

Registered pharmacy inspection report

Pharmacy Name: Delmergate Limited, Unit 4, Castle Hill Local Centre, 69 Cherry Orchard, Ebbsfleet Valley, Swanscombe, Kent, DA10 1AD

Pharmacy reference: 9011628

Type of pharmacy: Community

Date of inspection: 23/02/2022

Pharmacy context

The pharmacy is located on a small parade of shops in a largely residential area. The people who use the pharmacy are mainly younger families. The pharmacy receives around 99% of its prescriptions electronically. The pharmacy provides a range of services, including the New Medicine Service, and vaccinations for Covid and flu. It also provides medicines as part of the Community Pharmacist Consultation Service. The inspection was carried out 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 appropriately identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. And it uses this information to help make its services safer and reduce any future risk. The pharmacy protects people's personal information well. And people can provide feedback about the pharmacy's services. Team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had carried out workplace risk assessments in relation to Covid-19. And it adopted measures for identifying and managing risks associated with its activities. These included documented, up-to-date standard operating procedures (SOPs), and reporting and reviewing of dispensing mistakes. Team members had signed to show that they had read, understood, and agreed to follow the SOPs. Near misses, where a dispensing mistake was identified before the medicine had reached a person, were highlighted with the team member involved at the time of the incident. Team members identified and rectified their own mistakes. Near misses were recorded and reviewed regularly for any patterns. And the outcomes from the reviews were discussed openly during the regular team meetings. Learning points were also shared with other pharmacies in the group. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. The dispenser said that she was not aware of any recent dispensing errors, where a dispensing mistake had happened, and the medicine had been handed to a person. The pharmacist explained that any dispensing errors would be recorded on a designated form and a root cause analysis would be undertaken.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The dispenser said that the pharmacy would remain closed if the pharmacist had not turned up in the morning. She explained that if that happened she would accept a prescription from someone, but she would not dispense it. She knew the tasks that could and should not be carried out if the pharmacist was not in the pharmacy.

The pharmacy had current professional indemnity and public liability insurance. The right responsible pharmacist (RP) notice was clearly displayed, and the RP record was completed correctly. The pharmacy had not supplied any unlicensed medicines. The dispenser knew the information which should be recorded if a supply of one of these medicines was made to a person. The private prescription records were completed correctly. The pharmacy had not made any supplies of a prescription-only medicine in an emergency without a prescription. The inspector spoke with the dispenser about what information needed to be recorded if an emergency supply was made. There were signed in-date patient group directions available for the relevant services offered. Controlled drug (CD) registers examined were filled in correctly. The dispenser said that a full controlled drug (CD) running balance checked at regular intervals, but it was not clear where this activity was recorded. She said that she would check with the regular pharmacist.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. People's personal information on bagged items waiting collection could not be viewed by people using the pharmacy. The pharmacy team members had completed training about the General Data Protection Regulation.

The pharmacy had not yet carried out a patient satisfaction survey. There were questionnaires and the dispenser said that this was due to be done. The complaints procedure was available for team members to follow if needed. And details about the ways people can complain were available on the pharmacy's website. The dispenser said that any complaints would be referred to the pharmacy's head office.

The pharmacist and dispenser had completed the Centre for Pharmacy Postgraduate Education (level 2) training about protecting vulnerable people. The dispenser could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. There had not been any safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They undertake ongoing training to support their learning needs and maintain their knowledge and skills. And they are often allowed time in work to complete it. They can raise any concerns or make suggestions which means that they can help improve the systems in the pharmacy. The team members can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There was one pharmacist and one NVQ level 2 trained dispenser working during the inspection. They worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. They also had regular reviews of any dispensing mistakes and discussed these openly in the team.

The dispenser appeared confident when speaking with people. She was aware of the restrictions on sales of medicines containing pseudoephedrine, and she knew the reason for this. She said that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. And she used effective questioning techniques to establish whether the medicines were suitable for the person.

The pharmacist was aware of the continuing professional development (CPD) requirement for the professional revalidation process. He explained that he had recently undertaken some research about dissociated medicines and he had written an article about it. He completed one piece of CPD each week. The pharmacist and dispenser said that they also kept their clinical knowledge up to date by reading pharmacy-related magazines. The dispenser said that she was allowed time at work when the pharmacy was not busy, to undertake training. And she had access to the NHS learning portal.

The pharmacist felt able to take professional decisions. The inspector discussed with the pharmacist about the reporting process in the event that a team member tested positive for the coronavirus. The pharmacy did not have targets set for its services.

The dispenser felt comfortable about discussing any issues with the pharmacist or making any suggestions. And she said that a pharmacist from the pharmacy's head office team had been working at the pharmacy for a few months, so any issues could be raised directly with him. The dispenser explained that any issues would be raised informally during the day and promptly addressed.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean, and tidy throughout and this presented a professional image. Pharmacy-only medicines were kept behind the counter and barriers were used to restrict access. Notices were displayed to notify people that these medicines were 'not for self-service'. There was a clear view of the medicines counter from the dispensary. The pharmacist could hear conversations at the counter and could intervene if needed. Air conditioning was available, and the room temperature was suitable for storing medicines.

There were see-through screens at the medicines counter to help minimise the spread of infection. And there was enough room in the shop area for people to maintain a suitable distance. There were two chairs in the shop area. And these were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard.

The main consultation room was accessible to wheelchair users and was located in the shop area. It was suitably equipped, well-screened, and kept secure when not in use. There were two additional consultation rooms towards the rear of the pharmacy. One was mostly used for the Covid vaccination service and the other was not currently being used. The pharmacy was set up so that shutters restricted access to the main pharmacy area if the consultation rooms were being used when the pharmacy was closed. Conversations at a normal level of volume in the consultation rooms could not be heard from the shop area.

Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. The pharmacy gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance with a power-assisted door. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised, and a variety of health information leaflets was available. The pharmacy could produce large print labels for those people who needed them.

The dispenser said that prescriptions for higher-risk medicines were usually handed out by the pharmacist if it was the first issue of the medicine. So, there was the opportunity to speak with these people about how to take their medicines and any potential side effects. But a record of blood test results was not kept at the pharmacy. This could make it harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. The dispenser knew to check that people taking methotrexate were taking it once a week. Prescriptions for Schedule 3 and 4 CDs were highlighted. This help to minimise the chance of these medicines being supplied when the prescription was no longer valid. The dispenser said CDs and fridge items were checked with people when handing them out. The pharmacist said that the pharmacy had supplied valproate medicines recently. But there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme. The pharmacy did not have the relevant patient information leaflets available. The dispenser said that she would request supplies of these from the manufacturer.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Items due to expire within the next six months were marked and lists were kept for those that had a short expiry. Items were removed from dispensing stock before they had expired. There were no date-expired items found in with dispensing stock.

Part-dispensed prescriptions were checked frequently. 'Owings' notes were provided when prescriptions could not be dispensed in full, and people were kept informed about any supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. Uncollected prescriptions were checked monthly and items remaining uncollected after around three months were returned to dispensing stock where possible. Prescriptions for these items were returned to the NHS electronic system or to the prescriber.

CDs were stored in accordance with legal requirements, and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned, and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness, and two signatures were recorded.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA and the pharmacy's head office. The dispenser explained the action the pharmacy took in response to any alerts or recalls. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Triangle tablet counters were available and clean. A separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination. Tweezers were available so that team members did not have to touch the medicines when handling loose tablets or capsules.

Up-to-date reference sources were available in the pharmacy and online. The shredder was in good working order. The phone in the dispensary was portable so it could be taken to a more private area where needed. The pharmacy had personal protective equipment available to use if needed, to help minimise the spread of infection.

Fridge temperatures were checked daily and minimum and maximum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

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.