous medicines. There was one team member who had been chosen to make sure the waste was sorted correctly.

The pharmacy had registered with the appropriate organisation so that it could comply with the Falsified Medicines Directive. It did not currently have the required software or equipment to carry out the necessary processes, but the superintendent pharmacist had arranged to have these installed. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken.

The pharmacy supplied medication in multi-compartment compliance packs to some people to help them organise their medicines. The pharmacy kept electronic records about medicines that people took. Its team members made notes on people's medication records about changes to medicines or if the packs had been assembled or supplied. Dispensers recorded their initials when they helped to assemble the packs to provide an audit trail. Assembled packs included descriptions which helped to identify individual medicines. Team members said that they provided patient information leaflets to people to help them access up-to-date information about their medicines. However, when an assembled pack was checked by the inspector, there were no patient information leaflets included.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team. Team members printed the warning labels to inform the pharmacist about the interactions. The team recorded notes on people's medication records so that they knew about preferences to certain brands or other important information.

The pharmacist used stickers to highlight dispensed medicines that needed more counselling. Stickers were used to highlight CDs and to make sure they were supplied at the right time. Team members said that the local GP surgeries checked relevant blood test results for people who were supplied with warfarin. The pharmacy did not keep records about these tests. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. And it had up-to-date guidance materials to support this advice.

The pharmacy delivered some people's medicines. It employed two drivers to carry-out the deliveries. They kept records about these deliveries, but these did not always include the recipient's signature. This may have made it more difficult for the pharmacy to know if the deliveries had been completed correctly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to keep equipment in good working order. They make sure that people's personal information cannot be seen by unauthorised people.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members said that they referred maintenance issues to the superintendent pharmacist. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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.