

Registered pharmacy inspection report

Pharmacy Name: Well, Horsmans Place, Instone Road, DARTFORD,
Kent, DA1 2JP

Pharmacy reference: 1089881

Type of pharmacy: Community

Date of inspection: 08/03/2023

Pharmacy context

The pharmacy is located within a surgery in Dartford town centre. It provides a range of services, including the New Medicine Service. And it supplies medications in multi-compartment compliance packs to a small number of people who live in their own homes to help them manage their medicines. The pharmacy receives most of its prescriptions electronically.

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 identifies and manages the risks associated with its services to help provide them safely. Team members record and review mistakes that happen and the pharmacy shares this information with other pharmacies in the company to help reduce risk. The pharmacy protects people's personal information well. And people can provide feedback about the pharmacy and its team. Team members understand how to protect vulnerable people. And the pharmacy keeps its available records up to date and accurate. But it could do more to ensure that all its records are easily available.

Inspector's evidence

The pharmacy had documented, up-to-date standard operating procedures. And team members had signed to show that they had read, understood, and agreed to follow them. The pharmacy kept a record of its near misses, where a dispensing mistake was identified before the medicine had reached a person. The pharmacist highlighted the near misses with the team member involved at the time of the incident. And team members were responsible for identifying and rectifying their own mistakes where possible. The near miss records were reviewed regularly for any patterns. And the outcomes from the reviews were discussed openly in the pharmacy and learning points were shared with other pharmacies in the group. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. Dispensing errors, where a dispensing mistake had reached a person, were recorded on a designated form and a root cause analysis was undertaken. The pharmacy manager said that there had not been any recent dispensing errors. And the pharmacy had not received any recent complaints about its services. The pharmacy's complaints procedure was available for team members to follow if needed and details about how people could complain were displayed in the shop area.

There was limited workspace in the dispensary, but there was an organised workflow which helped staff to prioritise tasks and manage the workload. And the pharmacy used baskets to separate the different prescriptions and medicines. Team members initialled the dispensing labels to show that they had dispensed and checked the medicine. This helped to identify the team member involved if there were any mistakes made.

The pharmacy manager said that the pharmacy would remain closed if the pharmacist had not turned up in the morning. She explained that she would contact the pharmacy's head office if she couldn't get through to the pharmacist. She knew that she should not sell pharmacy-only medicines or hand out dispensed items if the pharmacist was not in the pharmacy.

The right responsible pharmacist (RP) notice was clearly displayed, and the RP record was completed correctly. The pharmacy had current professional indemnity and public liability insurance. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. The pharmacy manager said that the pharmacy did not generally supply medicines in an emergency without a prescription. And instead usually referred people to their GP or to the NHS 111 service. The private prescription record could not be found during the inspection. The pharmacy manager said that she would contact the pharmacy's head office to ask about its whereabouts and order a new prescription book if needed. The pharmacy manager said that the

pharmacy had not dispensed any private prescriptions since she had started working at the pharmacy.

Confidential waste was removed by a specialist waste contractor. Computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. People's personal information on bagged items waiting collection could not be viewed by people using the pharmacy. And team members had completed training about protecting people's personal information. The pharmacy manager explained that people using the pharmacy were not allowed access to the consultation room due to them having to walk past people's personal information which was displayed in the dispensary.

Team members had completed training about protecting vulnerable people. The pharmacy manager knew the potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. She said that there had not been any recent safeguarding concerns at the pharmacy. And the pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members to provide its services. And they manage its workload well and provide its services safely. Team members have access to online learning and do some ongoing training to help keep their knowledge and skills up to date. Team members can take professional decisions and these are not affected by the pharmacy's targets. They discuss any issues in the pharmacy and can raise any concerns with the area manager.

Inspector's evidence

There was one pharmacist and one trained dispenser (pharmacy manager) working during the inspection. They appeared to have a good working relationship and discussed any issues as they arose during the inspection. The pharmacy was up to date with its dispensing. The pharmacy manager said that she had been working overtime to ensure that the pharmacy kept on top of the workload. And the pharmacy was in the process of recruiting additional staff.

The pharmacy manager appeared confident when speaking with people. She would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. And she was aware of the restrictions on sales of pseudoephedrine-containing products. She asked people questions before selling an over-the-counter medicine to ensure that it was suitable for the person it was intended for.

The pharmacy received updated SOPs from the pharmacy's head office. The pharmacy manager said that she ensured that these were read by all team members. She said that she had access to online training modules and usually completed these in her own time at home, due to current workload pressures. Team members had recently completed some training about weight management, cancer awareness and risk management. The pharmacist was aware of the continuing professional development requirement for the professional revalidation process. And she felt able to take professional decisions.

The pharmacy manager said that team members were due to have appraisals and performance reviews. She said that she felt comfortable about discussing any issues with the pharmacist or the area manager. Targets were set for the New Medicine Service. The team felt under a certain amount of pressure to achieve the targets, but they would not allow this to affect their professional judgement. The pharmacy manager said that the pharmacy provided the service for the benefit of the people using the service.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services.

Inspector's evidence

The pharmacy was bright, clean, and tidy and it was secured from unauthorised access. Pharmacy-only medicines were kept behind the medicines counter and there was a clear view of the medicines counter from the dispensary. The pharmacist could hear conversations at the counter and could intervene when needed. The pharmacy did not have air-conditioning but the room temperature on the day of the inspection was suitable for storing medicines. The pharmacy manager said that she would monitor the room temperature during the warmer months and raise any concerns with the pharmacy's head office if needed.

There were four chairs with arms to aid standing in the shop are for people to use while they were waiting. And there was additional seating in the adjacent surgery. The chairs in the pharmacy were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. The pharmacy was relatively quiet during the inspection. The pharmacy manager explained that the pharmacy had stopped all services which necessitated a consultation room. Toilet facilities were available in the surgery for team members to use. The facilities were clean and there were hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. The pharmacy highlights prescriptions for higher-risk medicines so that there is an opportunity to speak with people when they collect these medicines. And it dispenses medicines into multi-compartment compliance packs safely. The pharmacy takes appropriate action when it receives drug alerts and product recalls about its medicines. And it sources its medicines from reputable suppliers and ensures that it stores them properly.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised and a variety of health information leaflets was available. The pharmacy manager said that there was an induction hearing loop available in the surgery and the pharmacy could borrow it if needed.

Prescriptions for higher-risk medicines were highlighted, so there was the opportunity to speak with these people when they collected their medicines. The pharmacist said that she checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. And the pharmacy kept a record of blood test results which helped team members to check that the person was having the relevant tests done at appropriate intervals. Prescriptions for Schedule 3 and 4 CDs were highlighted, and the expiry date of the prescription was recorded on the sticker. This helped to minimise the chance of these medicines being supplied when the prescription was no longer valid. Dispensed fridge items were kept in clear plastic bags to aid identification. The pharmacy manager said that CDs and fridge items were checked with people when handed out. The pharmacist said that the pharmacy supplied valproate medicines to a few people. And she explained how the pharmacy managed people who needed to be on the Pregnancy Prevention Programme. The pharmacy had the relevant patient information leaflets, warning cards and warning sticker for use with split packs.

Stock was stored in an organised manner in the dispensary and short-dated items were clearly marked. Expiry dates were checked regularly, and this activity was recorded. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging. Fridge temperatures were checked daily with maximum and minimum temperatures recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and it was not overstocked. CDs were kept secure, and the pharmacy had denaturing kits for the safe destruction of CDs. A second CD cabinet was used to store expired CDs and those that people had returned to the pharmacy. Returned CDs were recorded in a register and destroyed with a witness, and two signatures were recorded.

The pharmacy manager said that uncollected prescriptions were checked weekly, and people were sent a text message reminder if they had not collected their items after around two months. Uncollected prescriptions were returned to the NHS electronic system or to the prescriber and the items were returned to dispensing stock where possible. The pharmacy manager explained how the pharmacy dealt with part-dispensed prescriptions. The pharmacy gave people 'owings' notes and they were kept informed about any supply issues. The pharmacy asked for prescriptions for alternate medicines from

prescribers where needed. And prescriptions were kept at the pharmacy until the remainder was dispensed and collected.

The pharmacy manager said that people had assessments carried out by their GP to show that they needed their medicines in multi-compartment compliance packs. The pharmacy ordered prescriptions for these packs in advance so that it had time to address any issues. And it didn't routinely request prescriptions for 'when required' medicines. The pharmacy manager said that people contacted the pharmacy if they wanted them when their packs were due. The pharmacy kept a record of the medicines people were taking and it kept hospital discharge letters for future reference. The packs were suitably labelled and there was an audit trail to show who had dispensed and checked them. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied. Team members wore gloves when handling medicines that were placed in these packs.

Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for deliveries where possible, and these were recorded on a hand-held electronic device so that another person's information was protected. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the pharmacy's head office. The pharmacy manager explained the action the pharmacy took in response to any alerts or recalls. Any action taken was recorded and kept for future reference which made it easier for the pharmacy to show what it had done in response to them.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring liquids and triangle tablet counters were available and clean. A separate tablet counter was marked for cytotoxic use only which helped avoid cross-contamination. Tweezers were available so that team members did not have to touch the medicines when handling loose tablets or capsules. Up-to-date reference sources were available in the pharmacy and online. The phone in the dispensary was portable so it could be taken to a more private area where needed.

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.