

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: 25/07/2022

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. 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

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	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 airborne viruses. 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. The pharmacy is now adequately recording the mistakes its team members make during the dispensing process. But it is not reviewing them regularly enough to identify any trends and share what has been learned.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) in place to support all professional standards. They were stored online and there was a paper file with signature sheets signed by all staff to show that they had read and understood the SOPs. There were also workplace risk assessments and individual risk assessments for each member of staff. All staff were wearing fluid resistant face masks to help minimise the risks of spreading airborne viruses.

Errors and near misses were being recorded as they occurred, and the responsible pharmacist (RP) discussed them within the team at the time, to make sure everyone learned from them. But there were currently no regular reviews taking place to help identify any trends and share those with the team. Upon reflection the RP accepted the need to review all near misses or errors with the team on a regular basis and to document those reviews. Staff were aware of 'Look Alike Sound Alike' (LASA) drugs, and explained that they took extra care when selecting those items. They were able to show the inspector some examples.

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 for over 30 years and the superintendent pharmacist was well known locally, so people tended to let them know what they thought. 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 print a new one confirming that the cover had been renewed and was currently in place.

Private prescription records were kept electronically and those examined were complete and correct. The Controlled Drug (CD) registers were generally in order. According to the SOP, stock balances should

be checked at varying intervals depending upon the frequency at which individual lines were used. The RP stated that the balances were checked every time a CD entry was made. The RP was advised to amend the SOP to reflect their current practice. Alterations were annotated with an asterisk and an explanation at the foot of the page. There was a folder for keeping records of unlicensed 'specials' and those examined were in order with the necessary details having been completed.

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 people 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.

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 dispensary for staff to see. 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. There was a chaperone policy notice in the consultation room for people to see.

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, three medicines counter assistants (MCA), one accuracy checking dispensing assistant, and three pharmacists (the superintendent pharmacist (SI), the RP and a third pharmacist) on duty at the time of the inspection.

Although the RP was unable to show any certificates, two of the dispensing assistants had been working through their accredited NVQ2 training programme, and the third had completed his. 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 airborne viruses. 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. There was a perspex screen at the counter to help minimise the spread of airborne viruses.

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.

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. 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 assembling 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 dispensing assistant described how the number of people using their compliance pack service was continually increasing. She maintained individual record sheets for each person's medicines, and the times of day when they needed to take them. If the surgery made any changes to people's prescriptions, she would update those sheets and print a new copy. The record sheets were used to help ensure people's medicines were added to the correct pocket(s) of their compliance packs.

Staff were aware of the risks involved in dispensing valproates to women who could become pregnant. One of the dispensing assistants confirmed that they did remind people in the at-risk group of the importance of using long-term contraception. She also confirmed that they recorded those interventions on the pharmacy's Patient Medication Record (PMR) system.

The pharmacy provided a substance misuse service to approximately 10 to 12 people, some of whom took their medicine under the supervision of the pharmacist. The RP confirmed that they contacted the local substance misuse team if anyone failed to turn up for their medicine on three consecutive days.

The pharmacy was participating in the recently introduced hypertension case finding service. The RP described how he would identify people who met the criteria for the service and encourage them to have their blood pressure measured. Details were recorded on a clinical record form which was then attached to the PMR. An ambulatory blood pressure monitor was provided when appropriate and the

results were shared with the person's GP. The RP felt that this was a very good service and they had identified some people with previously undiagnosed high blood pressure.

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. One of the dispensing assistants described the date checking process. There were coloured stickers on the dispensary shelves underneath any items which were approaching their expiry date. This prompted staff to check the expiry date and use the oldest stock first. Each section of shelving within the dispensary was numbered to match the columns in the date-checking matrix used for recording the checks. The RP stated that they had just completed date-checking all their stock and would be updating the matrix shortly.

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. But the last entry in the book used for recording returned CDs was in 2018. The SI and the RP checked to see if they could find a more up-to-date book but were unable to do so. They were reminded of the importance of keeping an accurate record of returned CDs and their destruction. 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 seen of that action. The RP stated that they considered the paperwork used for returning any such stock to the wholesaler or manufacturer to be their record. During the previous inspection, the RP had 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.

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.