

Registered pharmacy inspection report

Pharmacy Name: Vale Pharmacy, 104 Grove Vale, East Dulwich,
LONDON, SE22 8DR

Pharmacy reference: 1040930

Type of pharmacy: Community

Date of inspection: 10/05/2019

Pharmacy context

This is a community pharmacy situated on a local high street. It serves a diverse local community. The pharmacy dispenses NHS prescriptions. It also supplies medicines in multi-compartment compliance aids. And offers Medicines Use Reviews.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not identify and manage its risks, such as organisation, storage conditions and management of medicines, appropriately. It cannot show that its written procedures are reviewed regularly. Or that team members are familiar with them.
		1.2	Standard not met	The pharmacy cannot show how it records and learns from dispensing mistakes.
		1.3	Standard not met	Some members of the team are not clear about what they can or can't do in the absence of the responsible pharmacist.
		1.7	Standard not met	The pharmacy doesn't always manage or dispose of people's private information properly.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have enough staff for its services.
		2.2	Standard not met	Some team members haven't done the right training for the tasks they do. Such as selling pharmacy only medicines.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy is disorganised and cluttered. And this could increase risks to people's safety.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy doesn't always provide its services safely. It doesn't always label multi-compartment compliance aids when they are assembled. Or store them appropriately. It doesn't always provide the extra information people taking higher-risk medicines need to take them safely.
		4.3	Standard not met	The pharmacy doesn't always store medicines securely or appropriately. And it doesn't remove date-expired medicines promptly. It doesn't always record the fridge temperatures regularly. This makes it harder to show that the medicines inside are still safe for people to use.

Principle	Principle finding	Exception standard reference	Notable practice	Why
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not always manage the risks associated with its services. The pharmacy is disorganised and there is little evidence that it records and learns from mistakes. Written procedures have not been reviewed for some time, so they may not reflect current practices. And they have not been read by current members of the team. Team members do not dispose of confidential waste appropriately and have not received training on data protection or the General Data Protection Regulation. This means that the pharmacy does not always protect people's personal information.

Inspector's evidence

The dispensary was extremely disorganised; workbenches were cluttered with paperwork, prescriptions and stock, medicines were thrown on the floor, stock was placed messily on the shelves and controlled drugs (CDs) requiring secure storage were left out in boxes and baskets. The superintendent pharmacist (SI) said he had taken these out in the morning, but some CDs were seen to have been labelled in March 2019. And they were in a number of baskets or cardboard boxes, in different areas of the dispensary. Bags of medicines were also stored on the dispensary floor.

The SI mainly dispensed and checked prescriptions on his own. He said he conducted an additional check when handing medicines out to help reduce errors. Although the SI said he kept a record of any near misses identified, this could not be found at the time of inspection. He then said that he had not made any near misses. There was very little evidence of any action taken to reduce risks, and the dispensary was very disorganised. The SI said he would document errors in a book, but this could not be found at the time of inspection. The SI said that there had not been any dispensing incidents at the pharmacy.

Standard operating procedures (SOPs) were in place but there was no evidence that these had been reviewed since 2014. SOPs covering CDs were annotated with a review date of 2010. The assistant, who was involved in selling Pharmacy only medicines (P medicines) had not read or signed the relevant procedures. A dispensing error form was found in the SOP folder, but the SI had made no mention of this when discussing how he would record incidents. The SOPs were stored in a disorganised way in the folder and it was not always easy to find specific procedures.

In date indemnity and public liability insurance was in place. The correct responsible pharmacist (RP) sign was displayed and the RP log was in order. The assistant was not fully aware of tasks which she could and could not do in the absence of the RP.

The private prescription and emergency supply registers were held electronically. Prescriber details and date on which the prescription was written were not always accurate from a sample checked. The nature of the emergency was not recorded for emergency supplies made. 'Specials' records could not be found at the time of inspection.

The CD cabinet was filled to capacity and stock was stored in a disorganised manner inside. Date expired CDs were mixed together with in-date stock and were not clearly marked as expired. CDs labelled in 2015 were found stored with current stock, bagged up and with the prescription still

attached. The SI said that they had not been collected and he was waiting for the CDs 'to be destroyed'. Regular running balance audits were not conducted; there was no evidence that a CD balance had been audited since the register was started in 2011. A random stock check of a CD agreed with the recorded balance. Headers were missing in some registers and this had been raised in the previous inspection.

The assistant said she would refer complaints to the SI. A complaints procedure was not displayed for people to see. The SI said that annual customer questionnaires were completed to obtain feedback from people, but he did not have access to the results. He could not recall any areas for improvement or changes made in response to feedback.

Confidential waste was collected in a plastic tub but this was overflowing. The SI said the waste was collected but on further questioning as to who collected the confidential waste he said that it was shredded at the pharmacy. The shredder, which was in the consultation room was not working; the SI had only discovered that it was not working at the time of inspection. Confidential waste, including empty, labelled instalment CD bottles, were found in the normal waste bin. There was a large volume of confidential waste, stored in plastic bags, in the basement. The SI and other members of the team present had not completed any training on data protection or the General Data Protection Regulation. Computers were password protected and medicines awaiting collection were stored inside the dispensary, away from people's view.

The SI said he had completed an online module on safeguarding children and vulnerable adults from the Centre for Pharmacy Postgraduate Education (CPPE). The assistant had not completed any training on the subject and did not know how she would handle safeguarding concerns. This could mean that safeguarding concerns may not be escalated properly. Details of the safeguarding team were displayed in the dispensary, but these had faded off. The SI said he would obtain their details online.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough team members for the services it provides. And some members of the team are not suitably qualified or trained to provide services, such as selling pharmacy only medicines.

Inspector's evidence

At the time of inspection there was the SI, another pharmacist and an assistant. Staff were struggling to keep up with essential tasks, such as the disposal of confidential waste and housekeeping. The SI accepted that he was not coping well with the workload. There were also piles of part-dispensed prescriptions, some of which had been labelled several weeks ago. The second pharmacist worked occasionally, about two or three times a month. Another retail assistant had been away from work since January 2019.

The SI said that he was trying to recruit more staff to help. And he was looking to employ a dispenser and a medicine counter assistant and had advertised for both positions for some time. One person had recently started work but had only stayed for only two months before leaving.

The retail assistant said she had been working at the pharmacy once a week for the past year and was involved in selling P medicines. She had not completed any training on the sale of medicines and had not read any pharmacy procedures. She was not aware of any warning symptoms and could not explain why some products, such as Nurofen Plus, were open to abuse. She said she would sell P medicines but not hand out dispensed medicines in the absence of the RP. The SI said that his daughter had only been working at the pharmacy since March 2019.

The assistant and pharmacist were observed selling a codeine-containing P medicine to a person after asking if the medicines were for their use. No other questions were asked, and no advice was provided. The assistant did not complete much ongoing training. She had access to one book from a wholesaler and had recently started reading this. Targets were not set for the assistant or the second pharmacist.

Principle 3 - Premises Standards not all met

Summary findings

The dispensary is extremely disorganised and there is limited work and storage space which may increase risks. The premises are otherwise generally suitable for the pharmacy's services.

Inspector's evidence

This was a spacious pharmacy. However, the dispensary was very messy and there was limited clear space to dispense and check prescriptions. Benches were cluttered with baskets, paperwork, prescriptions and stock. Multi-compartment compliance aids were left lying around in different areas of the dispensary, some on a chair, some over the fridge, some in the sink area and some balancing on the label printer.

A small consultation room was available for private conversations and services. The room was tidy. The room temperature and lighting were suitable for the provision of pharmacy services. A storage room was located in the basement. The room was used to store retail stock, paperwork, piles of confidential waste and waste medicines. It smelt of damp and the ceiling was covered in spider webs.

The sink area in the dispensary was very messy and was surrounded by piles of compliance aids and boxes. The premises were secure.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's services are not always provided in a safe way. The pharmacy does not always dispense multi-compartment compliance aids against prescriptions. And it does not always store them appropriately or label them when dispensing. This could increase the risk of misplacing compliance aids and supplying compliance aids with the incorrect medication or to the wrong person. People taking some higher risk medicines might also not get all the information they need to take their medicines safely. The pharmacy does not always store medicines appropriately. This makes it harder to show that it keeps them secure. It does not always store medicines that need cold storage properly. And it does not always remove expired medications from shelves which could increase the chance that people get medicines that are past their 'use-by' date. But people with a range of needs can access the pharmacy's services.

Inspector's evidence

Access into the pharmacy was step-free. A bell was fitted at the door to alert members of the team of anyone entering the pharmacy. The SI said that the team helped people into the premises if needed. Services were advertised in the practice leaflet. Dispensing audit trails were generally maintained; the pharmacist signed the boxes available on the medicine labels.

There was no system in place to manage or flag up people taking higher-risk medicines. The SI said that he checked people's monitoring books at times but did not keep a record of these for reference. There was also no system in place to highlight prescriptions for schedule 3 and 4 CDs. The SI said these were normally dispensed and supplied on the day but a prescription for zopiclone, dated February 2019, was found still in the retrieval system. The prescription was no longer valid.

It was evident that the retrieval system was not cleared on a regular basis as some uncollected medicines, labelled in 2018, were still on the shelf. Some bags of medicines awaiting collection were stored on the dispensary floor and there was no system in place to store multi-compartment compliance aids once they were dispensed.

The SI was not aware of the valproate guidance and said he had not received it. Information cards and warning stickers were not available at the pharmacy.

People receiving multi-compartment compliance aids were asked to contact the pharmacy before they ran out of their medicines. The pharmacy did not maintain audit trails of repeat prescriptions it had ordered on behalf of these people and so it may not always be possible to follow up requests in a timely manner. The SI said he checked the patient medication record and Summary Care Records (after obtaining verbal consent) to confirm any changes. Compliance aids were assembled at the back of the dispensary, near the sink area, but this was cluttered and very untidy. Assembled compliance aids, which had not been labelled, were found on a bench and their prescriptions were not available to hand. It was not possible to identify what the tablets inside were, or when they had been put in the compliance aid. A repeat request printout was inserted in one of the compliance aids; the SI agreed that

he had dispensed the compliance aids against a repeat slip rather than a prescription. Compliance aids for two people (some unlabelled) were piled on top of each other. Other labelled and elastic-banded trays were found all over the dispensary. Patient information leaflets (PILs) were not found with these and drug descriptions were not provided. Prescriptions were not attached to these and dispensing audit trails were not maintained.

Medicines were stored messily on the shelves. The SI said that expiry date checks were conducted at least once every three months, but he could not find any date checking records. Short-dated medicines were not highlighted to reduce the risk of supplying expired medicines. Expired medicines were found still on the shelves and with the CDs, mixed with in-date stock. A reconstituted antibiotic, annotated with date of reconstitution of April 2019, was found still in the fridge. Tablets removed from their foil blister were seen to be placed loose in the medicine's outer carton.

Medicines requiring cold storage were stored inside two small fridges. The SI said he monitored the fridge temperatures daily, however, there were no records for the second fridge. The SI said that stock had been removed from the first fridge and into the second fridge the previous day but there was a large amount of stock in the second fridge, which would not have all fit in the first fridge. There was also a considerable amount of ice in the box of the second fridge.

The SI said that drug alerts and recalls were received via email, but he had not received the recent alerts for prednisolone tablets, chloramphenicol eye drops or losartan tablets. Audit trails were also not maintained of any action taken in response to drug alerts and recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services safely. But it could do more to maintain them properly.

Inspector's evidence

There were several glass measures as well as plastic measures which were labelled for use with methadone liquid. Mould was seen inside one glass measure. The pharmacist assured the inspector that the plastic measures would be replaced with glass measures and that they would be cleaned regularly.

There were two tablet counting triangles. The tablet counting machine was not in use as it was faulty. 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 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.