

# Registered pharmacy inspection report

**Pharmacy Name:** Stelling Road Chemist, 38 Stelling Road, ERITH,  
Kent, DA8 3JH

**Pharmacy reference:** 1093230

**Type of pharmacy:** Community

**Date of inspection:** 05/03/2020

## Pharmacy context

The pharmacy is located next to a shop in a largely residential area. The people who use the pharmacy are mainly older people, but there was a significant number of younger people who also use it. The pharmacy receives around 75% of its prescriptions electronically. It provides a range of services, including Medicines Use Reviews and the New Medicine Service. 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. And it provides substance misuse medications to a small of number of people.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It protects people's personal information and people can provide feedback about the pharmacy's services. It largely keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally. And team members understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. There were documented standard operating procedures (SOPs). The responsible pharmacist (RP) said that an updated version of the SOPs was available online. He said that he would ensure that a copy was on the computer's desktop so that these were easily accessible. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. And these were recorded in a book. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. Dispensing incidents where the product had been supplied to a person were recorded in a book. A recent incident had occurred where the wrong type of medicine had been supplied to a person. The person had realised the mistake before taking the medicine and had returned it to the pharmacy. And they were given the right medicine.

Workspace in the dispensary was largely free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The RP said that the pharmacy would remain closed if the he or his father (who was the superintendent (SI) pharmacist) had not turned up in the morning. He said that the pharmacy would close if he had to leave the premises for any reason.

The pharmacy had current professional indemnity and public liability insurance. All necessary information was recorded when a supply of an unlicensed medicine was made. The private prescription records and emergency supply records were completed correctly. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals and liquid overage was recorded in the register. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. The right RP notice was clearly displayed and the RP log was largely completed correctly. But the pharmacists did not always complete the record when they finished their shift. The pharmacists confirmed that they would ensure that this was completed correctly in the future.

Confidential waste was shredded, 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. Bagged items waiting collection could not be viewed by people using the pharmacy. The pharmacists had completed training about the General Data Protection Regulation.

The pharmacy carried out patient satisfaction surveys; results from the 2017 to 2018 survey were displayed in dispensary and were available on the NHS website. Results were positive overall and 100% of respondents were satisfied with the pharmacy overall. The complaints procedure was available for team members to follow if needed. The RP said that there had not been any recent complaints.

The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) training about protecting vulnerable people. He said that there had not been any safeguarding concerns at the pharmacy. He confirmed that he would report any concerns to the relevant authority if needed. And he could describe potential signs that might indicate a safeguarding concern. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained team members to provide its services safely. They can take professional decisions to ensure people taking medicines are safe. They keep their knowledge up to date and discuss any issues or concerns openly.

### Inspector's evidence

The SI and RP were working together during the inspection. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed. They took a mental break between dispensing and checking if they were each doing both activities. But in practice they routinely asked for a second check from each other. The SI had worked at the pharmacy for around 37 years. Both pharmacists had a good relationship with the people who used the pharmacy and knew many of them by name.

The pharmacists were aware of the continuing professional development requirement for the professional revalidation process. The RP had recently attended a workshop about contract changes provided by Avicenna. He had undertaken the 'look alike and sound alike' and sepsis training provided by the CPPE. Targets were not set for team members. The SI said that the pharmacy carried out the services for the benefit of the people who used the pharmacy.

The RP said that he felt able to take professional decisions. He said that he routinely discussed any issues with the SI and discussed any potential changes to procedures before implementation. He said that they had discussed about how to destroy the expired CDs and they were in the process of applying to the Controlled Drugs Accountable Officer before these were disposed of. He said that he had found out that the pharmacy did not have the relevant exemption certificate to be able to destroy them onsite, so he had applied for this.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and largely tidy throughout. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. Air conditioning and heaters were available; the room temperature was suitable for storing medicines.

There was one chair in the shop area. This was positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. The consultation room located next to the medicines counter. It was small but it could be accessed by a wheelchair user. It was suitably equipped and well-screened. Low-level conversations in the consultation room could not be heard from the shop area.

Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and manages them well. People with a range of needs can access the pharmacy's services. And there is an opportunity for the pharmacist to speak with people when they collect higher-risk medicines. The pharmacy gets its medicines from reputable suppliers and largely stores them properly. But it does not always keep the medicines in appropriately labelled containers. This could make it harder for the pharmacy to respond appropriately to drug alerts and product recalls.

### 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 RP said that he checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. But a record of blood test results was not kept. This could make it harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. The pharmacists handed out all dispensed medicines so there was the opportunity to speak with people about their medicines. The RP said team members checked CDs and fridge items with people when handing them out. He confirmed that the pharmacy did not supply valproate medicines to any people in the at-risk group. He said that if the pharmacy received a prescription for these medicines for a person in the at-risk group, he would refer them to their GP if they were not on the Pregnancy Prevention Programme. The pharmacy did not have the up-to-date patient information leaflets or warning cards available. The RP said that he would order them from the manufacturer.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked regularly and this activity was recorded. Short-dated stock was not generally marked. Several medicines were found which were not kept in their original packaging. And the packs they were in did not include all the required information on the container such as batch numbers or expiry dates. There were several boxes which contained mixed batches found with dispensing stock. Not keeping the medicines in appropriately labelled containers could make it harder for the pharmacy to date-check the stock properly or respond to safety alerts appropriately. The RP said that he would ensure that medicines were kept in their original packaging in the future.

Part-dispensed prescriptions were checked regularly. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. And people were informed about any supply issues and prescriptions for alternate medicines were requested from prescribers where needed. There were very few dispensed items waiting collection. The RP said that prescriptions were usually dispensed when the person went to the pharmacy to collect their medicines. Prescriptions with several items or bulky items were usually dispensed in advance of the person going to the pharmacy and these were kept in delivery boxes in the pharmacy. This helped to minimise the time they had to wait for their medicines.

The RP said that multi-compartment compliance packs were assembled in the evenings or at the weekends when the pharmacy was closed. And this helped to minimise any distractions. He said that people who had their medicines in multi-compartment compliance packs had assessments carried out

by their GPs to show that they needed the packs. The pharmacy did not usually order prescriptions on behalf of people who received their medicines in these packs. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. Packs were suitably labelled, but there was no audit trail to show who had dispensed and checked each tray. This could make it harder for the pharmacy to identify who had done these tasks and limit the opportunities to learn from any mistakes. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by the pharmacists after the pharmacy had closed. The pharmacy obtained people's signatures for deliveries where possible and these were recorded in a way so that another person's information was protected. The RP said that this service was only provided for those people who could not physically access the pharmacy. And any items which were not delivered were returned to the pharmacy.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. The pharmacist explained the action the pharmacy took in response to any alerts or recalls. Any action taken was recorded and kept for future reference for some of them, but not all. This could make it harder for the pharmacy to show what it had done in response. The RP signed-up the pharmacy to the MHRA drug alert and recall email system during the inspection and he said that he would keep a copy of any action taken in the future.

The pharmacy did not have the equipment to be able to comply with the EU Falsified Medicines Directive. The RP said that the equipment had been ordered but not yet received. He said that he would contact the provider find out when it was due to be delivered.



## 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 was available. Separate liquid measures were marked for methadone use only. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The shredder was in good working order. The phone in the dispensary was portable so it could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

### 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.