

Registered pharmacy inspection report

Pharmacy Name: Foster & Sons, 14 Forest Hill Road, East Dulwich,
LONDON, SE22 0RR

Pharmacy reference: 1040928

Type of pharmacy: Community

Date of inspection: 25/06/2019

Pharmacy context

This is a community pharmacy situated within a parade of shops and close to two GP surgeries. It serves a mixed local population. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It also supplies medicines in multi-compartment compliance trays to help people take their medicines safely.

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 generally manages risks well to make sure people are kept safe. But it doesn't always record mistakes that occur during the dispensing process. This could mean that team members may be missing out on opportunities to learn and make services safer. The pharmacy keeps the records it needs to by law. So, it can show that supplies are made safely and legally. It protects people's personal information and team members are briefed on how to protect vulnerable people.

Inspector's evidence

Electronic prescriptions for people known to the pharmacy were dispensed in advance of the person presenting at the pharmacy; this helped the superintendent pharmacist (SI) manage her workload. The dispensary was relatively small and there was limited work space, but workbenches were generally kept tidy and clutter-free.

A set of standard operating procedures (SOPs) were used to help support the safe provision of services. The SOPs had been reviewed in March 2018 and were signed by the SI and current members of the team. The SOP covering CD requisitions had not been updated since the change in legislation with regards to the use of a standardised form. Dispensing SOPs had also not been updated to take into consideration changes to the process as a result of the Falsified Medicines Directive (FMD).

Monthly patient safety reports were normally conducted but these had not been done since December 2018; no near-misses had been documented since then. The pharmacist accepted that not all the near misses had been recorded. The pharmacist could not provide specific examples of action taken in response to near misses but said she would separate medicines on the shelves if necessary. She reviewed other safety incidents and communication, such as drug alerts and recalls, as part of the monthly safety reviews. As a result, she had recently reminded people to fully remove the mouthpiece cover from their inhaler devices after receiving an alert that they posed a choking hazard.

The SI described how she would handle dispensing errors; she would conduct a 'critical incident log', review the processes at the pharmacy, and identify any patterns or contributing factors. The SI said that there had not been any dispensing errors since she had started working at the pharmacy, some 20 years ago. In date indemnity and public liability insurance was in place. The correct responsible pharmacist (RP) sign was displayed in the retail area and was visible to people. Samples of the RP record examined were in order.

All necessary records, including private prescription and emergency supply records, were kept and were mostly in order. Specials records for the supply of unlicensed medicines were completed in line with MHRA requirements. Samples of controlled drug (CD) registers examined were in order. CD balance audits were generally conducted every month; a random stock check of a CD agreed with the recorded balance. The SI was not entirely sure where she would document CDs returned by people but said there should be a form available in the SOP file; this was not found at the time of inspection.

The complaints procedure was displayed for people to see. Feedback from people was sought through community pharmacy patient questionnaires (CPPQ). She described some changes that the pharmacy had made in response to feedback, such as the provision of a consultation room and a ramp. Computers

were password protected and access to the electronic patient medication record (PMR) system was via a smartcard. Confidential waste was shredded at the pharmacy. The medicine counter assistants (MCAs) had signed confidentiality agreements. The SI said that she had completed the NHS information governance toolkit online as well as another module covering the General Data Protection Regulation (GDPR). She said that the MCAs had also completed online training, but she could not find the details of this training during inspection. A 'GDPR' folder, containing guidance, was available but there was no indication that staff had read these. A 'Data security and Protection' folder containing policies and procedures was available but details within this were blank and staff declarations were mostly unsigned. A privacy notice was displayed in the retail area for people to see.

The pharmacist had attended a workshop on safeguarding vulnerable groups with the Local Pharmaceutical Committee and had also completed the online module from the Centre of Pharmacy Postgraduate Education. She stated that she had briefed the MCAs on the topic. The SI said that there had not been any safeguarding incidents at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff for the services provided. Members of the team are enrolled onto accredited courses and are provided with training resources. This helps them to keep their skills and knowledge up to date.

Inspector's evidence

Only the SI was present during the inspection. The pharmacy also employed two part-time MCAs. The SI said that the MCAs were not involved in dispensary tasks and only covered the retail area and the medicines counter.

The pharmacy was quiet throughout the inspection. The SI felt that staffing levels were sufficient for the services provided at the pharmacy and she managed the workload well throughout the inspection.

The SI said she used a locum agency to book pharmacist cover if necessary. Although both MCAs had previously completed the medicine counter course, she had enrolled them on the course again to refresh their knowledge.

The SI showed some training material which the MCAs had access to, for example, counter medicine booklets from wholesalers and the monthly 'Informacist' newsletters and questionnaires which they were asked to complete. But records were not made of when the ongoing training had been completed. Appraisals were conducted annually. Targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally clean, and the pharmacy provides a safe and secure environment for people to receive services.

Inspector's evidence

This was a relatively small pharmacy. Stock in the dispensary was stored in an automated shelving unit. Workbenches were kept tidy. Some paperwork was stored in a disorganised manner in the dispensary. The SI said she would be clearing and tidying these up.

The pharmacy had not received a refit for some time, but the fixtures and fittings were generally in a good state of repair. The retail area was generally well-presented. Pharmacy-only medicines were kept in glass-covered shelves behind a counter.

A sink, with hot and cold running water, was available for the preparation of medicines. A consultation room was fitted between the retail area and dispensary, with doors closing off both areas. The room was suitable for private conversations. The room temperature and lighting were suitable for the provision of services.

A storage room was located in the basement. This was clean and organised. Another storage room was located on the mezzanine floor; this was used to store non-pharmacy related items. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services in an organised and safe way. It obtains its medicines from reputable sources, and they are kept secure and stored properly. It largely manages medicines well to make sure that they are safe for people to use.

Inspector's evidence

Access into the pharmacy was via a ramp. The front door was kept open and there was sufficient space for wheelchair users in the retail area. The SI said she personally delivered medication to people's homes when needed. Large font labels could be printed and packs with braille font could be provided for those with poor vision. The SI had done some research about a translating service which was available from the local council, should the need for it arise.

Services were advertised on the window, the NHS website, and in the practice leaflet which was displayed in the retail area. Dispensing audit trails were maintained; the SI signed the 'dispensed by' and 'checked by' boxes on medicines labels to help identify who was involved in both tasks. She described a thorough checking procedure and said she conducted a third check with the person, when handing out their medicines.

The SI said she checked if people taking higher-risk medicines were being monitored. INR levels of people taking warfarin were seen to be routinely recorded on the electronic patient medication record (PMR) system. Lithium levels were also documented for reference, though this was not dispensed often at the pharmacy. The SI provided the relevant cards, for example, lithium and anticoagulant cards, to people taking these medicines and spoke to them about the signs of toxicity and any dietary requirements.

The SI had read the valproate guidance and was able to describe some checks she would make when supplying this medicine to women in the 'at-risk' group. But she did not know about the Pregnancy Prevention Programme (PPP). Information cards and additional warning stickers (used to label valproate dispensed outside its original pack) were not available to hand. The SI said she would order additional supplies of these.

CDs were stored securely. CD instalments were dispensed as and when the person presented at the pharmacy. Multi-compartment compliance trays were provided to residents of one care home as well as individual people living in their own homes. People receiving multi-compartment compliance trays were normally signposted to the service by their GP. The pharmacy did not have a review process to check if people would benefit from the service or if it was suitable for them. The pharmacist said she checked how care home residents were getting on with their trays when she visited the care home each week. She described consulting the practice pharmacist about changing the formulation of one person's medicines as she was having difficulties swallowing her medicines.

The pharmacy managed prescriptions for people receiving their medicines in multi-compartment compliance trays; a spreadsheet was used to help keep track of when their prescriptions were due. Medicines inserted in the trays were ordered automatically whilst 'when required' medicines were only ordered on request. Prescriptions were cross-checked with the PMR system and any changes were

recorded on the system. Discharge letters were checked and retained at the pharmacy for reference. Medicine descriptions were printed on the labels and the SI said that patient information leaflets were routinely supplied.

Medicines were obtained from licensed wholesalers. The SI said that expiry date checks were conducted every three months but according to the records, the last check was done in November 2018. The SI said a check had been done in April 2019, but the records had not been updated. Medicines with short expiry dates were marked with a sticker which was annotated with their expiry date. No expired medicines were found during the inspection.

The equipment and software needed to meet the FMD were available but were currently not being used. The SI was looking to start implementing the changes needed soon. Fridge temperatures were checked and recorded daily; these were kept within the recommended range of 2 to 8 degrees Celsius.

Drug alerts and recalls were received via email. The SI had not received the recent alerts for paracetamol tablets or co-amoxiclav powder for solution. Affected batches relating to these alerts were not found at the pharmacy. The SI signed up for the MHRA's email subscription service during the inspection to ensure she 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 clean glass measures, including a separate, clearly marked measure for methadone liquid. Clean counting triangles were available, including a separate one for cytotoxic medicine.

The fridge was clean and suitable for the storage of medicines. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. These were stored appropriately. Members of the team had access to the internet and several up-to-date 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.