

Registered pharmacy inspection report

Pharmacy Name: Ewell House Pharmacy, 2 -3 Ewell House Parade,
Epsom Road, Ewell, EPSOM, Surrey, KT17 1NP

Pharmacy reference: 1036555

Type of pharmacy: Community

Date of inspection: 09/04/2019

Pharmacy context

This is a community pharmacy set in a row of shops in a suburban village. The pharmacy is close to a medium-sized Further Education college and a new housing development. The pharmacy opens six days a week. It sells a range of over-the-counter medicines and dispenses NHS prescriptions. It also supplies medicines in multi-compartment medicine packs to people living within their own homes.

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

Members of the pharmacy team know what their roles and responsibilities are. They work to professional standards and identify and manage risks appropriately. The pharmacy adequately monitors the safety of its services. Its team members log the mistakes they make during the dispensing process. But they don't review these regularly. So, they may be missing opportunities to spot patterns and reduce the chances of them or similar mistakes happening again. The pharmacy keeps up-to-date records that it must do by law. But sometimes they are incomplete. The pharmacy acts upon people's feedback. And it keeps their private information safe. The pharmacy team understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had procedures in place for the services it provided and these have been reviewed since the last inspection. But the procedures did not fully comply with the requirements of the Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008. For example, the arrangements to be applied during the absence of the Responsible Pharmacist (RP) from the premises was not covered. The pharmacy team was required to read, sign and follow the procedures relevant to their roles.

Staff responsible for the dispensing process kept the workstations in the dispensary clear of clutter. And they used plastic containers to keep people's prescriptions separate from other 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 a pharmacist.

Systems were in place to review pharmacy services, including the recording of dispensing errors and near misses. Individual learning points were discussed and documented when a mistake was identified. But the pharmacy team didn't routinely review its mistakes to help prevent them happening again.

A RP notice was on display. The pharmacy team understood what their roles and responsibilities were, and these were described within the SOPs. The counter assistant explained that requests for the morning after pill and repeated requests for the same products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of a recent patient satisfaction survey and people's feedback about the pharmacy were published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had insurance arrangements in place, including professional indemnity, through Numark. The pharmacy's electronic records for emergency supplies made at the request of patients, its RP records and its specials records were adequately maintained. The headings on some pages of the controlled drug (CD) register were incomplete. And the running balance of a CD was checked at the point of dispensing and not weekly as required by the pharmacy's procedures. The date of prescribing wasn't included in the electronic records for emergency supplies made at the request of practitioners. The prescriber's details were sometimes incorrect or incomplete in the electronic private prescription records.

An information governance policy was in place and the pharmacy team 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. Confidential waste was shredded on-site.

A safeguarding policy was in place and key contacts for safeguarding concerns were available. Although the RP recently completed some safeguarding training, the Superintendent Pharmacist hadn't. But they could both 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 staff to deliver its services safely. But members of the pharmacy team don't have time set aside so they could train whilst at work. The pharmacy encourages its staff to provide feedback. The team members 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 over 53 hours a week and dispensed about 3,500 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a part-time pharmacist and a full-time counter assistant. A dispensing assistant from one of the company's other pharmacies worked at the pharmacy every other Saturday.

The RP and the counter assistant were on duty at the beginning of the inspection. The Superintendent Pharmacist arrived part-way through the inspection. The pharmacy team have completed or were undertaking accredited training relevant to their roles.

The pharmacy team relied upon the Superintendent Pharmacist and the part-time pharmacist to cover absences. The Superintendent Pharmacist was in the process of reviewing the staffing profile of each of the company's pharmacies to make sure staff absence could be covered between them when needed.

The counter assistant and the RP supported each other so people were served and counselled in a helpful and knowledgeable way. The RP supervised and oversaw the supply of medicines and any advice given. A sales of medicines protocol was in place which the pharmacy team needed to follow. The counter assistant described the questions he would ask when making over-the-counter recommendations and when he would refer customers to a pharmacist; for example, requests for treatments for elderly patients, infants or animals.

Staff performance and development needs were discussed informally throughout the year. The counter assistant could ask the RP questions, familiarise himself with new products and, when time permitted, complete training. But he didn't always get time to train whilst at work as he was often busy serving customers. The pharmacy team discussed mistakes as they happened and people's complaints to share learning and so they could make improvements.

Members of the pharmacy team, including the RP, felt comfortable in providing feedback about the pharmacy. They knew how to raise a concern if they had one. And their feedback led to the relocation of the pharmacy's pharmaceutical waste receptacles into the dispensary. The company does not set targets or incentives for its staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and is suitable for the services it provides.

Inspector's evidence

The pharmacy was bright, clean, appropriately presented and air-conditioned. Members of the pharmacy team were responsible for keeping the premises clean and tidy. The pharmacy had sufficient storage space and workbench available for its current workload. But occasionally some bulky items were stored in boxes on its floor.

A consultation room was available if people needed to speak to a team member in private. It was locked when not in use to make sure its contents were kept secure. The pharmacy's sinks were clean and there was a supply of hot and cold water within the premises. Antibacterial hand wash and alcoholic hand gel were available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people. And the pharmacy generally provides safe and effective services. But it doesn't always highlight prescriptions for medicines that have to be carefully controlled. This may increase the chance of these being supplied when the prescription is not valid. The pharmacy gets its medicines from reputable suppliers and stores them safely and securely. But it doesn't always carry out the checks it needs to do by law to help make sure that its medicines are in good condition. Members of the pharmacy team dispose of people's waste medicines safely.

Inspector's evidence

The pharmacy's entrance was level with the outside pavement. The door into the pharmacy wasn't automated. But staff would open it when needed so people with mobility difficulties could enter the building. The pharmacy's services were included in the pharmacy practice leaflet. And staff knew where to signpost patients to if a service was not provided.

A delivery service was offered to a few housebound patients and an audit trail was maintained for this service. The pharmacy didn't have a delivery driver. So, deliveries were made by a pharmacist or the counter assistant.

The pharmacy provided about 30 Medicine Use Reviews (MURs) every month and people were required to provide their written consent when recruited for a MUR.

The pharmacy team made up multi-compartment medicine packs for about 30 people when the pharmacy wasn't busy. A dispensing audit trail was maintained for the disposable multi-compartment medicine packs seen. A brief description of each medicine contained within the disposable packs was provided. And patient information leaflets were routinely supplied. The pharmacy also dispensed medicines into re-usable multi-compartment medicine packs for one or two people. But the pharmacy team didn't routinely replace the labels on these packs or provide a description of each medicine contained within them.

The pharmacy provided emergency hormonal contraception, chlamydia testing kits and chlamydia treatments through a locally commissioned service. The pharmacy provided about 100 influenza (flu) vaccinations during the current flu season. Some people chose to use the vaccination service at the pharmacy rather than their GP surgery for convenience or because they were not eligible for the NHS service.

The RP was aware of the valproate pregnancy prevention programme. And she knew that people who may become pregnant who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare and Sigma, to obtain medicines and medical devices. CDs, which were not exempt from safe custody requirements, were stored within the CD cabinets. A record of the destruction of patient-returned CDs was maintained. Out-of-date CDs were kept separate from in-date stock. Prescriptions for CDs were not routinely marked with the date the 28-day legal limit would be reached to ensure supplies were made lawfully.

Some assembled and expired CD prescriptions were found during the inspection. But these were quarantined to prevent them being supplied.

Pharmaceutical stock requiring refrigeration was appropriately stored between two and eight degrees Celsius. Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented. But a few out-of-date products were found on the dispensary shelves. These were removed from the shelves and disposed of during the inspection. The RP and the Superintendent Pharmacist were seen to check the expiry date of each product they dispensed before supplying it.

The pharmacists 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 medicines at the time of the inspection despite the pharmacy having a scanning device and updated software. The pharmacy's procedures hadn't been amended to reflect the requirements of FMD.

Procedures were in place for the handling of patient returned medicines and medical devices. Patient returned waste was checked for CDs or prohibited items. Patients attempting to return prohibited items, such as spent sharps, were appropriately signposted. Suitable waste receptacles were available and in use.

A process was in place for dealing with MHRA recalls and concerns about medicines or medical devices. MHRA alerts were retained and annotated with the actions taken following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to deliver its services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to Numark's information department.

The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules. A medical refrigerator was used to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked and recorded regularly.

Access to the pharmacy computers and the 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.