

# Registered pharmacy inspection report

**Pharmacy Name:** Beeches Pharmacy, 2B Beeches Avenue,  
CARSHALTON, Surrey, SM5 3LF

**Pharmacy reference:** 1036457

**Type of pharmacy:** Community

**Date of inspection:** 31/07/2019

## Pharmacy context

This pharmacy is located in a small parade of shops near Carshalton Beeches railway station. It primarily dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers a limited range of additional services such as the NHS Medicines Use Review (MUR) service.

## 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

Members of the pharmacy team work to professional standards, effectively identifying and managing most of the risks associated with providing their services. They are clear about their roles and responsibilities. The pharmacy has written instructions, which tell staff how to complete tasks safely. It keeps most of the records it needs to by law, and it stores them in tidy, well-organised files. But it has not kept all of those files up to date which makes it more difficult to find things if there are any queries. And the pharmacy does not log any of the mistakes it makes during the dispensing process. So it is missing opportunities to learn from them and avoid problems being repeated. Team members understand how they can help to protect the welfare of vulnerable people. The pharmacy manages and protects confidential information well, and it clearly lets people know how their private information will be used. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

### Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, last reviewed 12 July 2017, and signed by all staff to say that they had read and understood them. They were due to have been reviewed by 11 July 2019. They were kept in well organised and numbered lever-arch files with an index page indicating the contents of each file. The responsible pharmacist (RP) SOPs were kept in a separate file and were due to be reviewed in June 2020.

Errors and near misses were not recorded although there was a set of report forms on a clip. The only entry was dated 2017. There was no evidence of any review or reflection upon any near misses or errors. This was discussed, and upon reflection the pharmacist agreed to start recording and reviewing all errors.

Roles and responsibilities of staff were documented in the SOPs, which included a pharmacy task matrix and staff competency matrices for each individual member of staff. The medicines counter assistant (MCA) was able to clearly explain what he does, what he is responsible for and when he might seek help. He outlined his roles within the pharmacy and where responsibility lay for different activities. The MCA was able to describe what action he would take in the absence of the responsible pharmacist, and he explained what he could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log on the computer was complete. All staff knew how to contact the pharmacy owner for advice in the event of a power failure or other emergency which could affect the continued operation of the pharmacy.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed in a notice on the door of the consultation room, showing that 97% of respondents rated the pharmacy overall as either excellent or very good. The pharmacy complaints procedure was set out in the SOP file and there was a prominent notice in the waiting area for patients to see, as well as in the pharmacy practice leaflet.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until September 2018 was on display. The NPA was contacted and confirmed that valid insurance was currently in place and due to expire 30 September 2019. A copy of the valid

certificate was emailed to the pharmacy to replace the out-of-date one.

Private prescription records were maintained in a book and were all complete and correct. There were also emergency supply records which were complete and correct. The controlled drug (CD) register was seen to be correctly maintained. Stock checks of two randomly selected CDs were found to balance correctly with the entries in the CD register. Alterations made in the CD register were asterisked and a note made at the bottom of the page with initials and dates. Stock balances were checked at intervals of between one and two months. Records of CDs returned by patients were seen to have been made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed 'specials' were mostly complete, but a small number were missing either the patient details or the prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. There was a separate information governance (IG) folder and several notices on display describing how the pharmacy manages people's personal data. Completed prescriptions in the prescription retrieval system were all turned so that no sensitive information was visible to people waiting at the counter. The second MCA described how she always checked the retrieval shelves when she arrived for work to ensure that they are all facing away from public view. Confidential waste was kept separate from general waste and shredded onsite as required. A privacy notice was prominently displayed by the door of the consultation room.

There were safeguarding procedures in place and contact details of local referring agencies were seen to be held in the safeguarding section of the human resources file. The MCA had not received any formal training on safeguarding but was able to describe some of the warning signs to look out for and would refer to the pharmacist if he had any concerns. All staff were dementia friends.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Although most of the pharmacy's team members have been well-trained and have a good understanding of their roles and responsibilities, the pharmacy has not provided everyone with the required training. This may affect the quality of care and advice that people receive from the pharmacy.

### Inspector's evidence

There was one medicines counter assistant (MCA) and the RP on duty at the start of the inspection. A second MCA arrived after lunch. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, other team members would increase their hours to cover each other.

The MCA had been employed at the pharmacy for three years and had not been registered on a suitable training course as required. He was also seen to be putting dispensary stock deliveries away. This was a task for which he had not undertaken any accredited training. This was discussed and he explained that he would be leaving in the next month and that two new members of staff (who had already undertaken the required training elsewhere) were due to start the following week. Paper training records and certificates were seen confirming that the other member of staff had completed the required training (NPA Interact), and ongoing training to keep up to date with either new products, legislative changes and quality payment requirements (for example CPPE children's oral health). Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases, although he did say that since putting the codeine products out of sight, they didn't get many requests at all.

The pharmacist was seen to serve customers when the MCA was busy, and asking appropriate questions when responding to requests or selling medicines. The pharmacist and MCAs all confirmed that they were comfortable with making decisions and did not feel pressurised to compromise their professional judgement. Team members said that they could raise concerns and that there was a whistleblowing policy available for them if needed. The MCAs were able to contact the owner if necessary. There were no formal targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive its services.

### Inspector's evidence

The pharmacy premises were clean, tidy and in a satisfactory state of repair with step-free access and a single entrance door. The dispensary was big enough for the volume of work and enabled two people to work safely and effectively. The layout was suitable for the activities undertaken, with an office at the rear.

There was a separate consultation room for confidential conversations, consultations and the provision of services. This room was not locked when not in use, but there was no confidential information and the computer was password protected. Access was from the waiting area and from behind the medicines counter. There was a sink with hot and cold running water in the consulting room.

The dispensary sink had cold running water but was covered with a removable board to create additional workspace. Handwash was available. The sinks and toilet areas were reasonably clean and well maintained. Room temperatures were appropriately maintained by a heaters or fans as required to keep staff comfortable and suitable for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and generally manages medicines safely, and so makes sure that the medicines it supplies are safe for people to take. The pharmacy takes steps to identify people supplied with high-risk medicines, but it doesn't record all of the details. So it may be missing opportunities to help ensure that people take their medicines safely.

### Inspector's evidence

A list of pharmacy services was displayed in the shop window and on posters around the pharmacy area. There was also a range of health information posters and leaflets on display in the waiting area. Records were seen of signposting advice given. The pharmacy provided a limited range of services and focussed mainly on dispensing prescriptions.

No specific controls were seen to be in place to reduce the risk of picking errors, such as highlighting look alike, sound alike (LASA) medicines on the shelf. Although ramipril tablets had been separated from ramipril capsules to reduce the risk of mixing them up. The pharmacist was working on his own and was checking his own work. They used baskets to keep some individual prescriptions separate, and prescription labels were initialled to show who had dispensed and checked them. Owings tickets were not in use when medicines could not be supplied in their entirety, although the owing was recorded on the PMR system. If an item was likely to be unavailable for some time, the patients were referred back to their GP or the pharmacist would contact the GP on their behalf later in the day to arrange an alternative. They would also be given the option of trying another pharmacy.

Completed prescriptions for CDs were either not assembled until patient arrived, or they were kept in separate area depending on how many individual items there were on the prescription. Prescriptions were attached and annotated 'CD' so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 and 4 CDs were treated in the same way. Fridge lines in retrieval awaiting collection either had a fridge label or annotated with 'fridge' so that staff would know that there were items to be collected from the fridge.

Staff were aware of the risks involved in dispensing valproates to patients who may become pregnant, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The leaflets and cards were seen to be stored together with the valproate products themselves. The valproate audit did not identify any patients in the at-risk group. Patients on warfarin were asked if they knew their current dosage, whether they had their yellow book and whether their INR levels had been recently checked. These interventions were not routinely recorded except when conducting an MUR.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Phoenix Sigma and OTC Direct. Unlicensed 'specials' were obtained from Alliance and Sigma. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD), but they were waiting for training before starting to decommission products.

Routine date checks were seen to be in place, and record sheets were seen to have been completed.

The dispenser explained how they all would usually do it and mark the shelf with a dated sticker to show how far they had progressed. They marked those items with a shelf life of less than three months with a post-it note to highlight the expiry date. If the item was still present at the beginning of the month of its expiry, it would then be removed from stock and disposed of. There were separate sheets with a section per staff member for over-the-counter products. Opened bottles of liquid medicines were annotated with the date of opening. There were no plain cartons of stock seen on the shelves, and all medicines were stored in their original containers packaging.

Fridge temperatures were recorded daily and all seen to be within the correct temperature range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range.

Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. People with sharps for disposal were signposted to the local council or GP surgery. There was a separate purple-lidded bin for hazardous waste and a list of hazardous medicines was fixed to the wall. Denaturing kits for the safe disposal of CDs were seen.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept in a file. Each alert was annotated with any actions taken, the date and initials of those involved, including the most recent one received the day before the inspection. Patients were contacted after searching the PMR system to check if any affected products had been supplied. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy generally keeps most people's private information safe.

### Inspector's evidence

The pharmacy had the necessary resources required for the services provided, including a range of crown stamped measuring equipment, equipment for counting loose tablets and capsules (including cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard

NHS Smart cards were seen to be used appropriately and with no sharing of passwords. They were not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

### 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.