

# Registered pharmacy inspection report

**Pharmacy Name:** Anna Pharmacy, 398 Green Wrythe Lane,  
CARSHALTON, Surrey, SM5 1JF

**Pharmacy reference:** 1036459

**Type of pharmacy:** Community

**Date of inspection:** 18/05/2021

## Pharmacy context

This busy pharmacy is part of a small family owned group of pharmacies. It is in a parade of shops on a major roundabout between the centre of Carshalton and Rose Hill in Surrey. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides healthcare advice. It also offers a travel clinic including 'fit to fly' COVID tests. And it delivers medicines in multi-compartment compliance packs to people who can't visit the pharmacy in person.

## 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 has up-to-date written instructions which tell its team members how to complete their tasks safely. It has also made suitable adjustments to those instructions to help prevent the spread of COVID-19. Members of its team are clear about their roles and responsibilities. They work to professional standards, identifying and generally managing risks effectively. The pharmacy has adequate insurance in place to help protect people if things do go wrong. The pharmacy manages and protects confidential information well, and it tells people how their private information will be used. Team members also understand how they can help to protect the welfare of vulnerable people. But the pharmacy does not adequately record the mistakes its team members make during the dispensing process. This makes it harder for the pharmacy to show that its team members learn from their mistakes.

### Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) in place to support all professional standards. They were last updated in February 2019 and were currently being reviewed by the area manager. The SOPs themselves were stored online but there was a paper file with signature sheets signed by all staff to show that they had read and understood the SOPs. The area manager also had copies of the workplace risk assessments and individual risk assessments completed by each member of staff. All staff had received at least one dose of COVID-19 vaccine and were self-testing twice weekly. There was a business continuity plan in which the pharmacy had buddied up with other local pharmacies via the Primary care Network (PCN) so that services could be maintained if the regular pharmacist was unable to work. The responsible pharmacist (RP) was the PCN pharmacy lead. All staff were wearing fluid resistant face masks to help minimise the risks associated with the virus. They changed their masks and washed their hands at frequent intervals. The RP was reminded of his obligation to report any cases of COVID-19 suspected of having been contracted in the workplace to the appropriate authorities.

Errors and near misses were not currently being recorded as they occurred, although the pharmacist discussed them within the team at the time, to make sure everyone learned from them. There was a file containing details of the learning points and actions taken for each month. But the last monthly review was in December 2019 and the most recent near miss form was dated September 2020. Upon reflection the RP accepted the need to record all near misses or errors and would brief the team accordingly. Staff were aware of 'Look Alike Sound Alike' (LASA) drugs, which were highlighted on-shelf, and explained that they took extra care when selecting those.

Staff were able to describe what action they would take in the absence of the RP, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The RP notice was correct and clearly displayed for people to see, and the electronic RP record was generally in order. There was just the occasional entry where the RP hadn't signed out when their responsibilities had ended for the day.

The pharmacy hadn't needed to complete a Community Pharmacy Patient Questionnaire (CPPQ) this year owing to the pandemic. The RP explained that the pharmacy had been there many years and the

superintendent pharmacist was well known locally, so people tended to let them know what they thought. He also monitored their prescription nominations and discussed the trends with the team to identify any underlying causes if they were decreasing. There was a prominent notice detailing the pharmacy's complaints procedure by the consultation room door, and practice leaflets were on display inside. Although the certificate of professional indemnity and public liability insurance on display had expired, the RP was able to contact his insurers who confirmed that the cover had been renewed and was currently in place.

Private prescription records were kept electronically and those checked were seen to be complete and correct, although the prescriber details were not recorded in the way the patient medication record (PMR) system supplier intended. The RP explained that he recorded them the way he did because it was frequently very difficult and time consuming to locate the correct prescriber details. Upon reflection, he agreed to contact his system supplier for advice. The Controlled Drug (CD) registers were generally in order. There were some pages where the headers hadn't been filled in, but when pointed out the RP agreed to rectify them straight away. Stock balances were checked at varying intervals depending upon the frequency at which individual lines were used. According to the RP the balances were also checked every time a CD entry was made, although there was no evidence of this in the register. Alterations were annotated with an asterisk and an explanation at the foot of the page. Although the footnotes were dated and initialled, there was no other indication of who made the entry, such as their professional registration number. The RP agreed that including this extra information would help to improve the audit trail. There was a folder for keeping records of unlicensed 'specials' which were generally in order. But the prescriber details were not currently being recorded on the certificates of conformity.

All staff were able to demonstrate an understanding of data protection and they had undertaken General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect people's confidentiality, for example not disclosing personal information over the phone. Completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. The RP demonstrated how they scanned every completed prescription bag which had been allocated a bar code to indicate which shelf it was to be stored on. So, when people came to collect their prescriptions, staff knew exactly which shelf to find it on. They then scanned the barcode again to confirm that the prescription had been collected. The RP explained that they had introduced this system to make it easier to find uncollected prescriptions as they had so many to look through. Confidential waste was kept separate from general waste and shredded onsite, and there was a privacy notice on display for people to see. The NHS Data Security and Protection (DSP) toolkit was not yet due for completion but the RP had everything prepared in readiness.

There were safeguarding procedures in place for both adults and children. And contact details of the local 'multi-agency safeguarding hub' (MASH) were available in the leaflet rack in the consultation room. The RP agreed to print another copy of those contact details and display them somewhere more easily visible to staff. The pharmacists had all been trained to level 2 in safeguarding, and all other staff had been trained to the equivalent of level 1 in accordance with Healthy Living Pharmacy (HLP) requirements.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are appropriately trained, and work well together. They have a satisfactory understanding of their role and how they can help people with their medicines. They are suitably aware of the risks involved in selling some medicines and know when to involve the pharmacist.

### Inspector's evidence

There were three dispensing assistants, one medicines counter assistant (MCA), the superintendent pharmacist (SI) and the RP on duty at the time of the inspection. There was also a provisionally registered pharmacist present at the start of the inspection, whose shift ended shortly afterwards. She appeared to be happy with her progress as she had recently passed the registration assessment and was waiting for her full registration to be completed.

Two of the dispensing assistants described how they were currently working through their accredited NVQ2 training programme, and the third had completed his. The MCA had completed her accredited training with a previous employer. Regular ongoing training from 'Virtual Outcomes' was provided to all staff.

Staff were seen asking appropriate questions when responding to requests or selling medicines. They demonstrated a clear understanding of medicines liable to misuse and would speak to the pharmacist if they had any concerns about individual requests. They also recognised when the same people made repeated requests and would refer them to the pharmacist.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and secure environment for people to receive its services. It has made suitable adjustments to its premises to help minimise the spread of COVID-19. But the premises are barely large enough for the current volume of work and the number of people working there.

### Inspector's evidence

The pharmacy's premises were clean and tidy, and presented a professional image. The retail area appeared well organised with a clear layout. The dispensary had a number of separate workstations enabling the team to keep their distance from one another. But space was limited and there was a stack of plastic storage boxes which made it difficult to maintain social distancing when moving around the dispensary. The dispensary sink was clean and equipped with hot and cold running water. There was a separate area at the rear of the dispensary for assembling multi-compartment compliance packs. The temperature in the pharmacy was maintained at a comfortable level by a heating/air-conditioning system and was suitable for the storage of medicines.

The pharmacy had put some measures in place to help minimise the risks associated with the virus. The pharmacy also limited the number of people in the pharmacy to four at a time. There was a perspex screen at the counter to help minimise the spread of the coronavirus, and the pharmacy was cleaned more frequently as a result of the pandemic.

There was a consultation room available for confidential conversations, consultations and the provision of services. The door was unlocked when not in use, but there was no confidential material visible. The computer was password protected so that only authorised personnel could access it. There was a small sink in the corner, with hot and cold running water.

There was an area to the rear of the dispensary which was used for storing completed compliance packs which were ready to be delivered. There were also separate storage trays containing those items scheduled for imminent delivery. Through the rear exit there was also a separate locked storage room behind the main building. This was used for storing old paperwork, excess stock, and containers of unwanted medicines awaiting collection. The RP explained that they needed the extra space to accommodate all of those items.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services which it generally delivers in a safe and effective manner. And people with a range of needs can easily access them. The pharmacy sources, stores and generally manages its medicines safely. Its team members identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. They do record some of the advice they have given but can't show that they have regularly reminded some people of the precautions they may need to take. The pharmacy makes sure that all the medicines it supplies are fit for purpose, responding adequately to drug alerts or product recalls. But it doesn't clearly record what it does about those alerts or recalls. This might make it harder for the pharmacy to show what it has done if a problem arises later on.

### Inspector's evidence

The pharmacy provided a range of services which were accessible to a wide range of people. There was step-free access through a single door directly from the street.

Controls were seen to be in place to reduce the risk of errors, such as using baskets to keep individual prescriptions separate. Owings tickets were in use when medicines could not be supplied in their entirety. Completed prescriptions awaiting collection were marked to indicate if further intervention was required when handing them out, such as additional counselling or items in the fridge. CDs were clearly marked, and the date highlighted so that they would only be dispensed or handed out within the 28-day validity of the prescription.

Compliance packs were mainly assembled at the rear of the dispensary, away from distractions. There were other workstations where dispensing assistants were dispensing prescriptions. There was a forward planner on the wall detailing a re-ordering schedule and the delivery schedule for the compliance packs. The compliance packs were labelled with product descriptions and Patient Information Leaflets (PILs) were provided on the first week of each four-week cycle. The pharmacy dispensed compliance packs to approximately 180 people, with around 90% of those delivered weekly.

There were delivery sheets showing who had received a delivery. The driver didn't ask people to sign for their delivery, and simply ticked each name once he'd witnessed them accepting it. The RP explained that they had stopped asking for signatures during the pandemic.

Staff were aware of the risks involved in dispensing valproates to women who could become pregnant. The RP confirmed that they did remind people in the at-risk group of the importance of using long-term contraception. There was a historic record of this advice on the pharmacy's record system. The RP was reminded to ensure that these interventions were regularly made and recorded.

The pharmacy provided a substance misuse service to approximately 10 to 12 people, most of whom took their medicine under the supervision of the pharmacist. Those records checked appeared to be in order. There was a bin with the used containers awaiting disposal. The SI explained how the labels would be either anonymised or removed before the rinsed containers were disposed of for recycling.

Medicines were obtained from recognised licensed wholesalers including unlicensed specials. Fridge

temperatures were recorded daily and seen to be within the correct temperature range. Pharmacy medicines were displayed behind the medicines counter to avoid unauthorised access or self-selection.

Unwanted medicines returned by people were screened to ensure that any CDs were appropriately recorded by the pharmacist, and that there were no sharps present. There was a record of all returned CDs that had been destroyed within the pharmacy. The pharmacy received drug alerts and recalls, which were all kept online. Although the RP explained how they acted upon those relevant to them, there was no record of that action as the RP was keen to keep paper to a minimum. Upon reflection he agreed to create a separate folder on the computer for those that had been acted upon. The record could then be updated to indicate what action had been taken, together with the date and initials of the person completing it.

The pharmacy supplied people with lateral flow devices through the recently introduced 'Pharmacy Collect' service. It had also been providing them through a locally commissioned service. Since the introduction of the new service, demand for the commissioned service had declined.

The pharmacy also ran a travel clinic, which mainly provided 'fit to fly' COVID tests at present. The RP confirmed that they had completed a self-declaration in accordance with current requirements, and as advised by their test provider. The pharmacy had not yet received any referrals from GPs for the Community Pharmacy Consultation Service (CPCS) although they were ready to do so if required. The RP explained that he was involved in discussions with the local pharmaceutical committee (LPC) to explore ways of engaging local GPs with this service.



## 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 kept clean and suitably maintained. The pharmacy keeps people's private information safe.

### Inspector's evidence

The pharmacy's equipment and facilities were seen to be appropriate for the services provided. The pharmacy had a set of clean crown-stamped conical measures, and separate measures for methadone. There was also a separate counting triangle for cytotoxics such as methotrexate.

All computer screens were positioned so that they were not visible to the public and were password protected. NHS smartcards were in use, and individual passwords were not shared. There were up-to-date reference books available and the pharmacy had internet access.

### 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.