

Registered pharmacy inspection report

Pharmacy Name: Petts Wood Pharmacy, 83 Queensway, Petts Wood, ORPINGTON, Kent, BR5 1DQ

Pharmacy reference: 1093087

Type of pharmacy: Community

Date of inspection: 10/02/2022

Pharmacy context

This is a community pharmacy on a High Street, and the pharmacy is open extended hours. Its main activity is dispensing NHS prescriptions, and it has a dispensing robot. The pharmacy also supplies medicines in multi-compartment compliance packs to some people who need help taking their medicines. And it provides the New Medicine Service and travel vaccinations. The inspection was undertaken during the Covid-19 pandemic.

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 adequately identifies and manages the risks associated with its services. People can provide feedback about the pharmacy's services. The pharmacy largely keeps the records it needs to, to help show that medicines are supplied safely and legally. It protects people's personal information well. Team members know how to protect the welfare of vulnerable people. When a mistake happens, staff generally respond well. But they do not always make records of these mistakes, which could mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

A selection of standard operating procedures (SOPs) was examined. They were in date, and staff had signed to indicate that they had read and understood them. The trainee medicines counter assistant (MCA) was able to explain what she could and couldn't do if the Responsible Pharmacist (RP) had not turned up in the morning. Clear plastic screens had been installed on the counter to help prevent the spread of infection during the pandemic. The RP confirmed that risk assessments had been done for staff in relation to Covid-19.

Dispensing mistakes which had been identified before they were handed to a person (near misses) had not been recorded since June 2021. The RP accepted it was likely that near misses had occurred since then. He explained that the current staffing shortage had meant that he had not been able to keep up with all the paperwork. He gave an example of a near miss between amoxicillin 15-capsules pack and the 21-capsules pack. Both packets were very similar in appearance and design, and he showed that they had been moved to separate places in the dispensary. The pharmacist was not aware of any recent dispensing mistakes which had been handed to a person (dispensing errors) and could show how he would record any on the computer system.

Prior to the pandemic, the pharmacy had done an annual patient survey. People could leave feedback via the pharmacy's website or in person at the pharmacy counter. There was a sign explaining to people how they could provide feedback or make a complaint, but the sign was damaged and not very visible. The RP said that a new sign would be printed out.

The pharmacy had an indemnity insurance certificate on display, but it had expired. Following the inspection, the pharmacy's indemnity insurer confirmed that the pharmacy had current cover. A sample of private prescription records and records about emergency supplies looked at contained the required information. Records of unlicensed medicines supplies did not all contain the required information, and the RP said he would address this. Controlled drug (CD) registers seen largely complied with requirements, but there was some crossing out and some headings had not been filled in. CD running balance checks were done infrequently. The RP said that the staffing shortages had impacted on his ability to do the checks more frequently. A discrepancy was found between the running balance of one CD and the quantity of it in stock. Three further random running balance checks were done, and the recorded balances did match the quantities in stock. Following the inspection, the RP confirmed that the discrepancy had been investigated and resolved.

No confidential information was visible from the public area. A shredder was available for disposing of confidential waste, and no confidential material was found in general waste. The RP confirmed he had

completed the level 2 safeguarding course but said he would check to see if it was still valid. He could describe what he would do if he had any concerns. Other team members said that they would refer any concerns to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

Team members do the right training for their roles, and they do some ongoing training to help keep their knowledge and skills up to date. Staff feel comfortable about raising concerns and can use their own professional judgement to help make sure people are kept safe. The pharmacy is short-staffed, but it is already taking steps to recruit more team members.

Inspector's evidence

During the inspection there was the RP, a trainee dispenser, and two MCAs. One of the MCAs had started an accredited course, and the other one had not yet started one but had only started work at the pharmacy a few weeks ago. Some staff had stopped working at the pharmacy recently, and the pharmacy was in the process of recruiting more. But the RP said that although the pharmacy had been trying hard to recruit new team members this had been difficult. The RP said that people had applied for the staff vacancies, but had not turned up. Dispensing was around a week to a week and a half behind for repeat prescriptions, although people were able to collect their medicines after a wait if they came into the pharmacy. The RP said that most people were willing to wait 30 minutes for their medicines. The trainee dispenser said that the pharmacy was more or less up to date with dispensing medicines into multi-compartment compliance packs.

Staff received some ongoing training, such as updates to new services or medicines. But this ongoing training was not formally recorded. The RP said that the staffing shortage had impacted on the time available to staff to do ongoing training. Team members had access to other resources such as pharmacy magazines or literature from manufacturers.

A team member was able to describe what they would do if a person came in repeatedly to purchase a medicine that could be misused. Staff felt able to raise any concerns, and the pharmacy had a whistleblowing policy, although the written policy was due for review. Staff were not set any formal targets. The RP felt able to take professional decisions.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally suitable for the pharmacy's services. People can have a conversation with a team member in a private area. And the premises are kept secure from unauthorised access when closed. But the amount of storage space the premises have is only just adequate for the amount of stock the pharmacy holds.

Inspector's evidence

As on the previous inspection, the premises were of an average size, but the dispensing robot took up a large space in the dispensary which left a narrow corridor for staff to be able to move around. There was a small room at the back of the pharmacy which was mainly used for stock storage and dispensing multi-compartment compliance packs. There was an adequate amount of clear dispensing space, and these spaces were kept clean and tidy. But due to the limited storage space the pharmacy itself was untidy in places. And there was a relatively large amount of stock, for which the storage space available was barely adequate. Lighting was good throughout.

The consultation room was clean and generally tidy, and it allowed a conversation at a normal level of volume to take place inside and not be overheard. The room was kept locked when not in use. The premises were protected from unauthorised access when they were closed.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely, and people can access its services. It generally provides medicines in multi-compartment compliance packs safely. It obtains its medicines from reputable sources and largely stores them appropriately. It takes the right action when safety alerts are received, so that people get medicines and medical devices that are safe to use. But not having the records for these at hand makes it harder for the pharmacy to show the action that was taken in response.

Inspector's evidence

The pharmacy had step-free access from the street via an automatic door. Television screens in the window displayed a rotating list of the services the pharmacy provided. And the pharmacy was open for extended hours.

Dispensed multi-compartment compliance packs examined were labelled with a description of the medicines inside, to help people and their carers identify them. An audit trail was used to show who had dispensed and checked the packs. But the packs examined did not have patient information leaflets with them, which could make it harder for people to access up to date information about their medicines. People were assessed by an external organisation to see if the packs were suitable for them. This organisation then made a referral to the pharmacy if required.

An electronic audit trail was used for deliveries of medicines to people's homes, and the staff could access this on the pharmacy's computer system. People receiving medicines were no longer signing for them. Instead, to help with infection control during the pandemic, the driver signed to indicate the medicines had been safely delivered.

Dispensed prescriptions for higher-risk medicines were not routinely highlighted, although there were no examples found on the shelves. This was discussed with the RP during the inspection. Staff were aware of the additional information about pregnancy prevention that needed to be provided to some people taking valproate medicines. The required warning cards were seen to be attached to the manufacturers' packs.

Dispensed prescriptions for Schedule 4 CDs were not routinely highlighted, which could make it harder for the team member handing them out to see if the prescription was still valid. However, the RP said that the dispensed prescriptions were gone through every month, and ones which were no longer valid were removed. One dispensed prescription for a Schedule 4 CD was found on the shelf, and it was still valid.

The pharmacy obtained its medicines from licensed wholesale dealers and specials suppliers. It largely stored them in a tidy manner. The pharmacy had limited storage space and a relatively large amount of stock, but the stock was kept in a more orderly manner than on the last inspection. The dispensing robot held a number of commonly used medicines, and shelves in the back room were still very full. Behind the pharmacy counter, there were boxes full of medicines, which limited the space staff had. There were a couple of boxes of stock in the main shop area adjacent to the counter, but these contained meal replacement supplements rather than medicines.

Liquid medicines were not always marked with the date of opening, which could make it harder for staff to know if they were still suitable to use. The RP explained how the stock was regularly date checked, but this activity had not been recorded for some time. Short-dated stock was seen to be marked on the shelves. On a random check of stock on the shelves, only one date-expired medicine was found in stock. This was an opened liquid which had the date of opening marked on it, but the date of use had passed.

CDs were held securely, but not all CDs were stored in line with legal requirements. The RP gave assurances that this would be addressed. Medicines requiring cold storage were stored in a suitable fridge and the temperatures were monitored daily. Records about temperatures seen were within the required temperature range.

The RP described how he received emails about safety alerts and product recalls from the MHRA and the pharmacy's wholesalers, and what action was taken in response. He said that none of the recent alerts had been relevant to the stock the pharmacy held. Records of the recalls received, and the action taken were not available to see in the pharmacy. Not having the records to hand could make it harder for the pharmacy to show what action it had taken in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses its equipment in a way which helps protect people's personal information. But it could do more to ensure that its equipment is always kept clean and fit to use.

Inspector's evidence

There were calibrated glass measures, but some required cleaning. Staff said that this would be done, or new ones would be ordered if they could not be descaled. The electronic tablet counter was covered in tablet dust, but it was rarely used. Staff said that they would ensure it was cleaned before it was used again. The robot was maintained under a maintenance contract.

The RP said that vaccinations were normally provided at the weekends by the other pharmacist, who had adrenaline pens available when providing the service. The phone was cordless and could be moved to a more private area to help protect people's personal information.

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.