

# Registered pharmacy inspection report

**Pharmacy Name:** Qrystal Pharmacy, 301-303 Borough Street,  
London, SE1 1JH

**Pharmacy reference:** 9011899

**Type of pharmacy:** Community

**Date of inspection:** 27/11/2024

## Pharmacy context

This is a community pharmacy located on a busy main road, next door to a dental practice. The pharmacy serves the diverse local population. It mainly dispenses NHS prescriptions which are received electronically. It provides the flu vaccine and Pharmacy First services. It also provides 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. And it generally keeps the records it needs to by law, so it can show that supplies are made safely and legally. The pharmacy has written procedures to help its team safely and effectively. But some of them are outdated which means team members may not fully understand what is expected of them.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs), but they were outdated. A post-it note indicated that the SOPs had been reviewed in 2024 but they did not appear to have been updated, for example, they still referred to the previous owner as the responsible pharmacist (RP) and person in charge of handling complaints. The SOP covering controlled drug (CD) requisitions stated that appropriate note paper could be used if a standardised requisition form was not available. This was not in line with current requirement. So there was a risk that some SOPs may not always reflect current practice. The RP said they would ensure that the SOPs were reviewed and updated. Team members had signed a record sheet to confirm that they had read the SOPs.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were seen to be documented routinely on monthly logs. Team members said that they discussed and reviewed the near misses so that they could learn from them. But the pharmacy did not keep a record of the discussions, so it may not be able to review any action points raised. The team described making some changes to reduce the risk of mistakes, for example, placing partitions between various medicines, and taking short mental breaks. They also confirmed medicines with each other if they were not entirely sure, particularly when dispensing inhalers and insulins. A procedure was in place for dealing with dispensing mistakes which had reached a person, known as dispensing errors. The team described a recent dispensing error where the incorrect multi-compartment compliance pack was delivered to a person. The delivery driver was now confirming details with the person and taking photographs of the bag before handing it to the person. People were also contacted to confirm that they had received their delivery.

The correct RP sign was displayed. Team members understood their roles and responsibilities. The RP record was kept electronically, and samples checked were generally in order. The private prescription and emergency supply records were kept electronically, but prescriber details were missing from several private prescription entries. Controlled drug (CD) registers were maintained in accordance with requirement but running balances were not checked regularly. This may make it harder to identify discrepancies in a timely manner. A random stock check of a CD agreed with the recorded balance. The pharmacy had current professional indemnity insurance cover.

People were able to provide feedback online or verbally. A complaints procedure was in place, but it was outdated as it still named the previous owner as the person to deal with formal complaints.

Team members did not know if they had completed training on the General Data Protection Regulations. A folder containing confidentiality clauses was found but these had been signed by previous staff and not current team members. The RP said they would ensure that team members were provided with appropriate training on data protection and GDPR. Team members described ways in

which they protected people's confidentiality, for example, by talking discretely, signposting people to the consultation room, and asking people to write their details on slips of paper. Confidential waste was shredded. Computers were password protected and smartcards were used to access the pharmacy's electronic records.

A safeguarding policy was available for team members to refer to. Team members were able to describe signs of abuse and neglect, and described how they would deal with concerns. The contact details of the local safeguarding team were available at the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members have access to some ongoing training and have opportunities to provide feedback to help improve the pharmacy's services or raise concerns.

### Inspector's evidence

During the inspection there was a regular locum pharmacist and two qualified dispensers. The pharmacy also employed a trainee pharmacy technician who was on annual leave at the time of inspection. The team managed its workload well throughout the inspection.

Team members said they were kept up to date with any changes by the superintendent pharmacist (SI). They said they also completed online courses which they found when researching online and read pharmacy magazines. They did not keep records of training completed which meant they could not demonstrate what they had done. They were provided with some study time during working hours. Information booklets about over-the-counter medicines were available for the team to refer to.

Both dispensers understood their responsibilities. They said they would not hand out dispensed medicines or sell Pharmacy-only medicines (P-medicines) in the absence of the RP. They asked several questions before selling P-medicines to make sure they were suitable and described referring to the pharmacist at times, for example, if a person was taking other medication.

Weekly discussions were held with the SI and team members had the opportunity to raise concerns or make suggestions. Team members felt supported at work and said the SI was open to feedback. The SI had recently fitted a barrier at the medicines counter after receiving feedback from the team. Team members were aware of the whistleblowing policy that was available at the pharmacy. Targets were not set for the team.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And it is kept secure from unauthorised access.

### Inspector's evidence

The pharmacy comprised of a shop unit located at the corner of a parade of shops. It had a spacious retail area which was kept clean and tidy. There was a cushioned, wipeable bench for people wanting to wait for a service. P-medicines were stored behind the medicines counter and there was a pull-out barrier to prevent people from moving behind the counter.

There was sufficient work and storage space in the dispensary, but workbenches were slightly cluttered with baskets of dispensed medicines which had been dispensed earlier on in the morning. The pharmacist said the dispensed medicines would be checked by the end of the day.

The pharmacy had a clearly signposted consultation room on the ground floor. It was spacious and fitted with a sink. There were two additional consultation rooms on the lower ground floor, but they were not in use. There was also a sink in the dispensary, but it was not clean. Team members said they would ensure the sink was kept clean in the future.

Team members had access to a kitchenette and toilets. There were storage rooms on the lower ground floor to store excess stock. Cleaning was done throughout the week and was shared by the team. The pharmacy had adequate lighting, and the ambient temperature was suitable for storing medicines. The pharmacy was secured from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

People can access the pharmacy's services easily. The pharmacy provides its services in a safe way. It orders its medicines from reputable sources and largely manages them properly. But it does not always highlight prescriptions for higher-risk medicines, so it may be missing out on opportunities to provide additional counselling information to some people.

### Inspector's evidence

There was step-free access into the pharmacy. Opening hours and services were clearly displayed and screens were fitted in the window to promote services. There were also leaflets and slips promoting certain services, such as the flu vaccine service, which were handed to people. Several leaflets were also displayed on the shop floor. Team members described verbally signposting people to relevant services and said they tried to help improve accessibility to services, for example, by helping people with impaired mobility to enter the premises.

Baskets were used throughout the dispensing process to separate prescriptions and prevent transfer of medicines between people. Dispensed and checked-by boxes were used by team members to ensure that there were dispensing audit trails. Bags of dispensed medicines were stored inside the dispensary and were not visible to people.

Team members confirmed that they had read the MHRA guidance about sodium valproate and were aware of the need to dispense this medicine in its original packaging. They made additional checks, for example, confirming the person's age and if they were on the Pregnancy Prevention Programme. They also ensured that dispensing labels were not placed on the warning signs on the medicine packs. The pharmacy did not routinely check if people taking other higher-risk medicines, such as lithium and methotrexate, were being monitored, and did not always provide them with additional advice. The RP said that they would review the process for dispensing and supplying higher-risk medicines. Anticoagulant, lithium, steroid, and valproate cards were available at the pharmacy. The pharmacy highlighted prescriptions for Schedule 2 and 3 CDs. This helped reduce the risk of supplying these medicines past the valid date on the prescription.

There were clear audit trails for the multi-compartment compliance pack service to help the team keep track of when packs were due. Prescriptions were cross-checked against the patient medication record and backing sheets. The pharmacist checked the stock before trays were assembled by the trainee technician or dispenser. Prepared packs observed were labelled with product descriptions and patient information leaflets were seen to be supplied.

The pharmacy had started providing the Pharmacy First service. The RP assessed people and if they did not meet the criteria for the supply, they would be provided with advice or over-the-counter remedies. The RP described referring some people to their GP. Consultations and supplies were documented on the online system. Signed patient group directions and relevant support material was available and easily accessible to the team.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. Medicines were stored in an organised manner on the shelves. The pharmacy team checked the expiry dates of medicines at

regular intervals and kept clear records of this. Some medicines stored in amber medicine bottles, and not labelled with batch number or expiry date, were found on the shelves. These were disposed of during the inspection. The fridge temperature was 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. Drug alerts and recalls were received, actioned and filed for reference. The pharmacy had actioned the latest MHRA alerts.



## 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

Computers were password protected and screens faced away from public view to protect people's confidentiality. The pharmacy had several glass measures, and one plastic measure. This was disposed of during the inspection. There were tablet counting triangles and capsule counters. The RP said that the blood pressure monitor was relatively new. The pharmacy had a pharmaceutical fridge, and this was clean and suitable for the storage of medicines. 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.