

Registered pharmacy inspection report

Pharmacy Name: Station Pharmacy New Cross, 2 Amersham Vale,
New Cross, LONDON, SE14 6LD

Pharmacy reference: 1105192

Type of pharmacy: Community

Date of inspection: 12/02/2024

Pharmacy context

This is a community pharmacy close to a railway station. It mainly provides NHS services such as dispensing and it runs an NHS-funded anticoagulant clinic. It provides the New Medicine Service, and a range of travel vaccinations and travel medicines under Patient Group Directions (PGDs). The pharmacy provides vitamin D to pregnant people and children under a locally-funded NHS scheme. And it offers a supervised administration service to people receiving treatment for substance misuse.

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. Team members have clear roles and responsibilities. And they know how to protect the welfare of a vulnerable person. The pharmacy largely keep the records it needs to, so it can show that its medicines are supplied safely and legally. It adequately protects people's personal information, and people using the pharmacy can give feedback about its services.

Inspector's evidence

The superintendent pharmacist (SI) was a regular pharmacist at the pharmacy. But at the time of the inspection the SI was working at another branch and the regular dispenser was on unplanned absence. The responsible pharmacist (RP) present was a locum pharmacist who did not regularly work at the pharmacy, and the dispenser present usually worked at the company's other branch.

Staff confirmed that they were familiar with the pharmacy's standard operating procedures (SOPs). The RP and dispenser said that they had signed the same SOPs at the other branch. Some of the SOPs were overdue for review, which could make them less likely to reflect current best practice.

There were logs to record near misses (where a dispensing mistake occurred and was identified before the medicine was handed to a person). The medicines counter assistant (MCA) thought that the SI reviewed the near misses but did not know if this review was documented. Staff present were not certain how dispensing errors (where a dispensing mistake occurred and the medicine was handed to a person) would be recorded but said that they would be reported to the SI. There were blank incident forms present in the dispensary which could be used if an error occurred. Following the inspection, the SI provided the SOP for dealing with dispensing incidents and explained that the blank forms would be used prior to reporting to the Learn from Patient Safety Events service at the NHS.

The MCA was clear about what she could and could not do if the pharmacist had not turned up in the morning. She could explain what she would do if someone attempted to make repeat purchases of a medicine that could be abused. Team members' roles and responsibilities were specified in the SOPs.

There was a sign in the public area which explained to people how they could make a complaint or provide feedback. The MCA was not aware of any recent complaints, except for when there had been stock shortages of people's medicines. She said that the pharmacy was still struggling to obtain stock for several medicines. On the previous inspection there had been a complaint procedure for staff to refer to, but it could not be found on this inspection.

The pharmacy had current indemnity insurance, and the right RP notice was displayed. The RP records and controlled drug (CD) registers seen had been completed in line with requirements. CD running balances had been checked regularly. Two checks of random CDs found that the physical quantities matched the recorded balances. Records about emergency supplies and unlicensed medicines supplied contained the required information. Most records about private prescriptions had the right information recorded, but a few were missing the prescriber's details.

No confidential information was visible from the public area, and computers were password protected.

One NHS smartcard was being shared, and team members explained that this was because the regular dispensary staff were off. The MCA said that she would highlight this with the SI when he was in. The RP was a locum and had her own smartcard. Confidential waste was separated and sent offsite for secure disposal. Staff confirmed that they had signed individual confidentiality agreements.

The RP confirmed she had done level 3 safeguarding training and could describe what she would do if she had any concerns about a vulnerable person. There was a safeguarding SOP for team members to refer to, and they said that they would refer any concerns to the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

At the time of the inspection there was the RP, the dispenser, and a trained MCA. The dispenser had completed an MPharm degree and was due to sit the foundation year exam. The regular dispenser was on unplanned absence. The team was up to date with its workload, and staff were observed raising any queries with the RP as appropriate.

Staff felt comfortable about raising any concerns or making suggestions, and the MCA said that the SI sat down and talked with each team member every couple of months. She explained the ongoing training she had done which had included training about new products and new services such as the Pharmacy First service. She was not aware of the pharmacy having many referrals so far for the Pharmacy First scheme and said that the nearby health centre had a pharmacy on site. Team members were not set any numerical targets, and the RP felt fully able to take professional decisions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the services it provides, and they are kept secure. People can have a conversation with a team member in a private area. The premises are generally clean and tidy, but the pharmacy could do more to keep its consultation room tidy and free from unnecessary clutter.

Inspector's evidence

The pharmacy had a long and relatively narrow design and was generally clean and tidy. As well as the main entrance, there was a side entrance which opened into a small area with a counter. This was used for people who had supervised administration and helped provide them with some privacy. There was a consultation room which allowed conversations inside at a normal level of volume not to be overheard. The room was a little cluttered, and contained some confidential material which was not kept secure. This was moved out of the room to somewhere more secure when highlighted. The lock on the room door did not appear to work, although the MCA said that someone had been in to fix it before Christmas. The ambient temperature in the pharmacy was suitable for storing medicines and there was air conditioning. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its service safely and manages them well. It gets its medicines from reputable sources and stores them appropriately. The team takes appropriate action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

The pharmacy had step-free access from outside, and there was enough space inside to help people with pushchairs or wheelchairs manoeuvre. The pharmacy's computer system could provide large-print labels if needed. And there was a seating area for people who wanted to wait. People who received supervised administration could use the additional side entrance, which helped provide them with a degree of privacy.

Baskets were used during the dispensing process to help isolate individual people's medicines, and there was a clear workflow through the dispensary. Staff present did not provide services under Patient Group Directions (PGDs) and did not know where the PGDs were. Following the inspection, the SI provided evidence that the pharmacy had current PGDs in place for services such as vaccinations and travel medicines.

Dispensed prescriptions for CDs were seen to be highlighted, to help staff handing them out to be aware about the shorter validity date of the prescription. A dispensed prescription for methotrexate was found on the shelves which had been highlighted, but the RP and dispenser were unsure if this was done routinely for all higher-risk medicines. The dispenser was aware of the guidance about pregnancy prevention for people taking valproate medicines, and of the more recent guidance including the need to supply the medicine in its original pack. He was not aware of any people who were currently in the at-risk group.

People were assessed about their need for medicines in multi-compartment compliance packs by the local medicines optimisation service (LIMOS). Dispensed packs seen had a description of the medicines inside and the labels were usually initialled to indicate who had dispensed and checked them. Patient information leaflets were sometimes supplied, but not always, which could make it harder for people to have up-to-date information about their medicines.

The pharmacy delivered medicines to a few people in their own homes. The MCA showed than an audit trail was kept about when the medicines had been delivered to people. She said that if someone was not at home, the medicines were returned to the pharmacy.

Medicines were ordered from licensed wholesale dealers and specials suppliers, and were stored in a generally organised way in the dispensary. Bulk liquids which had a limited shelf life when opened were marked with the date of opening. CDs requiring safe custody were kept in a secure cabinet. Medicines for destruction were separated from regular stock. Date checking of stock was recorded and no date-expired medicines were found in with stock. Fridge temperatures were monitored and recorded daily, and previous records seen showed that the temperatures had remained within the appropriate range.

Team members present were unsure how the pharmacy received drug alerts and recalls. Following the inspection, the SI explained that they were received from various services such as wholesalers or national bodies. He showed that the pharmacy used an electronic platform to monitor and record them, and it was seen that the platform also recorded the date of response, and if the pharmacy had any affected stock. He explained that the alerts and recalls were also printed, signed, and dated, and the team was made aware verbally and through an electronic messaging application.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services and it generally maintains them appropriately. It uses its equipment in a way which helps protect people's personal information.

Inspector's evidence

Computer terminal screens were turned away so that people using the pharmacy could not read information on them. The pharmacy phone was cordless and so could be moved to a quieter area of the dispensary to help protect people's personal information. The anaphylaxis kit in the consultation room was out of date, but this was immediately replaced with in-date adrenaline pens from the dispensary. There were clean glass measures for measuring liquids, and some measures were marked for use only with certain liquids to help avoid cross-contamination. Following the inspection, the SI provided evidence that the machine used in the anticoagulant clinic was regularly calibrated both in-house and using external calibration samples.

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.