General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Nightingale Pharmacy Ltd, 90-92 Deptford High Street, London, SE8 4RQ

Pharmacy reference: 9010893

Type of pharmacy: Community

Date of inspection: 01/03/2023

Pharmacy context

This is an NHS community pharmacy in a relatively large building which was previously a bank. It is close to a railway station and a market, as well as an NHS walk-in centre. It provides some medication in multi-compartment compliance packs to people who need help with taking their medicines. And it provides flu vaccinations when in season.

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
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 its risks. Team members understand their own roles and responsibilities, and they generally understand the importance of keeping people's personal information secure. They know how to safeguard the welfare of vulnerable people. The pharmacy largely keeps the records it needs to by law. And it records and learns from any dispensing mistakes that happen to help make its systems safer.

Inspector's evidence

There was a range of standard operating procedures (SOPs) available in folders in the dispensary and they included details about team member's roles and responsibilities. The SOPs were regularly reviewed by the superintendent pharmacist (SI), and this was documented. The SI explained that team members had been through and read the ones relevant to their roles, but not all team members had signed the SOPs to indicate this. The SI said that he would review and ask staff to sign the ones they had read.

Staff recorded dispensing mistakes that were identified during the dispensing process (known as near misses) in a book in the dispensary. The second pharmacist reviewed the near misses monthly to identify any patterns or trends. As a result of a previous near miss, ramipril tablets and capsules had been separated on the shelves. And there was a printed list next to the dispensary computer which highlighted medicines which sounded alike. Dispensing errors (where a mistake happened and the medicine had been supplied to someone) were recorded on designated forms. The SI said that there had been an error where the wrong form of an inhaler had been supplied. As a result, the error had been discussed with the wider team, and the different forms of this inhaler had been separated on the shelves.

Team members were clear about what they could and could not do if the responsible pharmacist (RP) had not turned up in the morning. And they could explain what they would do if someone requested a medicine which was liable to misuse. The SI said he usually had assistance in the dispensary and only had to self-check some items he had dispensed in the evenings and described taking a mental break between the two processes. Wherever possible, he said he would leave the items for the next day to be checked.

The pharmacy had a complaints procedure, and people could find details of how to make a complaint or provide feedback in the pharmacy's practice leaflet. The SI was not aware of any recent complaints but could describe what would be done if someone made one. The pharmacy had current indemnity insurance.

The right RP notice was clearly displayed for people to see, and the RP records seen complied with requirements. Records of unlicensed medicines supplies and emergency supplies were generally well maintained. Controlled drug (CD) registers had been largely completed in line with requirements, and CD running balances were usually checked regularly. A physical stock check of one CD found that amount of the medicine in stock did not match the recorded balance. This was investigated by the SI who identified and resolved the discrepancy the following day, and sent confirmation to the inspector. Three further random checks of physical CD stock during the inspection showed that the running

balances matched the recorded balance.

Staff had smartcards to access the NHS electronic systems, and computers were password protected. No confidential information was usually visible from the public area. The SI said that staff had done some training on the General Data Protection Regulation (GDPR) and showed training booklets and assessments that they had completed about this subject. The pharmacists had completed level 3 safeguarding training, and the rest of the staff had completed level 2. The SI was not aware of any recent safeguarding concerns, and could describe what he would do if he had any. Contact details of local safeguarding agencies were available in the safeguarding folder.

Principle 2 - Staffing ✔ Standards met

Summary findings

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

Inspector's evidence

During the inspection there was the RP (who was also the SI), a second pharmacist, and two trained counter staff. There was another person who was a relative of the SI present behind the counter, but he was not involved in the dispensing or supply of any medicines and was not seen to deal with any people directly. The SI confirmed that he would ask this person to undertake GDPR training, and they were only in the pharmacy one day a week. Team members were up to date with their workload, and they were observed referring queries to the pharmacists as appropriate.

Staff felt comfortable about making suggestions or raising concerns. The SI worked at the pharmacy most days and so was easily contactable. Team members completed ongoing training at quieter times and had recently done training about safeguarding. The SI passed information about new products from manufacturers to team members who kept it in individual folders. He said that team members had been given training time at work when they had been doing the accredited training courses. Team members were not set any numerical targets to achieve. And both pharmacists felt able to take professional decisions.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are suitable for its services, and they are kept clean and tidy. They are kept secure from unauthorised access when the pharmacy is closed. And people can have a conversation with a team member in a private area. The pharmacy does not always appropriately restrict access to areas where medicines are stored, but it has taken steps to address this.

Inspector's evidence

The pharmacy was clean and tidy, with good lighting. The dispensary was relatively spacious, with ample workspace which was kept clear. There was air conditioning, and the ambient temperature was suitable for the storage of medicines. The premises were kept secure when the pharmacy was closed.

There were several consultation rooms. The first was large and was the main one used for the pharmacy's services, and there was also another one which could be used if the first one was occupied. Both allowed a conversation at a normal level of volume to take place inside and not be overheard. The rooms were clean and tidy. There were two other consultation rooms, but they were not currently being used for services. The first consultation room was not locked, and so all the items inside were not secure. The SI locked the room when this was highlighted and said that it would be kept locked when not in use in the future. He explained that people were not left in the room unaccompanied.

A few months prior to the inspection the pharmacy had started storing medicines awaiting collection in cupboards which were potentially accessible from the main shop floor. There was a barrier to prevent access to the dispensary, but this was not in use during the inspection. Directly following the inspection, the SI provided evidence to show that the barrier had been moved to restrict access both to the area with the cupboards and the dispensary. And he confirmed that the cupboards would be kept locked in future.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. It gets its medicines from reputable sources and largely stores them properly. People with a range of needs can access its services and team members know how to signpost people to other local services. The pharmacy takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was step-free access from outside via an automatic door. There were some leaflets about various health conditions available for people to take. Staff explained how they signposted people to other local health services, and there was a large NHS walk-in centre nearby. There was also a folder containing this signposting information. Several team members were multilingual, and the pharmacy could produce large-print labels. There was just enough room in the public area of the pharmacy to help people with wheelchairs and pushchairs manoeuvre.

Team members used dispensing baskets for each person's medicines to help prevent any becoming mixed up. There was a clear workflow through the dispensary, and the central island in the dispensary was used for checking prescriptions.

Staff were aware of the guidance about pregnancy prevention to be provided to people taking medicines containing valproate. There were additional warning cards and stickers for use with split packs, and the original packs of medicines had warning cards already attached. The second pharmacist was aware of one person in the at-risk group who was taking valproate and had spoken with that person's carer. The pharmacy had undertaken an audit about the people who took valproate, and was due to undertake another one.

People were assessed for the need for their medicines in multi-compartment compliance packs by the local medicines optimisation service. Several dispensed packs were seen, and the backing sheets were not physically attached to the packs, which may mean that they become detached more easily. Descriptions of the medicines inside were mostly included on the sheet, to help people and their carers identify the medicine. The second pharmacist showed how the pharmacy kept a record of when people's medicines were changed, and when people were discharged from hospital. The records included notes of conversations with people's GPs, the dates of any change, and usually who had authorised the change. One set of part-dispensed packs contained a medicine which normally is not put into these packs, and the SI said that he would review this and check with the medicine manufacturer.

The SI said that the pharmacy had received many referrals for the new NHS blood pressure service from people's GPs. And said the Community Pharmacist Consultation Service was popular, as the pharmacy was the only one in the local area which was open for a full day on Saturdays.

The SI explained how prescriptions for Schedule 3 and 4 CDs were highlighted to alert the team member handing them out about the shorter prescription validity date. No dispensed prescriptions for these medicines were found on the shelves awaiting collection. Prescriptions for higher-risk medicines such as methotrexate were not routinely highlighted. This could mean that staff missed out on

opportunities to provide further counselling information to people taking these medicines. The SI said that prescriptions for these medicines would be highlighted in the future, and the pharmacy had stickers already for this purpose.

Medicines were obtained from licensed wholesale dealers and specials manufacturers, and were stored on the shelves in a very tidy manner. Team members date-checked stock and this was recorded, but the records showed that these checks were a little behind schedule. On the shelves checked, one date-expired medicine was found in with stock, and this was removed for disposal. Bulk liquids were marked with the date of opening to help team members know if they were still suitable to use. Fridge temperatures were recorded daily, and the records showed that they had consistently been within the appropriate range. Medicines for destruction were separated from stock into designated bins, but an open bin was stored in the staff room which could mean it was less secure. The bin was moved to the dispensary when this was highlighted.

The pharmacy received drug alerts and recalls via email and from wholesalers and kept a record of this. Staff could explain what they did in response to these. A record of the action taken was sometimes maintained, and the SI said that this would be done more consistently in the future.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment and facilities are suitable for its services, and it maintains them appropriately. It uses its equipment in a way which helps protect people's personal information

Inspector's evidence

There were clean glass measures, with one which was marked for use with only certain liquids. Counting equipment was clean, and a separate tablet counting triangle was marked for use with cytotoxic medicines. The blood pressure was due to be recalibrated every two years, and this and this had recently been done. The SI said that the pharmacy's computer systems were replaced every three to five years, and an update of the patient medication record software was done at the same time.

The phone was cordless and could be moved to a more private area if needed. People using the pharmacy could not see the information on the computer screens. And a shredder was used to dispose of confidential waste.

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.