

Registered pharmacy inspection report

Pharmacy Name: Silversands Pharmacy, Anglesea Healthy Living Centre, 1 Kent Road, St. Mary Cray, ORPINGTON, Kent, BR5 4AD

Pharmacy reference: 1097324

Type of pharmacy: Community

Date of inspection: 12/07/2023

Pharmacy context

This is a community pharmacy in a converted pub, in a largely residential area. It mainly offers NHS services such as dispensing. And it provides the New Medicine Service and delivers medicines to some people in their own homes. It previously supplied medicines in multi-compartment compliance packs, but this service is now provided from another nearby branch.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy cannot demonstrate that it consistently keeps its medicines requiring cold storage within the appropriate temperature range.
5. Equipment and facilities	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. It largely keeps the records it needs to by law, and it generally protects people's personal information well. Team members know how to protect the welfare of a vulnerable person. When a dispensing mistake occurs, team members generally respond well. But they do not always record any mistakes, which could mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

The pharmacy had in-date standard operating procedures (SOPs). Most team members had read the SOPs relevant to their roles and signed to indicate this, but some newer members of staff had not. For example, a team member who had recently started working at the pharmacy in the dispensary had not yet read the dispensing SOPs. They said that they would do so.

There was a log in the dispensary to record dispensing mistakes which were identified before the medicine had been handed to a person (known as near misses). The last records in the log were from over a month ago. However, the responsible pharmacist (RP) was aware of some near misses that had occurred since then and not been recorded. He explained that near misses were discussed with the team if they happened. He gave an example of near misses that had occurred when contraceptive pills were prescribed generically. To help prevent a recurrence, a list of the generic ingredients and the corresponding brands were now displayed on the wall of the dispensary. The RP described how the stock had been tidied and reorganised so that the most commonly dispensed items had been moved to a separate area. And he said that this had helped reduce the number of mistakes when team members picked the stock. The RP could describe how he would record any dispensing errors, where a dispensing mistake happened and the medicines were handed out.

A team member was able to describe what they could and could not do if the pharmacist had not turned up in the morning. People could provide feedback to the pharmacy in person or in writing, and there were survey sheets in the shop area which could be filled in. There was a complaint procedure for staff to follow. The RP was not aware of any recent complaints, with the exception of people who were prescribed medicines which were currently hard to obtain.

Following the inspection, the pharmacy provided evidence that it had current indemnity insurance. The right RP notice was displayed, and the RP records seen had been filled in properly. Records of private prescriptions and unlicensed medicines dispensed generally complied with requirements. Controlled drug (CD) registers seen had largely been filled in in-line with requirements, but there were some headings missing. The running balances of two CDs were checked at random, and the recorded balances matched the amount of physical stock found.

No confidential information was seen from the public area, and dispensed items were stored in a way which protected people's personal information. Confidential waste was separated from general waste and sent offsite for disposal. The RP was planning to obtain a new shredder so that it could be done onsite. There was a confidentiality SOP, but not all staff had read through it yet. Staff had smartcards to access the NHS electronic systems, but the RP said that he was in the process of getting them unlocked.

The trainee dispenser was able to give examples of concerns that the team had had about the welfare of vulnerable people. And could describe what action had been taken in response. Team members would refer any safeguarding concerns to the RP. The RP confirmed that he had done safeguarding training in March 2023, and could describe what he would do if he had any concerns about a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they do the relevant accredited training courses for their roles. They do some ongoing training to help keep their knowledge and skills up to date. And they feel comfortable about raising concerns or making suggestions.

Inspector's evidence

During the inspection there was the RP, a trainee dispenser, a trained medicines counter assistant (MCA). And a member of staff who had only recently started working at the pharmacy and was not yet registered on an accredited course. The RP was familiar with the requirements for support staff training. There were also two people doing work experience, and they were not involved in the sale of medicines. The pharmacy also employed a trainee dispenser, who was not working on the day of the inspection. The RP explained that most of the team was relatively new, and several team members had not worked in a pharmacy before. Staff were up to date with the pharmacy's workload and were observed communicating effectively with each other through the inspection. Team members were seen referring queries to the RP as appropriate. A team member could describe what they would do if someone wanted to purchase a medicine which was liable to abuse.

Team members felt comfortable about raising concerns and making suggestions. They did some ongoing training, for example the required NHS training for the Pharmacy Quality Scheme. They were not set any numerical targets to achieve and the RP felt fully able to take professional decisions. Team members usually had meetings at least once a week, and the RP described how he provided information about any new medicines or new services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure, and generally clean and tidy. People can have a conversation with a team member in a private area.

Inspector's evidence

The premises were generally clean and tidy. The ambient temperature in the pharmacy was suitable for storing medicines and there was air conditioning. There was enough clear workspace for safe dispensing, and lighting throughout was good.

There was a consultation room available for people to use, which offered a decent level of soundproofing. The room was not locked and contained items inside which were not secure. The room was locked when this was highlighted, and the RP said that he would keep the room locked when not in use. The premises themselves were secure from unauthorised access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot demonstrate that it consistently keeps its medicines requiring cold storage within the appropriate temperature range. However, it stores its other medicines appropriately, and gets them from reputable sources. People with different needs can access the pharmacy's services. And the pharmacy generally provides its services in a safe way. Team members take appropriate action in response to safety alerts, and maintain a clear record of the action taken.

Inspector's evidence

There was a small step at the entrance to the pharmacy. There was a working doorbell, and team members explained how they went out to help people who rang it and needed assistance. The RP said that if a person rang the bell in this way he would try and take them to a quieter area outside to help protect their personal information when needed. The pharmacy's computer system could produce large-print labels for people who needed them. Seats were available for people who wanted to wait for their prescriptions to be dispensed.

Baskets were used during the dispensing process to help separate different people's medicines. There was a designated area where the RP checked prescriptions, and this was kept tidy. There was an audit trail kept about deliveries of medicines made to people's homes. A separate audit trail was kept for deliveries of CDs.

Prescriptions for Schedule 3 and 4 CDs were not always highlighted, which could make it harder for the team member handing the medicines out to know if the prescription was still valid. The RP described how he would highlight prescriptions for higher-risk medicines such as lithium or methotrexate, but no examples of these medicines were found in with the dispensed prescriptions. The team was aware of the additional guidance about pregnancy prevention to be given to people taking medicines containing valproate. The original packs of these medicines had the warning cards attached. The RP was unable to locate any spare warning cards or stickers for use with split packs and said he would order these in if needed. He was not aware of any people who were currently in the at-risk group.

The pharmacy obtained its medicines from licensed wholesalers and specials suppliers. The RP described how the team had recently gone through the stock to reorganise it and remove date-expired medicines. The stock was stored very tidily on the shelves in the dispensary. CDs were kept secure. Medicines for destruction were appropriately separated from current stock.

Medicines requiring cold storage were placed in two fridges. There was also a spare medical fridge but it was not currently being used. The larger fridge showed a temperature range of -1.7 to around 25 degrees Celsius, although the current temperature was within the appropriate range. The smaller fridge only had a thermometer capable of taking the current temperature, which was seen to be 5 degrees Celsius. The daily records of temperatures for both fridges seen were within the appropriate range. But the thermometer for the smaller fridge was not capable of displaying the minimum and maximum temperature, so it was not clear how this could be recorded. When asked to read the temperatures for the larger fridge, a team member who said that they usually did this was unable to obtain the correct readings from the thermometer. The RP said that he would seek advice from the pharmacy's indemnity insurer. Following the inspection, the RP confirmed that the pharmacy had obtained thermometers for

each fridge, and that staff had been shown how to use the thermometers.

Drug alerts and recalls were received via email. The RP described the action that was taken in response, and a clear record of this was maintained on the pharmacy's computer system.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses it in a way which helps protect people's personal information. Some facilities need minor maintenance so that they are more suitable to use.

Inspector's evidence

There were suitable calibrated glass measures available for use with liquids. The phone was cordless and could be moved to a more private area to protect people's personal information. Computer terminals were password protected, and the screens were positioned so that people using the pharmacy could not read information on them.

The sink was not always kept clean, and the tap for it was loose although it could still be used. The RP said that this would be addressed. The RP thought that the electrical equipment had been safety tested, but said he would check this. The blood pressure meter had not been used.

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.