

Registered pharmacy inspection report

Pharmacy Name: Paydens Pharmacy, 14 Montpelier Vale,
Blackheath, London, SE3 0TA

Pharmacy reference: 9011754

Type of pharmacy: Community

Date of inspection: 28/03/2024

Pharmacy context

This is a community pharmacy on a high street in Blackheath. It provides NHS services such as dispensing and also seasonal flu vaccinations, the New Medicine Service, and the Pharmacy First Service. It supplies medicines in multi-compartment compliance packs to some people who need this additional support. It provides vitamin D supplements to pregnant people and new mothers under a local NHS scheme.

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

On the whole, the pharmacy appropriately identifies and manages the risks associated with its services. People using the pharmacy can provide feedback or raise concerns, and their personal information is protected. Team members know what to do if they have concerns about the welfare of a vulnerable person. The pharmacy generally keeps the records it needs to by law. Team members record any dispensing mistakes to help make the pharmacy's services safer.

Inspector's evidence

There was a range of standard operating procedures (SOPs) available electronically on the pharmacy's computer. The SOPs were updated as necessary by the pharmacy's head office, and the procedures seen were in date. The responsible pharmacist (RP) explained that team members had been through the SOPs and went through any new electronic SOPs that were issued. But as there was only a single sign-in to the computer, she was not able to locate records to show that each team member had been through them. There were also SOPs which had been printed out, but these were previous versions. A new member of the team had gone through the printed versions instead of the electronic ones, and so was not familiar with the current procedures. The RP said that she would ensure that all team members were familiar with the current electronic SOPs.

Team members recorded any dispensing mistakes which were identified before the medicine was handed to a person (known as near misses) on the pharmacy computer and discussed them at the time they occurred. Dispensing mistakes where the medicine was handed to a person (known as dispensing errors) were also recorded on the computer. The RP explained that dispensing mistakes were reviewed by head office, who also sent the pharmacy a monthly bulletin which included common mistakes. The RP gave an example of a near miss between azithromycin and amoxicillin. This had been discussed in the team, and team members reminded to undertake 'three-point checks' which included checking the name and address on the prescription, medicine name, strength, and form. The RP had printed out information about medicines which sounded alike or looked similar and had discussed this with the team.

The dispenser could explain what they would do if the pharmacist had not turned up in the morning. And said that they had concerns about a person attempting to buy a medicine that could be abused they would speak with the pharmacist.

There was a sign in the public area to inform people how they could provide feedback or make a complaint. People were able to provide feedback via various methods, such as in person, online, or through head office. There was a complain procedure for staff to follow.

The pharmacy had current indemnity insurance. The right RP notice was displayed, and the RP records seen contained the required information. Some records about private prescriptions dispensed did not have the prescriber details. Records about emergency supplies and unlicensed medicines supplied generally complied with requirements. Controlled drug (CD) registers seen had the required information recorded, and the CD running balances were checked regularly. A random check of a CD found that the physical quantity in stock matched the recorded balance.

No confidential information was visible from the public area, and there was a sign explaining the pharmacy's privacy and chaperone policies. Confidential waste was disposed of with a shredder. Team members has individual smartcards to access the electronic NHS systems. One smartcard belonging to a team member who was not present was in a computer, and this was immediately removed.

The RP confirmed that she had completed safeguarding training and could explain what she would do if she had any concerns about a vulnerable person. Team members had completed safeguarding training, and this included the driver. There were contact details of local safeguarding agencies available in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services. They do ongoing training to help keep their knowledge and skills up to date, and they feel comfortable about raising any concerns. Team members generally do the right accredited training for their roles, but the pharmacy does not always enrol them on the appropriate courses in a timely way.

Inspector's evidence

During the inspection there was the RP, a trained dispenser, a trained medicines counter assistant (MCA), and a new team member who had worked there for less than two weeks. There were also two MCAs who worked on Saturdays. One was a pharmacy student, but the other one was not registered on an accredited training course and had started working at the pharmacy more than three months ago. On the same day as the inspection, the company confirmed that the untrained MCA had been enrolled on a training course.

The pharmacy was busy, but staff were coping well and were generally up to date with their workload. Team members were observed referring queries to the RP as appropriate. They received ongoing training provided by the company and were able to complete this at work when the workload allowed. Staff felt comfortable about raising any concerns or making suggestions. There were ad hoc team meetings, and team members received regular performance appraisals. Staff were set some targets, including about the Pharmacy First service and blood pressure checks, but felt they were not under any undue pressure to achieve them. The RP felt able to take any professional decisions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for its services 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 make sure that all areas are kept free from unnecessary clutter.

Inspector's evidence

The pharmacy was generally clean and tidy. The dispensary had limited storage space, but there was an adjacent room which had additional space and was used for the preparation of multi-compartment compliance packs. Lighting throughout the pharmacy was good, and there was enough clear workspace for dispensing. There was a consultation room which allowed a conversation at a normal level of volume to take place inside and not be overheard. The room was a little cluttered with large boxes, but it was otherwise clean and tidy. The premises were secure from unauthorised access.

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 generally manages them appropriately. Team members take the right action in response to drug alerts and recalls.

Inspector's evidence

There was an automatic door from the street, and a small step up into the pharmacy. Team members said that there was a sound when the door was opened, and they assisted people who needed help getting into the premises. They said that they used online translation applications when required. The pharmacy computers could generate large-print labels if people needed them.

Prescriptions for higher-risk medicines were not always highlighted. The RP said that team members were good at noticing when prescriptions for these medicines were handed out but said that the prescriptions would be highlighted in future with stickers. Dispensed prescriptions for fridge items were highlighted. Dispensed prescriptions for CDs were not always highlighted, but the date the prescription was valid until was printed on the bag labels. The RP was aware of the updated guidance about valproate, and there were signs in the dispensary to remind the other team members.

The pharmacy provided the Pharmacy First service, and the RP said that they had received referrals from GP practices or people self-referring, but had found that not that many people were eligible for the service. The RP said that she had reached out to a local GP practice to explain how the service worked. The RP confirmed she had signed the relevant PGDs electronically.

The pharmacy did deliveries of medicines to some people in their own homes. The driver used an electronic system to provide an audit trail of when medicines had been delivered, and the pharmacy staff had access to this system.

The pharmacy received its medicines from licensed wholesale dealers and specials suppliers, and stored them in tidy way. Team members said that they went through any uncollected dispensed medicines monthly and returned any uncollected prescriptions to the NHS spine. CDs were kept securely. Bulk liquids were marked with the date of opening to help staff know if they were still suitable to use. Date checking of stock was done by the team regularly and recorded, and no date-expired medicines were found in stock during a random check. Medicines for destruction were appropriately separated from current stock.

The pharmacy had two medical fridges for storing medicines requiring cold storage. The temperatures for one fridge had been recorded on the pharmacy computer and the records seen were within the appropriate range. There were no records kept for the second fridge, although team members said that they did check the temperatures daily along with the first fridge. The minimum and maximum temperatures on the second fridge during the inspection were within the appropriate range. During the inspection, a new temperature record was set up for the second fridge, and the RP gave assurances that the temperatures would be recorded on a daily basis.

The pharmacy received drug alerts and recalls via email and the RP explained the action the team took

in response. The emails were then printed out and stored in a folder, and a note made about when the action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and generally maintains it appropriately. It uses its equipment in a way which helps protect people's confidentiality.

Inspector's evidence

There was a range of clean calibrated glass measures for measuring liquids, and some were marked for use with only certain liquids. The otoscope was new and had not yet been used. Team members said that the blood pressure meter was broken, and a replacement had been ordered. Tablet counting triangles had some tablet dust on them, and the dispenser said that they would be cleaned.

There was a cordless phone which could be moved to a quieter part of the dispensary to help protect people's personal information. Computer screens were turned away from people using the pharmacy, and the computer terminals were password protected.

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.