

# Registered pharmacy inspection report

**Pharmacy Name:** Anachem Pharmacy, 210 Chessington Road, West Ewell, EPSOM, Surrey, KT19 9XA

**Pharmacy reference:** 1036553

**Type of pharmacy:** Community

**Date of inspection:** 27/09/2019

## Pharmacy context

A community pharmacy set on a row of shops in a residential area of West Ewell. The pharmacy opens six days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a winter influenza (flu) vaccination service. It supplies multi-compartment compliance packs to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. It also provides a substance misuse treatment service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 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 record 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 standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. Staff were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process 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 was also seen initialling the dispensing label.

The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's team members discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they have separated look-alike and sound-alike drugs 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 defined within the SOPs. And staff could explain 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 procedure in place. And its practice leaflet told people how they could provide feedback about the pharmacy or its services. Patient satisfaction surveys were undertaken each year. And the results of a recent survey were published online. People's feedback led to the pharmacy team removing redundant posters from the pharmacy's window. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place through Numark and Hiscox. And certificates for its employers' liability insurance and its professional indemnity and public liability insurance were on display.

The pharmacy's emergency supply records, its private prescription records, its RP records and its specials records were adequately maintained. The address from whom a controlled drug (CD) was

received from wasn't always included in the pharmacy's CD register. But the pharmacy team checked the CD register's running balance regularly as required by the pharmacy's SOPs.

An information governance policy was in place which staff needed to read and sign. Arrangements were in place for confidential waste to be collected and then shredded securely on-site. People's details were routinely removed or obliterated before patient-returned pharmaceutical waste was disposed of. And prescriptions awaiting collection were stored in such a way to prevent people's names and addresses being visible to the public.

A safeguarding policy was in place and contacts for safeguarding concerns were available online. The RP has 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 met

### Summary findings

The pharmacy has enough suitably qualified staff to deliver its services safely. And it encourages its team to provide feedback and keep its knowledge up to date. 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 48 hours a week. It dispensed about 3,600 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time dispensing assistant, a part-time dispensing assistant, two part-time medicines counter assistants (MCAs) and two part-time delivery drivers. The pharmacy and its team were managed by the RP. The pharmacy relied upon its team and locum pharmacists to cover planned and unplanned absences. The pharmacy's team members have worked at the pharmacy for several years. And they have completed accredited training relevant to their roles. The RP, a dispensing assistant and one of the MCAs were working at the time of the inspection.

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, elderly people or people with long-term health conditions.

The pharmacy's team members discussed their performance and development needs with the RP throughout the year. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to complete training provided by a third-party company 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. The pharmacy had a whistleblowing policy. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. And they knew how to raise a concern if they had one. Their feedback led to an additional refrigerator being obtained for the pharmacy. And the pharmacy's patient medication record (PMR) system being changed sooner than planned.

Staff didn't feel their professional judgement or patient safety were affected by company targets. Medicines Use Reviews (MURs) were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides an adequate environment for people to receive healthcare. But its dispensary is small. So, its staff don't always have the space they need to work in when it's busy.

### Inspector's evidence

The pharmacy had a consultation room if people needed to speak to a team member in private. The pharmacy was air-conditioned, bright, clean and appropriately presented. But its dispensary was small and had limited workbench and storage space available. Its dispensing worksurfaces often became cluttered when the pharmacy was busy. So, some prescriptions were assembled in the consultation room. And excess stock and bulky prescriptions were stored in an outbuilding. The outbuilding wasn't air-conditioned.

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.

## 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 gets its medicines from reputable sources and it usually stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they generally dispose of people's waste medicines safely.

### Inspector's evidence

The pharmacy didn't have step-free access and the entrance to its consultation room was narrow. So, the pharmacy team needed to make reasonable adjustments to help some people, such as wheelchair users, access the pharmacy's services. The pharmacy advertised its services in-store and in its 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. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines. The pharmacy had appropriate anaphylaxis resources in place for its NHS and paid-for winter flu vaccination service. And its team made sure its sharps bin was kept securely when not in use. People could choose to be vaccinated at the pharmacy rather than their doctor's surgery when a suitably trained pharmacist was on duty. The pharmacy provided over 20 MURs a month. People were required to provide their written consent when recruited for these services.

The pharmacy provided a substance misuse treatment service and a needle exchange service. The pharmacist could supervise the consumption of some substance misuse clients' treatments. The pharmacy team asked needle exchange clients to return spent sharps within the containers provided and deposit these into a designated receptacle. The pharmacy also participated in a locally commissioned naloxone supply service to help reduce opiate overdose related deaths.

The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a compliance pack. And it had started to review the eligibility of people using this service. The pharmacy kept an audit trail of the person who had assembled each compliance pack and who had checked it. The pharmacy team provided a brief description of each medicine contained within the compliance packs. But it didn't always provide patient information leaflets. 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. 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, such as AAH, Alliance Healthcare, B&S, OTC Direct and Phoenix, to obtain its pharmaceutical stock. It 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 products nearing their expiry dates were appropriately marked. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock.

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 decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment and computer software to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. But the pharmacy was scheduled to be FMD compliant by the end of the year.

The pharmacy had procedures in place 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 household chemicals, were appropriately signposted. Suitable pharmaceutical waste receptacles were available. But the pharmacy team didn't always separate hazardous waste, such as cytostatic and cytotoxic products, from non-hazardous waste before its disposal.

A process was in place for dealing with recalls and concerns about medicines and medical devices. Drug and device alerts were retained, actioned and annotated following their receipt.



## 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. And its equipment is stored securely and safeguarded from unauthorised access.

### Inspector's evidence

The pharmacy had a range of clean glass measures including separate measures for CD liquids. It also had equipment for counting loose tablets and capsules too. The pharmacy team had access to up-to-date reference sources. And staff could contact Numark 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 the pharmacy team recently replaced the pharmacy's BP monitor.

Access to the pharmacy 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 the team 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.