

Registered pharmacy inspection report

Pharmacy Name: Valley Pharmacy, 209 Chipstead Valley Road,
COULSDON, Surrey, CR5 3BR

Pharmacy reference: 1036485

Type of pharmacy: Community

Date of inspection: 31/07/2019

Pharmacy context

A community pharmacy set in a small row of shops serving a residential area of Coulsdon. The pharmacy opens six days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides multi-compartment compliance packs to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. The pharmacy also offers NHS health checks and winter influenza (flu) vaccinations.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 |
|--|-----------------------|------------------------------|------------------|--|
| 1. Governance | Standards met | N/A | N/A | N/A |
| 2. Staff | Standards not all met | 2.2 | Standard not met | Some members of the pharmacy team carry out tasks they aren't appropriately trained to do. |
| 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 adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. And it generally keeps all the records it needs to by law. 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 and identify and manage risks appropriately. And they keep people's private information safe. The pharmacy team logs and learns from the mistakes it makes. And it understands its role in protecting vulnerable people.

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. The pharmacy's team members were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritize the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who was also seen initialling the dispensing label.

The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's staff discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes to help spot the cause of them. And they tried to stop them happening again; for example, they have strengthened the pharmacy's prescription bagging-up process after a recent mistake.

The pharmacy displayed a notice that identified the RP on duty. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, a member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

The pharmacy had a complaints process in place. And details on how people could provide feedback about it were included in its practice leaflet. Patient satisfaction surveys were undertaken annually. And the results of last year's survey were published online. People's feedback led to the pharmacy team routinely sending text alerts to people to notify them when their prescriptions were ready to collect.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA).

The pharmacy's electronic controlled drug (CD) register and its records for emergency supplies made at the request of patients were adequately maintained. And the CD register's running balance was checked regularly. The date of prescribing and the date the prescription was received at the pharmacy weren't included in the pharmacy's records for emergency supplies made at the request of prescribers. The prescriber's details were sometimes incorrect within the pharmacy's private prescription records. The time at which a pharmacist stopped being the RP wasn't routinely recorded in the pharmacy's RP

records. The date a specials line was obtained wasn't always included in the pharmacy's specials records.

An information governance policy was in place and the pharmacy team members were required to read and sign a confidentiality agreement. Prescriptions awaiting collection were stored in such a way to prevent people's details being visible to the public. Arrangements were in place for confidential waste to be collected and shredded on-site.

Safeguarding procedures were in place and key contacts for safeguarding concerns were available. The pharmacy's regular pharmacists have completed level 2 safeguarding training. And staff 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 not all met

Summary findings

The pharmacy has enough staff to deliver its services safely. And it encourages its team to provide feedback and keep its knowledge up to date. But some team members carry out tasks they aren't appropriately trained to do. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff 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 and it dispensed about 7,900 prescription items a month. The pharmacy team consisted of a full-time pharmacist, a part-time pharmacist (the RP), a full-time pre-registration pharmacist trainee, three full-time dispensing assistants, a part-time medicines counter assistant (MCA), two part-time counter assistants and a part-time delivery driver. The pharmacy was reliant upon its team, locum pharmacists and staff from a nearby branch to cover absences. The RP was the company's superintendent pharmacist. The RP, the pre-registration pharmacist trainee, three dispensing assistants and a counter assistant were working at the time of the inspection.

One of the counter assistants has worked at the pharmacy for about a year. And he undertook the duties of an MCA. But he hasn't completed nor was he undertaking accredited training in line with the GPhC's policy on minimum training requirements. The other counter assistant has worked at the pharmacy for about a month. She was supported and mentored by her colleagues and her work was supervised by the RP. The remainder of the pharmacy's team members have completed accredited training relevant to their roles.

Staff supported each other so prescriptions were processed in a timely manner 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 needed to follow. One of the dispensing assistants described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant, elderly people or people with long-term health conditions.

Staff discussed their performance and development needs with the pharmacists. Members of the pharmacy team were encouraged to ask the pharmacists questions, familiarise themselves with new products and read through training materials provided by third-party companies to keep their knowledge up to date. Most of the team members were trained dementia friends. One of the dispensing assistants and the RP were trained healthy-living champions. Staff could train while they were at work when the pharmacy wasn't busy. Team meetings were held to update staff and share learning from mistakes or concerns. Staff unable to attend these meetings were updated during one-to-one discussions. Members of the pharmacy team felt comfortable in providing suggestions about the pharmacy during team meetings. And they knew how to raise a concern if they had one. Their feedback led to changes to the processing of electronic prescriptions to make sure acute or urgent prescriptions were prioritized.

The pharmacy team was encouraged to promote the pharmacy's services. But the company didn't set targets nor incentives for its staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare.

Inspector's evidence

The pharmacy was bright, clean and adequately presented. The ground floor of the premises was air-conditioned. The pharmacy team and a cleaner were responsible for keeping the pharmacy clean and tidy. The pharmacy's main dispensary had limited storage space and workbench available. So, the pharmacy had another dispensary located on its first floor to store medicines and for staff to assemble people's compliance packs. But this dispensary wasn't air-conditioned and was only accessible via an external stairwell.

A consultation room was available if people needed to speak to a team member in private. But it wasn't locked when not in use. So, sometimes its contents weren't kept securely. The handwashing facilities in the consultation room weren't working. The sink in the dispensary was clean. But it only had a supply of cold water as the hot water heater had been removed. A hot water supply was available within a separate outbuilding located to the rear of the pharmacy. The pharmacy had antibacterial handwash and some alcoholic hand sanitizing gel for its staff to use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy tries to make sure its services are accessible to people. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. And it gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. They make sure people have the information they need to take their medicines safely. And they generally dispose of people's waste medicines safely too.

Inspector's evidence

The pharmacy had automated doors. Its entrance wasn't level with the outside pavement. And staff couldn't locate the pharmacy's portable ramp. So, the pharmacy team needed to make reasonable adjustments so some people, such as mobility scooter users or wheelchair users, could access the pharmacy's services. The pharmacy's services were advertised in-store and were included in the pharmacy's practice leaflet. Staff knew what services the pharmacy offered and where to signpost people to if a service couldn't be provided.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery and people were asked to sign an electronic delivery record to say they had received their medicines. The pharmacy administered a few flu vaccinations last winter. There was little demand for the pharmacy's sexual health services. And demand for the minor ailments scheme has reduced since the service has been reviewed. The pharmacy didn't provide many Medicines Use Reviews and New Medicines Service consultations.

People were signposted to the pharmacy's NHS health check service by other healthcare providers. A few NHS health checks were undertaken at the pharmacy most days. So, people needed to make appointments to help the pharmacy team plan for them and better manage its workload. People also needed to provide their consent for the results of their health checks to be shared with their surgery. The pharmacy's team members were clear about who was eligible for the service and the process they needed to follow.

The pharmacy used disposable and tamper-evident multi-compartment compliance packs for its Monitored Dosage System dispensing service. But no completed packs were available for inspection. Staff explained that a brief description of each medicine contained within the compliance packs was provided. And patient information leaflets needed to be supplied.

Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. But prescriptions for CDs weren't always marked with the date the 28-day legal limit would be reached to 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. The pharmacy had access to valproate educational materials online. And the pharmacy team recently requested some more educational materials from the manufacturer.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare, DE South, Elite Pharma (Surrey) Ltd., OTC Direct, Phoenix and Sigma, to obtain medicines and medical devices. 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. Pharmaceutical stock was subject to date checks, which were documented, and short-dated products were marked.

CDs, which were not exempt from safe custody requirements, were appropriately and securely stored. A record of the destruction of patient returned CDs was maintained electronically. Staff were required to mark and keep patient-returned and out-of-date CDs separate from in-date stock. And some intact patient-returned pregabalin capsules were found in a pharmaceutical waste receptacle.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't verifying nor decommissioning stock at the time of the inspection as the pharmacy didn't have the appropriate equipment nor computer software to do so. The pharmacy's SOPs hadn't been reviewed to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy was scheduled to be FMD compliant by the end of the year.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a plastic tray and was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Pharmaceutical waste receptacles were available and in use. But the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products.

A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were received electronically. And staff kept a record of the actions they took following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available. And it had access to the NPA's information department. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too. The pharmacy had two medical refrigerators to store its pharmaceutical stock requiring refrigeration. The maximum and minimum temperatures of the refrigerators were monitored and recorded regularly.

The pharmacy provided blood pressure checks on request. And its blood pressure monitor was replaced recently. The accuracy of the pharmacy's cholesterol monitor used for health checks was checked regularly using a third-party pathology service. But the pharmacy suspended its smoking cessation and its glycated haemoglobin testing services as the monitors it used in these services haven't been checked for some time.

Access to the pharmacy's computers and its patient medication record system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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. |