

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: 14/02/2024

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 other NHS services such as Pharmacy First service and the Hypertension Case-Finding Service. It provides the New Medicine Service and delivers medicines to some people in their own homes. It previously dispensed medicines in multi-compartment compliance packs, but the large majority of these packs are now dispensed by another nearby branch and delivered from this pharmacy.

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 appropriately identifies and manages the risks associated with providing its services. It protects people's personal information, and team members know about their own roles and responsibilities. It largely keeps the records it needs to by law. Team members know how to protect the welfare of a vulnerable person. And they record any dispensing mistakes. People using the pharmacy can provide feedback or raise concerns, and there is a written procedure for staff to follow.

Inspector's evidence

The pharmacy had in-date standard operating procedures (SOPs). The dispenser confirmed that all team members had read through the SOPs, and staff had signed them to indicate this. A new SOP had come through from the pharmacy's head office for oral contraceptives, and the team was in the process of reading through it. The SOPs had information about team members' roles and responsibilities.

There was a log in the dispensary which was used to record dispensing mistakes which were identified before the medicine had been handed to a person (known as near misses). The dispenser said that the regular pharmacist was currently not at work, and said he discussed any near misses with the team. She explained how the pharmacy had reduced the amount of stock it held, which had helped to reduce the number of near misses. She said that she would refer any dispensing errors, where a dispensing mistake happened and the medicines were handed out, to the pharmacist and head office. The responsible pharmacist (RP) was a locum and said she would make head office aware of any dispensing errors.

The medicines counter assistant (MCA) was able to describe what she would do if the pharmacist had not turned up in the morning. And she would refer to the pharmacist if a person attempted to repeatedly purchase a medicine that could be abused. She said the pharmacy did not stock any codeine linctus.

The pharmacy had a complaint procedure, and the MCA said that complaints were always reported to head office. The indemnity insurance certificate on display had expired and following the inspection the superintendent pharmacist (SI) provided evidence that the pharmacy had current cover.

The right RP notice was displayed, and the RP records seen largely complied with requirements but there were some gaps where the RP had not signed out. Records about private prescriptions dispensed and emergency supplies largely contained the required information. Controlled drug (CD) registers seen had the right information recorded. Random checks of two CDs showed that the physical quantity matched the recorded balance. But one check found a discrepancy between the quantity and the balance. The RP on the day identified a missing entry which would account for it and following the inspection the SI confirmed that the discrepancy had been resolved in accordance with the procedure in the relevant SOP. Records seen about unlicensed medicines dispensed complied with requirements.

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 shredded. Staff had read the confidentiality SOP and they had individual NHS smartcards. The dispenser explained that her card was not currently working, and she was in the process of reactivating it. Another nearby branch dispensed most of the pharmacy's multi-compartment compliance packs.

Team members present said that people were asked for consent for this but were not sure where it was recorded. Following the inspection, the SI sent an example of the consent form used. He said that in the future he would ensure that the completed forms would be kept at the pharmacy, and the consent recorded on the person's electronic medication record.

The RP confirmed that she had done safeguarding training and could describe what she would do if she had any concerns about a vulnerable person. The dispenser said she had done some safeguarding training and there was a safeguarding SOP for staff to refer to.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

The RP was a locum pharmacist and had only worked in the pharmacy for a few days. Also present were a trained dispenser and a trained MCA. Team members were observed communicating effectively with each other, and they were up to date with the pharmacy's workload. Staff were provided with some ongoing training, and the dispenser gave an example of training she had done recently about the NHS Hypertension Case-Finding Service and the Pharmacy First service. She said that the regular pharmacist also went through any new products and services with the team. Team members felt comfortable about raising any concerns or making suggestions and said that head office was supportive and easily contactable. Staff were not set any numerical targets to achieve.

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 the storage of medicines and there was air conditioning. There was enough clear workspace for safe dispensing, and lighting throughout was good. The pharmacy had a lot of storage space, which enabled it to keep relatively large spaces between each type of medicine. There was a consultation room available for people to use, which offered a decent level of soundproofing. The room was clean and generally tidy, and team members said that there were plans to get a computer terminal installed in the room to help with consultations. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services in a safe way and people with a range of needs can access them. It gets its medicines from reputable sources and stores them appropriately. Team members take appropriate action in response to safety alerts to help ensure that people get medicines and medical devices that are safe to use.

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 dispenser said that if a person rang the bell in this way, she went out to assist them. 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.

Colour-coded 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. The pharmacy was not currently providing any services under Patient Group Directions (PGDs).

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. Prescriptions for higher-risk medicines were not always highlighted, and an example of a dispensed prescription for methotrexate was found. This may mean that team members miss opportunities to provide additional counselling to people when they collect these medicines. There were stickers available, and the RP said that these would be used in the future to highlight prescriptions for higher-risk medicines and CDs. The team was aware of the additional guidance about pregnancy prevention to be given to people taking medicines containing valproate. And aware of the recent guidance about supplying the medicine in its original packs.

A nearby branch dispensed most of the pharmacy's multi-compartment compliance packs, which were then returned to the pharmacy for delivery. Only one set of packs was in the pharmacy as the dispenser said that the rest had been delivered. The packs seen had an audit trail to show who had dispensed and checked them, and patient information leaflets were with the packs. The dispenser explained that the other branch kept records about when people's medicines were changed or stopped. The pharmacy only dispensed a very small number of packs itself, usually when people required acute medicines such as antibiotics.

The pharmacy obtained its medicines from licensed wholesalers and specials suppliers. 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 kept in two fridges, and the temperatures were monitored and recorded daily. Temperature records seen were within the appropriate range. Bulk liquids were marked with the date of opening, to help the team know if they were still suitable to use.

Drug alerts and recalls were received via email. The dispenser described the action that was taken in response. At the previous inspection, the pharmacy had kept a record about the alerts and recalls on

the pharmacy computer but the dispenser was unsure how to access it.

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 a suitable number of 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 tap in the dispensary sink was loose although it could still be used. The dispenser said that it had previously been fixed but had become faulty again and said she had reported it. She confirmed that the pharmacy's blood pressure meter was new.

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.