

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: 13/02/2020

Pharmacy context

A community pharmacy set on a row of shops in a residential area of Coulsdon. The pharmacy opens six days a week. It sells a range of over-the-counter (OTC) medicines and some health and beauty products. It dispenses NHS and private prescriptions. It supplies medicines to a few care homes and provides multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. The pharmacy provides travel vaccinations and anti-malarial medicines. And it offers winter influenza (flu) vaccinations. The pharmacy can check people's blood pressure (BP) and their cholesterol levels. And it also offers NHS health checks.

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
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 written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly 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 identify and manage risks appropriately. And they try to stop mistakes happening. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these were reviewed last year. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The pharmacy had a separate room for the assembly of medicines for care homes and people's compliance packs. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations and the pharmacy's dispensaries tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise 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 one of the pharmacists who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team recorded their mistakes. And they discussed and reviewed them periodically with their colleagues to learn from them. They didn't always record the learning points from their reviews. But they tried to stop mistakes happening again. For example, they separated stocks of cyclizine and cyanocobalamin to help reduce the risks of them picking the wrong product.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. The roles and responsibilities of its team were described within the SOPs. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to a pharmacist. A complaints procedure was in place. Patient satisfaction surveys were done every year. And the pharmacy team asked people for their views. The results of a recent satisfaction survey were available online. The pharmacy's practice leaflet told people how they could provide feedback about the pharmacy. People's feedback led to the pharmacy trying to keep people's preferred makes of prescription-medicines in stock.

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 the supply of unlicensed medicinal products were adequately maintained. The CD register's running balance was also 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 practitioners. The prescriber's details and the date of prescribing were occasionally incorrect within the pharmacy's private prescription records. The time at which a pharmacist stopped being the RP wasn't always included in the RP records. The prescriber details were incomplete within some of the private prescription records.

The pharmacy had an information governance policy in place. And its team members were required to read and sign a confidentiality agreement. A privacy notice was displayed within the pharmacy to tell people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy had arrangements to make sure its confidential waste was collected and then destroyed securely onsite. Its team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Members of the pharmacy team 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 met

Summary findings

The pharmacy has enough people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They 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. It dispensed about 7,800 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), the superintendent pharmacist, three dispensing assistants, two part-time trainee medicines counter assistants (MCAs) and a part-time delivery driver. The RP, the superintendent pharmacist, two dispensing assistants and one of the trainee MCAs were working at the time of the inspection. The pharmacy relied upon its team, team members from the company's other pharmacy and locum pharmacists to cover absences. The superintendent pharmacist worked on a part time basis and he managed the pharmacy and its team.

The pharmacy's team members needed to complete accredited training relevant to their roles after completing a probationary period. They worked well together and supported each other. So, prescriptions were processed quickly, but safely, and people were served promptly. The pharmacists supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff 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 or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

The pharmacy's team members discussed their performance and development needs throughout the year and at their appraisals. They were encouraged to keep their knowledge up to date. And they could train at work when the pharmacy wasn't busy, or they could train in their own time. Team meetings were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Its team felt comfortable about making suggestions on how to improve the pharmacy and its services. Staff knew how to raise a concern if they had one. And their feedback led to changes to the layout of the room they used to assemble compliance packs and medicines for care homes. Members of the pharmacy team weren't under pressure to complete the tasks they were expected to do. They were asked to promote the pharmacy's services. But the pharmacy didn't set targets or incentives for them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and a clean environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

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 registered pharmacy premises clean and tidy. The pharmacy's main dispensary had limited storage and workspace available. So, the pharmacy had another dispensary located on its first floor for staff to assemble people's compliance packs. But it wasn't air-conditioned and was only accessible via an external stairwell. An outbuilding located to the rear of the pharmacy was used to store some medicines. It was locked when it wasn't being used. And it had a portable air-conditioning unit to maintain its temperature. The pharmacy had a consultation room for the services it offered and 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 sink in the main dispensary was clean. But it only had a supply of cold water. A hot water supply was available in the upstairs dispensary and in the outbuilding. The pharmacy had handwashing facilities for its staff.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services people can access. Its working practices are generally safe and effective. It offers vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team are helpful. They dispose of people's waste medicines properly. They mostly carry out the checks they need to. And they respond well to drug alerts or product recalls. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy had automated doors. Its entrance wasn't level with the outside pavement. But it had a portable ramp its team could use to help people with mobility difficulties, such as wheelchair users, enter the building. The pharmacy advertised some of its services in-store and in its practice leaflet. Its team was helpful, and people were signposted to another provider if a service wasn't available at the pharmacy. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign an electronic delivery record to say they had received their medicines.

The pharmacy had valid, and up-to-date, patient group directions and appropriate anaphylaxis resources in place for its vaccination services. And the superintendent pharmacist was appropriately trained to vaccinate people. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated and their consent, an audit trail of who vaccinated them and the details of the vaccine used. But the superintendent pharmacist didn't always get another team member to check that the vaccine he selected was the correct one before administering it. And the sharps bin wasn't always kept securely when not in use. People were generally referred to the pharmacy's NHS health check service. And several health checks could be undertaken in a week. People needed to make appointments for health checks and vaccinations. So, the pharmacy team could manage its workload and make sure a suitably trained team member was available. People needed to provide their consent for the results of their health checks to be shared with their surgery. The pharmacy team was clear about who was eligible for the service and the process it needed to follow. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged. It generally provided a brief description of each medicine contained within the compliance packs. And it needed to make sure patient information leaflets were supplied too. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. 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. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. It also kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). But they weren't

decommissioning stock at the time of the inspection. And they didn't know when the pharmacy would become FMD compliant. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It regularly tests the equipment its team uses to make sure it's working properly. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a few glass measures. It had equipment for counting loose tablets and capsules too. And team members made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA to ask for information and guidance. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerators' maximum and minimum temperatures. The pharmacy provided blood pressure (BP) checks on request. And its BP monitor was sent to a third-party company each year to be calibrated. The pharmacy's diagnostic equipment used in the health check service was calibrated regularly. And a third-party pathology service was used to check its accuracy at regular intervals. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.