

Registered pharmacy inspection report

Pharmacy Name: Cambelle Pharmacy, 135 Grange Road, LONDON, SE1 3GF

Pharmacy reference: 1110334

Type of pharmacy: Community

Date of inspection: 28/09/2022

Pharmacy context

This pharmacy is located within a parade of shops and is in the same building as a GP surgery, dental surgery, and chiroprapist. The pharmacy serves people of all age ranges and receives most of its prescriptions electronically. It provides a delivery service. It also supplies medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines.

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 manages the risks associated with its services. It keeps the records it needs to by law, so it can show that supplies are made safely and legally. People who use the pharmacy can provide feedback and the pharmacy team have received training to help protect the welfare of vulnerable people. When a dispensing mistake occurs, team members generally react appropriately.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs). They had been implemented in 2018 but there was no evidence that they had been reviewed since then. For example, the SOP covering controlled drug (CD) requisitions had not been updated to take into considerations the changes in law with regards to use of standardised requisition forms. Current procedures had not been signed by all members of the team to confirm they had been read and understood and some team members had not read the relevant procedures. The SOP folder also contained information for locum pharmacists, but this did not appear to be up to date. It had last been reviewed in 2019.

The pharmacy had made some changes because of the Covid-19 pandemic. Personal protective equipment, including face masks were available for the team. A plastic screen had been fitted at the front counter and hand sanitizer was available throughout the premises. The pharmacy had restricted the number of people allowed in and disinfected surfaces on a daily basis.

Only five near misses, where a dispensing mistake was identified before the medicine was handed to a person, had been documented since November 2021. Team members agreed that not all near misses may have been captured on the record. Learning points were mainly recorded as 'double check' which was standard practice in the pharmacy. And this could limit the ability of the pharmacy to find out why a near miss had occurred if there was a review. The responsible pharmacist (RP), who had been working regularly at the pharmacy for the last three months, said that he would be introducing a new near miss log and hold monthly meetings to discuss learning points. He was also in the process of reviewing the storage of medicines and implementing some changes, for example, removing stock which was stored on worktops and storing branded medicines in generic order. A procedure was in place for dealing with dispensing mistakes which had reached a person, or dispensing errors, but there had not been any for some time.

The pharmacy had current indemnity insurance cover. The correct RP notice was displayed. Samples of the RP record were seen to be well maintained. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for private prescriptions, emergency supplies and unlicensed medicines. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stocks of two CDs were checked and matched the recorded balances.

Team members had signed the pharmacy's data handling procedures but not all had signed the confidentiality guidelines and statement to confirm they had read them. A workbook on the General Data Protection Regulation was available though it had not been signed by all team members and some could not remember reading it. Confidential waste was shredded on site, computers were password protected and smartcards were used to access the pharmacy's electronic records. But usernames and

passwords were displayed near a computer terminal. These were removed during the inspection. A consultation room was available for private conversations and was not used to store any patient sensitive information.

A complaint procedure was in place. People were able to give feedback or raise concerns online or verbally. The RP described setting up reminders on the patient medication record (PMR) system to ensure that repeat prescriptions were ordered in a timely manner following some customer feedback.

The pharmacy team had completed in-house training on safeguarding children and vulnerable adults and said they would speak to the pharmacist if they had any safeguarding concerns. The contact details of the local safeguarding team were displayed in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. They feel comfortable about raising concerns. But they may not always have opportunities to complete ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

During the inspection there was the RP, a registered pharmacy technician, a qualified dispenser, and a trainee dispenser. The trainee dispenser was enrolled onto a suitable course. The SI, who was also the regular pharmacist, was on longterm leave. Work appeared to be managed effectively. The RP said that there was sufficient staff cover for the services provided at the pharmacy. Annual and emergency leave was covered by the team or locum pharmacists.

The dispenser said that she had completed some ongoing training, for example, on skincare, children's health, and oral health, in 2015 and 2019. She had not completed much training since then. The technician said he completed continuing professional development cycles to keep his skills and knowledge up to date and had lately read up on sore throat. He had access to the Training Matters booklet, the Guidelines for Pharmacy booklet, and the Pharmaceutical Journal. He had also registered with the Centre for Pharmacy Postgraduate Education but had not done any training modules recently.

The trainee dispenser was aware of the RP regulations and said she would not sell Pharmacy-only medicines (P-medicines) or hand out dispensed medicines in the absence of the RP. She was observed asking several questions before selling P-medicines and described referring to the pharmacist, for example, if a person was pregnant or over 60 years of age. She completed her course modules both at work and at home.

A whistleblowing SOP was in place. Team members said they would raise concerns to the RP or escalate them to the superintendent pharmacist. The trainee dispenser had started her training course two weeks ago and said her colleagues were supportive and always helped if she had any questions. She said the RP would be reviewing her progress and training needs. Targets were not set for the team.

Some members of the team raised concerns about the lack of effective communication at the pharmacy. For example, some members did not have access to the pharmacy's NHS email and were not made aware if a discharge summary or prescription was sent via email. Both the technician and RP agreed to contact the NHS to discuss access to the pharmacy's email and ensure continuity of services whilst the SI was off.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure, and generally maintained to a level of hygiene appropriate for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy shop was large with a spacious dispensary and retail area. Fixtures and fittings were relatively new and generally well maintained. There was ample work and storage space in the dispensary, with designated areas for tasks, such as assembling multi-compartment compliance packs.

The cleaning was done by team members, but some shelves were dusty, and the floor was marked or littered in some areas. A storage room and an office were located behind the dispensary, but the storage room was cluttered with boxes and was very disorganised. An unused medical fridge, with a thick layer of dust on it, was kept stored in the retail area. Team members said they would arrange for its disposal.

A spacious consultation room was available. This was fitted with a sink and was generally tidy. It was kept locked when not in use. A toilet and staff room were available for the pharmacy team.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy has some systems for making sure that its services are organised. It orders its medicines from reputable sources and largely manages them properly. The pharmacy does not routinely identify prescriptions for people taking higher-risk medicines and staff are not always clear which medicines these are. So, this could mean that people taking these medicines do not have all the information they need to take them safely.

Inspector's evidence

Access into the pharmacy was step-free and via a wide door. There was ample space in the retail area, and this assisted people with restricted mobility or using wheelchairs. Posters were displayed on the windows to promote some services.

Dispensed and checked-by boxes were generally used by team members to ensure that there were dispensing audit trails. There was ample workspace and baskets were used to separate prescriptions and prevent transfer between patients. The pharmacy did not routinely highlight prescriptions for Schedule 3 and 4 CDs where additional checks may be required. Team members were observed confirming people's names and addresses when handing out medicines. The technician was observed taking in waste medicine. He wore gloves and asked the person to open the bag before checking its contents. These were then disposed of in a waste medicine bin.

The dispenser could not name a higher-risk medicine and there was no system in place to highlight these once they were dispensed. She said she would supply a warning card when dispensing sodium valproate. Team members were aware of the valproate guidance though none could specify the age range of the higher-risk group correctly. The pharmacy had last dispensed valproate to a person in the at-risk group in July 2022 but could not provide any evidence of checks made or advice provided. The RP said he would ensure all team members re-read the guidance. People requesting repeat prescriptions for warfarin were asked to bring their yellow books with them. These were copied and attached to the repeat requests. The person's INR levels were also recorded on the PMR system. The trainee dispenser did not know what monitoring methotrexate required. And as these prescriptions were not highlighted in any way, there was the possibility that they could be supplied without the appropriate advice being provided to people.

Multi-compartment compliance packs were assembled in the dispensary, on a designated work bench. Prescriptions were ordered in advance or sent automatically by the GP surgery. The pharmacy used the PMR system to keep track of when prescriptions were due and when they had been ordered. Prepared packs observed were labelled with product descriptions and mandatory warnings. But patient information leaflets were not routinely supplied which could mean that people did not have all the information they needed to take their medicines safely. Hospital discharge letters were retained at the pharmacy and these were cross-checked with prescriptions to ensure that any changes had been implemented.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team members said they checked the expiry dates of medicines at regular intervals, but their date-checking

records had not been updated since January 2020. No date-expired medicines were found on the shelves in a random check in the dispensary. The fridge temperature was not always monitored daily, with gaps of over a week at some points. The RP said the temperatures were checked daily but did not know why there was a gap in the records. He added that he would review the process and the recording system. The fridge temperature was within the recommended range on the day of the inspection. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. But several bags of waste medicines were stored in a less suitable area. The RP said he would review their storage. The technician said that drug alerts and recalls were received electronically and filed for reference, but the last alert documented was from 2020. The RP said he would ensure that clear audit trails were maintained for all alerts and recalls in the future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had one glass measures and several tablet counting triangles, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. The triangles all had tablet residue on them and required cleaning. Team members said they would clean them after every use. There was one fridge in the dispensary. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.