

Registered pharmacy inspection report

Pharmacy Name: Park Lane Pharmacy, 27-29 High Street,
CARSHALTON, Surrey, SM5 3AX

Pharmacy reference: 1036463

Type of pharmacy: Community

Date of inspection: 26/03/2024

Pharmacy context

This is a Healthy Living Pharmacy (HLP) in the centre of Carshalton, Surrey. It dispenses people's prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons. And home deliveries for those who cannot get to the pharmacy themselves. It supplies some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines. And it provides the Pharmacy First service.

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 provides its services in a safe and effective manner. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards, identifying and managing risks appropriately. They understand their role in protecting vulnerable people, and they keep people's private information safe. They keep satisfactory records of the mistakes they make, and regularly review them together so that they can learn from them and act to avoid repeating problems. The pharmacy keeps its records in a satisfactory manner, and regularly checks that its team members complete their routine tasks on time. And it has appropriate insurance to protect people if things go wrong.

Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards. The pharmacy was currently using the SOPs issued by the previous owner, which had been due for review in February 2022. The responsible pharmacist (RP) explained that they had been issued with new SOPs by the new owners, and she was currently reading through them. They were all online and the RP had printed off a list so she could prioritise which ones to read and sign first. Each team member would then read and sign those relevant to their roles. Staff roles and responsibilities were set out in their job descriptions and that they only carried out tasks they were competent to do. Those team members questioned were all clear on the correct procedures to follow.

There were paper forms used for recording errors and near misses. Near misses, which were errors that had been identified and corrected whilst still within the pharmacy, were recorded on the form as soon as they had been identified. Errors which had been identified after the medicine, or service, had been provided to people, were recorded in the same way as near misses but were also reported to the NHS 'learn from patient safety events' (LFPSE) service. The entries included details of who had been involved in the mistake, what had been learned as a result and any action taken to reduce the chance of it happening again. The RP explained that under the previous ownership they submitted these forms to the superintendent pharmacist (SI) at the end of each month. Although they were no longer submitting them, they still followed the same process for reviewing them and discussing any learnings within the team. They completed an online clinical governance submission to their new SI every month, which included confirming that they had reviewed their mistakes. This monthly check required them to confirm that they were following the company's procedures and completed their regular tasks on time. Some 'look-alike, sound-alike' medicines (LASAs) had been separated on the shelves to help reduce the chance of selecting the wrong item. Examples included escitalopram being separated from enalapril. And esomeprazole tablets were separated from the capsules.

There was a business continuity plan which included a contact list for key suppliers and local surgeries. Several MS Teams accounts had also been set up so that staff could quickly communicate with their head office to seek help. The RP explained that she could also access this using her phone if their computers were out of action. People working in the pharmacy were able to clearly explain what they do, what they were responsible for and when they might seek help. The paper RP record was up to date, and complete other than just one entry where a locum pharmacist hadn't signed out at the end of the day. The RP explained that as part of their monthly clinical governance submission, they had to notify the SI of any gaps in the record. Staff were able to describe what action they would take in the

absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist notice was correct and clearly displayed for people to see.

The pharmacy seeks people's views and monitors the online google reviews. There was a complaints procedure in place, but this was being updated to reflect the new owner's policy. The RP explained that they still used the previous owner's app to notify people when their prescriptions were ready. A current certificate of professional indemnity and public liability insurance was on display in the dispensary Valid until 30 June 2024. But it was in the previous owner's name, so confirmation was sought and received from head office that it was still valid.

Private prescription records were maintained electronically on the Patient Medication Record (PMR) system. A sample of records were checked, and all those inspected were complete with all the necessary details correctly recorded. The RP explained that she also printed a summary at the end of each month and checked for any gaps in the record before completing the monthly clinical governance submission. The pharmacy hadn't made any emergency supplies as they would either refer people back to their surgery or try to obtain a prescription for them if it was from one of their local surgeries.

The controlled drug (CD) register was seen to be correctly maintained, with all the page headers completed. Running balances were checked monthly in accordance with the SOP. Stock balances of two random samples were checked and found to be correct. Amendments to the records were asterisked with a signed and dated footnote together with a GPhC registration number to identify who had made the amendment, and the reason for doing so. The Records of unwanted CDs returned by people were seen to be made upon receipt and subsequent destruction documented and witnessed. There was a file containing records of unlicensed 'specials' that had been ordered by the pharmacy. The certificates of conformity contained all the required additional information relating to the associated prescriptions.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training provided by the previous owner. Confidential waste was kept separate from general waste and shredded offsite. There was a privacy notice on display for people to see, although it named the previous data protection officer (DPO). When this was pointed out, the RP agreed to highlight it to the SI. Completed prescriptions awaiting collection were stored on shelves obscured by roller blinds, so they were not visible to those waiting at the counter.

There were safeguarding procedures in place and contact details of local referring agencies, including those for children and young adults, were available online. The RP had been trained to level two in safeguarding, and all other staff members had undergone training to the equivalent of level one. Staff were able to describe some of the signs to look for and knew when to refer to the pharmacist. Two members of the team were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. And they work very well together. Pharmacy team members are well trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one full-time medicines counter assistant (MCA), one full-time dispensing assistant and the RP, on duty during the inspection. Everyone was carrying out their tasks calmly and people appeared to be served in good time with team members helping each other when required.

Each team member had a file containing certificates to show the training they had completed and also records of one-to-ones and appraisals with their manager. There was also evidence to show how they had progressed through their probationary period. The RP explained that the MCA had recently been registered on a dispensing course and was starting to undertake some tasks in the dispensary. The new owners were currently reviewing the training arrangements in each of their recently acquired pharmacies and would be re-registering many of those whose training may have lapsed. The RP explained that they still had access to a training platform provided by the previous owners, which they also used to keep themselves up to date. Team members were seen to be aware of potential medicines abuse and could identify people making repeat purchases. All members of staff were seen to serve customers and asking appropriate questions when responding to requests or selling medicines. They appeared to know most of the people using the pharmacy and there was clearly a good rapport with many of them.

The RP was comfortable with making professional decisions and didn't feel any pressure to compromise her professional judgement. There were targets in place, but they were applied sensibly. Team members were involved in open discussions about their mistakes and learning from them. Team members could raise any concerns they may have and there was a whistleblowing policy available for them if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure environment for people to receive its services. The premises are looking run down but still reasonably clean and adequately maintained at present. It has a suitable consultation room which it uses regularly for some of its services and for sensitive conversations.

Inspector's evidence

There was step-free access into the pharmacy through a single manual door from the car park outside. There was a second door, but this was not in use. From the outside the premises looked as if they were closed but there was a sign inside reassuring people that this wasn't the case. They were anticipating moving premises at some point in the near future. The premises were accessible to people with pushchairs or those with mobility issues, as there was plenty of space. The front half of the retail area had been emptied of stock. There were still some signs highlighting services that people could previously access from the pharmacy. These had largely been withdrawn after the change of ownership. The pharmacy premises were reasonably clean and tidy but were looking very old and tired. There was a medium-sized dispensary which was well organised with plenty of workbenches for separate assembly and checking areas. There was a separate room off to the left of the dispensary where multi-compartment compliance aids were assembled. This room also doubled up as a staff rest area. There were several seats for people to use while waiting for services or for their prescriptions to be dispensed.

There was a notice board and leaflet display with posters highlighting current local health priorities. There was a consultation room for confidential conversations, consultations and the provision of services. The consultation room was to the right of the dispensary behind the medicines counter. So people had to pass through a lockable waist-high gate and go past the prescription retrieval shelves in order to reach the room. There were roller blinds covering the retrieval shelves so that people couldn't see other people's prescriptions. There was no confidential information on view inside the consultation room. The door was not locked when the room was not in use as people couldn't get through the gate without staff knowing. There was a small sink with hot and cold taps, but the sink was dirty and only the cold tap was working. There was a cleaning rota with a matrix recording who had cleaned which sections and when.

The sink in the dispensary was clean but did have some limescale. There was hot and cold running water and handwash available. Room temperatures were appropriately maintained by heaters and fans, keeping 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 manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls so that people only get medicines or devices which are safe for them to take. Its team members have a satisfactory understanding of what they need to do when supplying people with high-risk medicines.

Inspector's evidence

There was a range of leaflets providing general health information and some services available in the local area. There were also some posters around the pharmacy highlighting the services it provided.

Controls were seen to be in place to reduce the risk of picking errors, such as separating LASAs as referred to in principle one. They used baskets to keep individual prescriptions separate, and prescription labels were initialled to show who had dispensed and checked them. This helped to identify who had been involved at each stage in the process if any query arose after the prescription had been handed out. Owings tickets were in use when medicines could not be supplied in their entirety. Incomplete prescriptions were fulfilled as soon as the missing item was back in stock. The RP pointed out that they currently had no owings, as they always checked to see whether they could obtain missing items from other local pharmacies or other branches within their company. Failing that, they then contacted the surgeries to arrange for more easily available alternatives to be prescribed instead.

Prescriptions for CDs or fridge lines in retrieval awaiting collection were highlighted with stickers so that staff would know there were items to be collected from the fridge or CDs to be assembled. Schedule 2 CDs were only assembled when people came in to collect them. They wouldn't be handed out after the 28-day expiry as the PMR system wouldn't allow them to process it after 28 days. Lower schedule CDs such as zopiclone and diazepam were also stickered and the staff knew to check the date to ensure that they weren't handed out after their 28-day expiry. The prescription retrieval shelves were cleared every four weeks and the dispenser sent reminder texts to people before their medication was returned to stock and the EPS prescription returned to the NHS spine. Uncollected antibiotics were removed after only two weeks, once people had been reminded to collect them.

The pharmacy supplied some medicines in multi-compartment compliance packs. They were assembled offsite at the company's central hub pharmacy. A small number were assembled onsite, if for example people needed more than four weeks supply. They ordered people's prescriptions on a four-week cycle and then checked that they received everything they were expecting. Once they had confirmed that everything was correct, they input the prescriptions into the PMR system and then exported the data to the hub. The hub then assembled them and completed an accuracy check before returning them to the pharmacy. The RP explained that she had been carrying out an additional accuracy check herself but was now sufficiently confident in the process to just check for the remote checker's signature. Each compliance pack included descriptions of the tablets or capsules inside. Patient information leaflets (PILs) were offered but most people didn't want them for their long-term medicines. The RP was reminded of the need to include a PIL, although they always provided a PIL for new items.

Staff were aware of the risks involved in dispensing valproates to people who could become pregnant, but the pharmacy currently had nobody in the at-risk group being prescribed any valproates. The dispensing assistant described how anyone in the at-risk group would be counselled by the pharmacist and provided with leaflets and cards highlighting the importance of having effective contraception. And that any such interventions would be recorded on the PMR system. They were also aware of the requirement to only supply valproates in the manufacturer's complete original packaging.

The pharmacy had been providing a seasonal influenza vaccination service, although demand for this had now fallen away. The RP explained that there had been patient group directions (PGDs) in place, signed by the previous pharmacist, and she had signed PGDs in the branch she originally worked in. The inspector advised her to make sure that if anyone requested a flu vaccine before the PGD expired, then she should sign one in this pharmacy before administering the vaccine. The RP had completed the necessary declarations of competence and associated training.

Medicines were obtained from licensed wholesalers including AAH, Alliance and Trident. Unlicensed 'specials' were obtained from Target Healthcare. Routine date checks were seen to be in place, and they confirmed this when making their monthly clinical governance submission.

Fridge temperatures were recorded daily, and all seen to be within the required temperature range. The record also indicated who had made the check and confirmed that they had reset the thermometer each time. There was a date checking rota in place and they confirmed to the SI that they had completed it via the monthly clinical governance submission. Pharmacy-only medicines were displayed behind the medicines counter.

The pharmacy delivered people's prescriptions if they were unable to visit the pharmacy in person. The driver had a paper drop sheet which he ticked off as he made each successful delivery. Any failed deliveries were brought back to the pharmacy and generally delivered the following day. There was also a driver's record sheet showing the hours worked and mileage driven.

The pharmacy had recently introduced the Pharmacy First service and was receiving regular referrals. The RP had signed the collated PGD signature sheet and had a file containing printouts of the referral pathways and assessment frameworks. She explained how she printed a fresh assessment framework for each referral which made it easier and clearer to follow the necessary pathways. The pharmacy used the PharmOutcomes online platform to record each consultation, and for submission to the NHS.

The RP described how they were currently planning to start administering COVID-19 vaccinations within the next few weeks. They would be using PGDs as the legal mechanism for the supply. They were expecting a visit from the SI to go through the process, sign the relevant SOPs and PGDs. There would also be a Teams meeting for all those who would be providing the service. This would be an opportunity to update their knowledge as they were planning to use a different vaccine to that which they had used previously. They were also setting up a separate Teams group which they would use for reporting daily stock movements to the SI. The RP planned to run half day sessions to start with before extending them to full days once the service had been embedded. She had completed the necessary declarations of competence and relevant e-learning certificates had already been sent to the SI. She was just waiting for a replacement Epipen or anaphylaxis kit.

Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. People returning sharps were signposted to the local council. There was a tray to help staff safely sort through any returned medicines before placing them in the designated waste container. This was collected by an approved waste contractor.

The pharmacy received drug alerts and recalls from the MHRA via Teams from head office and then saved them in monthly folders on the computer. Copies were printed, annotated with the action taken and then scanned into the relevant folder. They also confirmed that they had actioned them with a thumbs up on the Teams message. The team knew what to do if they received damaged or faulty stock and would return those items back 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. It takes appropriate steps to ensure that people's private information is kept safe and secure.

Inspector's evidence

The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was reasonably clean and tidy. There was a range of crown stamped cylindrical measures, with some labelled for use only with liquid CDs. There was also equipment for manually counting tablets and capsules, including a separate counting triangle labelled for use only with cytotoxics. There was one medicines fridge, and one CD cabinet. The pharmacy had up-to-date copies of the BNF and BNF for children, as well as internet access which they used 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 smartcards were seen in use with no sharing of passwords.

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.