

Registered pharmacy inspection report

Pharmacy Name: A R Chemist, 199 Old Kent Road, London, SE1 5NA

Pharmacy reference: 9011165

Type of pharmacy: Community

Date of inspection: 16/02/2022

Pharmacy context

This pharmacy is located on a local high street. The pharmacy serves people of all age ranges and receives most of its prescriptions electronically. It provides flu vaccine and medicine delivery services. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. The inspection took place during the Covid-19 pandemic.

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. 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 superintendent pharmacist (SI) said that the pharmacy had been very busy during the pandemic. Several changes had been made to help minimise the risk of cross-infection. For example, there were floor markings and posters to remind people of social distancing measures and a plastic screen was fitted at the medicines counter. The premises were cleaned at least twice a day, and this included disinfecting surfaces such as door handles and chairs. Personal protective equipment, including face masks were available for the team and hand sanitizers were placed throughout the premises. The SI had made changes to staff cover after completing a Covid-19 staff risk assessment.

The SI was in the process of reviewing and updating the pharmacy's standard operating procedures. Current procedures had been signed by members of the team to confirm they had been read and understood.

The SI said that near misses, where a dispensing mistake was identified before the medicine was handed to a person, were discussed with the staff member involved and documented. But the near miss record could not be found during the inspection. A sample of the record was sent to the inspector following the inspection. The technician said that the team discussed contributing factors, such as telephone queries, and ways in which to minimise them. Some medicines, such as lansoprazole capsules and orodispersible tablets, had been separated to reduce the likelihood of picking mistakes. The pharmacy had procedures in place for dealing with dispensing mistakes which had reached a person (dispensing errors). The SI said there had not been any since the pharmacy moved to the current premises.

The pharmacy had current indemnity insurance cover. The correct responsible pharmacist (RP) notice was displayed, and 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 stock of a CD was checked and matched the recorded balance.

People were able to give feedback or raise concerns online or verbally. The pharmacy normally conducted annual patient satisfaction questionnaires but had not done these since the start of the pandemic. The SI said that the complaints procedure was outlined in the practice leaflet, but the pharmacy did not have copies of this at the time of inspection. The SI added that the screen in the window had been updated with messages to inform people of the longer waiting times due to the pandemic, and he felt that this had helped manage peoples' expectations.

Members of the team completed the NHS Data Protection toolkit every year, as well as training on the General Data Protection Regulation. Confidential waste was collected in a basket and shredded on site,

computers were password protected and smartcards were used to access the pharmacy's electronic records. A cordless telephone was available so that members of team could have private conversations away from people. The SI said that he had thought about the placement of the consultation room and waiting area when fitting the premises. This helped ensure that conversations held in the room could not be overheard. Some confidential information was stored inside a lockable cabinet, but it was not secure . This was rectified by the SI during the inspection.

The pharmacist and technician had completed an online course on safeguarding children and vulnerable adults. The dispenser had received some training with a previous employer and said she would speak to the pharmacist if she had any safeguarding concerns.

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. Members of the pharmacy team have opportunities to discuss ideas to help them to improve pharmacy services. They complete ongoing training to keep their skills and knowledge up to date. But this is not recorded which could make it harder for them to keep track of their learning.

Inspector's evidence

During the inspection there was the SI, a registered pharmacy technician and a qualified dispenser. Work appeared to be managed effectively by the team. The RP said that annual and emergency leave was covered by regular locum pharmacists. The technician said that she planned and completed tasks, such as dispensing multi-compartment compliance packs, in advance of any annual leave.

The dispenser, who previously worked at an outpatient hospital pharmacy, provided positive feedback about the working environment and her colleagues. She said that she felt supported and that she was working as part of a team. She described asking questions before selling Pharmacy-only medicines and instances when she would refer to the pharmacist. She was aware of higher-risk medicines and described how she would deal with multiple requests for these. She was able to describe the tasks that she could or could not do in the absence of the RP.

Team members said they kept their knowledge and skills up to date by reading pharmacy-related literature and accessing online resources. The SI said that team members were provided with study time if they were enrolled onto a training course. Training records were not maintained.

Team members worked well together and were happy to communicate any issues or concerns to the SI. They said that the SI was open to feedback and regularly asked them for their feedback to help improve services. Appraisals were held annually and provided team members with the opportunity to discuss areas for improvements, changes and development opportunities. The dispenser said that she had discussed enrolling onto the pharmacy technician course, and this had been approved by the SI. Targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member. But the team could do more to ensure that the consultation room is kept tidy.

Inspector's evidence

The pharmacy was generally clean and tidy. Fixtures and fittings were new and maintained to a level of hygiene suitable for the provision of its services. There was sufficient workspace with designated areas for certain tasks, such as assembling multi-compartment compliance packs. But some bags and baskets of medicines were stored on the dispensary floor due to the limited storage space. The SI said he would review the current storage arrangements.

A clean sink was available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. A toilet was available for the pharmacy team. General cleaning was done by members of the team. The ambient temperature and lighting were suitable for the services provided. Plastic screens were fitted at the front counter.

A small consultation room was available for private conversations or other services. The room was easily accessible but was cluttered and untidy. Some items inside the room were not stored securely, as the room was unlocked. The SI said that he would keep the door locked when the room was not in use. A hatch was fitted between the dispensary and consultation room to hand over medicines discreetly. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the pharmacy's services. The pharmacy generally provides its services safely. It orders its medicines from reputable sources and largely manages them properly. It takes the appropriate action in response to safety alerts. But it doesn't always record what action it takes, so it could be harder to show what it has done in response.

Inspector's evidence

Access into the pharmacy was step-free and via an automatic door. There was sufficient space for people with wheelchairs and two wipeable chairs in the retail area for people wanting to wait for a service. Services were listed on the consultation room door, online, and on a television screen in the window. There was a large Latin American community in the area and the pharmacy had placed signs in Spanish to help improve understanding, for example, of the repeat prescription ordering service. Some team members were also observed translating for people.

Baskets were used to separate prescriptions and prevent transfer between people. Dispensing audit trails to identify who dispensed and checked medicines were completed. Prescriptions were attached to dispensed medicines awaiting collection. But the pharmacy did not routinely highlight prescriptions for Schedule 3 and 4 CDs where additional checks may be required. A prescription for gabapentin which had been dispensed was found in the retrieval system although it was no longer valid.

The SI and technician were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group and were able to define the at-risk group accurately. Information leaflets and cards were not available at the pharmacy. The SI said he would order additional supplies. He said that he routinely checked if people taking other higher-risk medicines, such as warfarin, were being monitored, but he did not keep records of any checks made.

The pharmacy offered a delivery service to people's homes. Signatures were not being requested from people to confirm receipt of their medication to help with infection control during the pandemic. Team members kept a log of the delivery schedule at the pharmacy for reference. Medicines were returned to the pharmacy if a person was not at home.

Multi-compartment compliance packs were assembled in the dispensary, on a designated work bench. Prepared packs observed were labelled with product descriptions and mandatory warnings, and patient information leaflets were supplied regularly. The pharmacy had clear audit trails for the service to help keep track of when people were due their packs, when their prescriptions were ordered and when the packs had been delivered.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team said they checked the expiry dates of medicines at regular intervals, but records could not be found at the time of inspection. These were sent to the inspector following the inspection. No expired medicines were found on the shelves in a random check in the dispensary. The fridge temperatures were monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a

licensed waste carrier. But waste bins were kept in the staff toilet. The SI said that he had reviewed their storage arrangement and changed their location following the inspection. Team members said that drug alerts and recalls were received electronically and checked but they did not keep records of any action taken in response to them. The SI said he would retain the alerts 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 several glass measures and a tablet counting triangle. There was a large fridge in the dispensary. The SI said that the blood pressure monitor was replaced annually. 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.