

# Registered pharmacy inspection report

**Pharmacy Name:** Honeycomb, 100 Guildford Street, CHERTSEY,  
Surrey, KT16 9AD

**Pharmacy reference:** 1036442

**Type of pharmacy:** Community

**Date of inspection:** 10/03/2020

## Pharmacy context

A community pharmacy set on a parade of shops in the centre of Chertsey. The pharmacy opens six days a week. And most people who use it live or work close by. The pharmacy sells a range of over-the-counter (OTC) medicines and some health and beauty products. It dispenses NHS and private prescriptions. And it provides multi-compartment compliance packs (compliance packs) to help people take their medicines. The pharmacy offers Medicines Use Reviews (MURs) and the NHS New Medicine Service (NMS).

## 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 generally manages its risks well. And it has written procedures to help make sure its team works safely. The pharmacy keeps most of the records it needs to by law and it has adequate insurance to help protect people if things do go wrong. It asks people using its services for their views. Members of the pharmacy team can explain what they do, what they're responsible for and when they might seek help. They review the mistakes they make to try and stop them happening again. They understand their role in protecting vulnerable people. And they generally keep people's private information safe.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. Members of the pharmacy team were required to read and follow the SOPs relevant to their roles. But not all of them had signed the SOPs. The team members responsible for making up people's prescriptions tried to keep the pharmacy's workstations tidy. And they generally stored pharmaceutical stock in an organised fashion. The pharmacy had systems to record and review dispensing incidents and near misses. Members of the pharmacy team recorded their mistakes. And they discussed and reviewed them periodically with their colleagues to learn from them and to try to stop them happening again. For example, they highlighted some look-alike and sound-alike drugs to help reduce the risks of them picking the wrong medicine from the dispensary shelves. But they didn't always record the learning points from their reviews.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. The roles and responsibilities of the pharmacy team weren't clearly defined in the SOPs. But members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell OTC medicines if a pharmacist wasn't present. And they would refer repeated requests for products liable to overuse, misuse or abuse to the RP. The pharmacy had a complaints procedure. Patient satisfaction surveys were done most years. And the pharmacy team asked people for their views. The results of last year's survey were yet to be published. But the previous year's results were available online. People's feedback led to the pharmacy trying to keep people's preferred makes of prescription-medicines in stock.

The pharmacy had insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's emergency supply records and its RP records were generally kept in order. The address from whom a controlled drug (CD) was received from wasn't always recorded in the CD register. And the CD register's running balance wasn't checked regularly. So, opportunities to spot mistakes were sometimes missed. And, for example, a running balance discrepancy was discovered at the time of the inspection. The RP needed to investigate it further and report it to the CD accountable officer if it couldn't be resolved. The prescriber's details were occasionally incomplete or incorrect in the pharmacy's private prescription records. The pharmacy's records for the supply of unlicensed medicinal products ('specials') didn't always include the date an unlicensed medicinal product was obtained.

The pharmacy had an information governance policy which its team members have read. But they haven't signed it. The pharmacy didn't display a privacy notice to tell people how it, and its team,

gathered, used and shared their personal information. They stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy had arrangements to make sure its confidential waste was collected and then appropriately destroyed onsite. But people's details weren't always obliterated or removed from patient-returned pharmaceutical waste before being disposed of. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team generally don't have time set aside so they can train while they're at work. But they use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The pharmacy opened for 51 hours a week. It dispensed about 6,000 NHS prescription items a month. The pharmacy team consisted of a part-time pharmacist (the superintendent pharmacist), two full-time dispensing assistants and two part-time medicines counter assistants. The pharmacy also had two locum pharmacists who worked at the pharmacy regularly too. The superintendent pharmacist and one of the dispensing assistants, who was a company director, managed the pharmacy and its team. The RP, both dispensing assistants and both medicines counter assistants worked during the inspection. The pharmacy relied upon its team and locum staff to cover absences.

The pharmacy's team members needed to complete accredited training relevant to their roles. And the RP gave assurances that each team member was suitably qualified for what they did. Members of the pharmacy team worked well together and supported each other. So, prescriptions were processed quickly, but safely, and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff described the questions she would ask when making OTC recommendations and when she would refer people to a pharmacist. For example, requests for treatments for infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

The pharmacy's team members discussed their performance and development needs throughout the year. They were encouraged to keep their knowledge up to date. But they were often too busy dealing with people or helping manage the workload to do so. And they didn't get set aside time to train. They sometimes found it challenging to do all the things they were expected to do. And they were asked to promote the pharmacy's services. But the pharmacy didn't set targets or incentives for them. And the RP only provided MURs and NMS consultations when it was clinically appropriate to do so. Team meetings were held occasionally when the pharmacy wasn't busy to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Its team felt comfortable about making suggestions on how to improve the pharmacy and its services. Team members knew how to raise a concern if they had one. And their feedback led to changes to the pharmacy's prescription retrieval process and the location of the pharmacy's counter.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy has a room where people can have private conversations with members of the pharmacy team. The pharmacy provides a clean and professional environment for people to receive healthcare in. But its team members don't always have the workspace they need to work in.

### Inspector's evidence

The pharmacy was air-conditioned, bright, clean and professionally presented. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy had a consultation room if people needed to speak to a team member in private. The consultation room could be locked when it wasn't being used. The pharmacy's dispensary was small. The dispensary had limited workbench and storage space for the pharmacy's current workload. And its worksurfaces and floor could become cluttered when the pharmacy was busy. The pharmacy's sinks were clean. The pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services people can access. Its working practices are generally safe and effective. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they generally dispose of waste medicines properly too.

### Inspector's evidence

The pharmacy didn't have an automated door. But its entrance was level with the outside pavement. And a member of the pharmacy team would open the door when necessary. So, people with mobility difficulties, such as wheelchair users, could enter the building. The pharmacy didn't clearly advertise its services in-store and it didn't have any practice leaflets. But it displayed a notice to provide people with clear advice on what to do if they were concerned about coronavirus. Members of the pharmacy team were helpful. And they signposted people to another provider if a service wasn't available at the pharmacy. The pharmacy didn't offer a delivery service. So, people who couldn't attend its premises in person relied upon others to collect their medication.

The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged. And it had a process to assess if a person was eligible for the service. The pharmacy's dispensing workflow was carefully managed to reduce the chances of staff making mistakes. Members of the pharmacy team followed the pharmacy's procedures. They used baskets to separate people's prescriptions. They referred to prescriptions when labelling and picking products. The pharmacy kept an audit trail of the person who assembled and checked each prescription. And its team generally provided patient information leaflets with each dispensed product. Prescriptions were highlighted to alert the team member handing them out when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. But prescriptions for CDs weren't routinely marked with the date the 28-day legal limit would be reached to help the team make sure supplies were made lawfully. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks which were documented. The pharmacy team highlighted short-dated products and marked containers of liquid medicines with the date they were opened. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team tried to keep patient-returned and out-of-date CDs separate from in-date stock. But there wasn't much space left in the CD cabinet to do so. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. And they had started to decommission stock for some prescriptions, but not all, as the pharmacy had the appropriate equipment and computer software to do so. But the SOPs hadn't been

reviewed to reflect the changes FMD brought to the pharmacy's processes. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste. But pharmaceutical waste had been allowed to build up and some cytostatic medication was found in a bin intended for non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

### Inspector's evidence

The pharmacy had a clean glass measure. It had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided blood pressure (BP) checks on request. And the BP monitor was replaced about six months ago. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

### 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.