

Registered pharmacy inspection report

Pharmacy Name: InfoHealth Pharmacy, 28 Chipstead Valley Road,
COULSDON, Surrey, CR5 2RA

Pharmacy reference: 1036487

Type of pharmacy: Community

Date of inspection: 09/01/2020

Pharmacy context

This is a community pharmacy set on a parade of shops in the centre of Coulsdon. The pharmacy opens six days a week and most people who use it live, or work, close by. The pharmacy sells a range of over-the-counter medicines and 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. It delivers medicines to people who can't attend its premises 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 |
|--|-------------------|------------------------------|------------------|-----|
| 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. And it asks people using its services for their views. 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. They review the mistakes they make and learn from them to try and stop them happening again. 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 have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations and the dispensary 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 the responsible pharmacist (RP) 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 them happening. For example, they separated some look-alike and sound-alike drugs, strong opiate medicines and valproates to help reduce the risks of them picking the wrong product.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described within the SOPs. Members of the pharmacy team knew 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 and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey were available online. The pharmacy's practice leaflet told people how they could provide feedback about the pharmacy. The pharmacy team asked people for their views. 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 was adequately maintained. The CD register's running balance was checked regularly. The nature of the emergency within the records for emergency supplies made at the request of patients sometimes didn't provide enough detail for why a supply was made. 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 pharmacy's RP records were stored electronically on the pharmacy's patient medication record (PMR) system and were generally kept in order. But sometimes the wrong pharmacist was selected due to an anomaly in the PMR system. The

pharmacy had escalated the problem to the PMR provider's helpdesk. The wrong prescriber's details were occasionally entered into the pharmacy's private prescription records. The date an unlicensed medicinal product was obtained wasn't included in the pharmacy's 'specials' records.

The pharmacy gave information governance assurances to the NHS each year using an online data security and protection toolkit. It had published guidance on the General Data Protection Regulation (GDPR). And its team had completed GDPR training. The pharmacy had arrangements in place to make sure confidential waste was destroyed securely. Its team stored prescriptions in such a way to prevent people's details being visible to the public. Safeguarding procedures were in place and contacts for safeguarding concerns were available too. 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 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 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 52 hours a week. It dispensed about 7,400 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacy manager (the RP), a full-time trainee dispensing assistant, a full-time medicines counter assistant (MCA), a part-time MCA and a part-time delivery driver. The RP, the trainee dispensing assistant and one of the MCAs were working at the time of the inspection. There was a vacancy for a full-time dispensing assistant following the recent departure of a team member. The pharmacy was trying to make sure it recruited the right person to fill this vacancy. The pharmacy relied upon its team, the superintendent pharmacist, locum staff and staff from a nearby branch to cover any absences and provide additional support when the pharmacy was busy.

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. 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, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions. The pharmacy's team members needed to undertake accredited training relevant to their roles after completing a probationary period. The trainee dispensing assistant had nearly completed her accredited training course. The pharmacy's team members discussed their performance and development needs with their line manager throughout the year. They were encouraged to ask questions and familiarise themselves with new products. They also completed supplementary training to make sure their knowledge was up to date. 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.

Members of the pharmacy team weren't under pressure to complete the tasks they were expected to do. And they didn't feel their professional judgement or patient safety were affected by targets. Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The pharmacy had a whistleblowing policy in place. And staff knew who they should raise a concern with if they had one. The team's feedback led to changes to the layout of the dispensary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a secure and professional 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's premises were bright, clean, professionally presented and air-conditioned. The pharmacy's dispensary had the workbench and storage space it needed for its current workload. 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, the pharmacy team made sure its contents were kept secure. The pharmacy team was responsible for keeping the premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff. The premises had a separate area located to the rear of the building which was dedicated to the company's e-commerce business selling condoms and other associated items.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy provides services that people can access. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are fit for purpose. They dispose of people's waste medicines properly. 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. And its entrance was level with the outside pavement. So, people with mobility difficulties, such as wheelchair users, could access the registered pharmacy premises. The pharmacy's services were advertised in-store and were included in the pharmacy's practice leaflet. Staff knew where to signpost people to if a service wasn't provided. 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 safely.

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 re-packaged. It provided a brief description of each medicine contained within the compliance packs. But it didn't always keep an audit trail of the person who had assembled and checked each prescription. And patient information leaflets weren't always supplied. So, sometimes people didn't have all the information they needed to make sure they took their medicines safely. 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 some CDs weren't marked with the date the 28-day legal limit would be reached to help 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. 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, appropriately between two and eight degrees Celsius. It also kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks and its team documented these. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. Members of the pharmacy team 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 decommissioning stock at the time of the inspection. The pharmacy's SOPs needed to be revised to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy team 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. It 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 appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure its equipment is kept clean.

Inspector's evidence

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. And staff 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 team recently suspended providing blood pressure (BP) checks as the pharmacy's BP monitor was broken. 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. Access to the pharmacy's computers and the PMR 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. |