

# Registered pharmacy inspection report

**Pharmacy Name:** Rifaray Pharmacy, River House, 1 Maidstone Road,  
Sidcup, Kent, DA14 5RH

**Pharmacy reference:** 9012176

**Type of pharmacy:** Private

**Date of inspection:** 14/06/2024

## Pharmacy context

The pharmacy is in an office block in Sidcup, Kent. It does not provide any NHS services but dispenses medications against private prescriptions. It also offers consultations with a pharmacist and provides services for a range of conditions such as vitamin B12 deficiency and earwax removal. It runs a specialist vaccination and travel clinic and offers other services including minor ailments, erectile dysfunction and hair loss using Patient Group Directions (PGDs).

## 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 manages risks well and keeps the records it needs to by law. Team members protect people's information and have the relevant training to safeguard the welfare of vulnerable people using their services. People using the pharmacy's services can easily provide feedback in several ways, and the pharmacy has procedures to minimise errors and learn from its mistakes. The pharmacy has written procedures to help team members deliver safe and effective services.

### Inspector's evidence

The responsible pharmacist (RP) sign was correct and visible at the time of inspection, alongside a current pharmacy indemnity insurance certificate. The RP record was completed fully. The superintendent pharmacist (SI) was in the process of updating the standard operating procedures (SOPs) which were printed in a folder for the team to reference. The SI confirmed team members had read them but they had yet to sign them. The SI gave assurances that the SOPs would be signed as soon as possible.

The pharmacy did not hold stock of controlled drugs (CDs) requiring safe storage, process unlicensed medicines or issue emergency supplies. CDs were ordered as required to fulfil a prescription and were signed in and out of the CD register in close succession. CD registers were tidy with clear entries. One CD entry was found to be missing from the register, but this was quickly rectified during the inspection. Private prescription records mostly contained the required information.

The pharmacy had logs available to record dispensing mistakes that were identified before reaching a person (near misses). The SI explained that due to the low number of items the pharmacy had not yet experienced any near misses. And there had been no reported dispensing mistakes which had reached people (dispensing errors). Feedback or complaints from people using the pharmacy's services could be received in person, via telephone, email or through the pharmacy's website. If a complaint was received, team members could escalate issues to the SI.

Computers were password protected meaning that confidential electronic information was stored securely. Confidential paper waste was shredded on-site. The SI said that they had completed General Data Protection Regulation (GDPR) training through the Centre for Postgraduate Pharmacy Education (CPPE). The SI understood safeguarding requirements and was able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. The SI had completed level two safeguarding training through CPPE and was aware they could refer onto safeguarding authorities if required. Contacts for local safeguarding boards were listed in the safeguarding SOP for reference.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient levels of staff for the services it provides and manages its workload safely. The team has the appropriate skill mix to ensure safe practice, and team members do additional training to help develop their skills. Team members can raise concerns if needed.

### Inspector's evidence

The team consisted of the SI, who worked full-time, and two additional part-time pharmacists who were able to cover absences or planned leave to ensure business continuity. There were no numerical targets set for the services offered and there was no backlog of workload.

There was no formal appraisal process for the pharmacists, however the SI described working openly and honestly with their team and had informal discussions around concerns and feedback. The SI said that one of the pharmacists in the team had completed the training to offer phlebotomy services. The SI had certificates of competency for travel vaccinations and ear wax removal through an accredited provider. And completed ongoing learning through CPPE and the Royal Pharmaceutical Society resources.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it has appropriate spaces for providing its services safely. The pharmacy premises are also safe, secure, and appropriately maintained.

### Inspector's evidence

The office building in which the pharmacy was located had a staffed reception, and the pharmacy was on the second floor. Outside the pharmacy there was seating available for people waiting to be seen. The pharmacy premises were spacious with lockable shelving units for the storage of medicines. Pharmacy-only and General Sales List medicines were stored in clear lockable cabinets which could be accessed by team members. Appropriate security measures were in place and the premises was clean and tidy, with good ventilation and it was well-lit. There was air-conditioning available to maintain a suitable temperature for the storage of medicines. There was a consultation room and treatment room inside the pharmacy and conversations at a normal level of volume could not be heard from outside the rooms. Handwashing facilities were available in the pharmacy. Shared toilets with separate handwashing facilities were available in the main building, and a separate wheelchair accessible toilet was available on the ground floor.

The pharmacy's website was easy to navigate, with information available on the treatments and services offered. Contact information and details of the SI were clearly displayed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy suitably manages its healthcare services. It sources medicines from reputable suppliers and stores medicines appropriately. Team members know the right actions to take in response to safety alerts and recalls, but they do not keep a record of these. This could make it harder for the pharmacy to show what it has done to ensure medicines and medical devices are fit for purpose.

### Inspector's evidence

People could access the pharmacy through doorways large enough for wheelchairs and pushchairs. The entrance to the building had a ramp and there were elevators available to reach the pharmacy. The pharmacy operated by appointments, which could be made by people using their website, and people were able to walk-in without an appointment to access services as staffing and resource capacity allowed.

All medicines were sourced from licenced suppliers and stock was checked monthly for out-of-date medicines. A spot check of stock revealed no expired medicines. Safety alerts and drug recalls were received through the pharmacy email, however there was not an audit trail in place to document the action taken in response. The SI gave assurances that they would make a note of what action had been taken in response to them to ensure an audit trail was created. The pharmaceutical fridge was in range at the time of inspection and records were well kept, showing no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius.

The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks. Information on the dispensing labels could be made larger for people if required. Baskets were available to separate people's prescriptions to reduce the risk of errors. High-risk medicines had not been dispensed by the pharmacy. However, the SI was able to describe the appropriate checks to perform before dispensing a prescription of this nature. They said that if there were not any recent blood test results available, they could offer this privately through their phlebotomy service. The SI had not dispensed any prescriptions for valproate products, but they were aware of the risks and current guidance surrounding these, including checking whether people were on a Pregnancy Prevention Programme (PPP) where appropriate.

The pharmacy used PGDs to provide many of their services and these were valid but not signed by the team members using them, however the SI confirmed they had completed the appropriate training. The SI gave assurances that they would get the relevant team members to sign the PGDs. The vitamin B12 injection service was provided against prescriptions issued by a third party service, paperwork for this was also not signed at the time of inspection, but the SI rectified this immediately. PGDs for the travel vaccinations were signed electronically following a competency exam through the provider.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use and has adequate resources to provide information.

### Inspector's evidence

The pharmacists had access to and used current and relevant reference sources for clinical checks and providing advice. The pharmacy had a new suitable, clean standardised conical measure for measuring liquids, and a tablet counter for dispensing loose medications. There was a new otoscope available, and the blood pressure monitor was replaced in line with the manufacturer's guidance. An anaphylaxis kit was available in the treatment room, along with sharps bins for the safe disposal of vaccines and phlebotomy consumables. The pharmacy's computer was password protected to safeguard information, and a portable telephone enabled the team to ensure conversations were kept private where necessary.

### 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.