General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Southcroft Co., 305 Richmond Road, KINGSTON UPON THAMES, Surrey, KT2 5QU

Pharmacy reference: 1036645

Type of pharmacy: Community

Date of inspection: 04/12/2019

Pharmacy context

An independent pharmacy located on a busy parade of shops on a high street in Kingston Upon Thames. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), a New Medicine Service (NMS) and multi-compartment compliance aids for patients in 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

Overall, the pharmacy adequately manages most of the risks associated with its services. The pharmacy keeps the records that it needs to, and the pharmacy's team members understand how to protect vulnerable people and people's personal information. But, the pharmacy does not record all of its mistakes. So it might miss opportunities to spot patterns and trends and so reduce the chances of the same things happening again.

Inspector's evidence

Some near misses were recorded in a log held in the dispensary. However, not all near misses were recorded and the entries did not include much detail in the 'additional comments/contributory factors' column. The locum pharmacist explained that the pharmacy would report any errors internally, but the team rarely made errors.

There was a logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in the staff room to prevent distractions if there was space or along the back bench of the dispensary. Standard operating procedures (SOPs) were in place for the dispensing tasks and had last been updated in August 2019. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was available and was valid until the end of November 2020. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint and held a complaints policy in the dispensary. The team carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the last survey were positive and displayed in the health promotion area of the pharmacy and on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Targinact 5mg/2.5mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacy checked the running balance every few months as there was very little CD stock. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed accurately, and the specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was shredded. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members explained that they were aware of things to look out for which may suggest a safeguarding issue. The pharmacist explained they had the contact details for the Kingston and Richmond Safeguarding authorities bookmarked on the computer. They were also all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage the its workload. Team members are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there was one locum pharmacist, one NVQ Level 2 dispenser and a medicines counter assistant. Certificates of completed training were displayed by the health promotion area. The staff were seen to be working well together. The medicines counter assistant was observed using an appropriate questioning technique to find out more information when someone presented at the pharmacy with congestion. She explained the difference between various products allowing the person to make an informed decision before counselling them effectively. The team did not have a formal on-going training programme, but they received regular training information from various sources. The pharmacist explained that the team had recently been coached about the prescription exemptions.

The team members explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, dispensary, consultation room, a staff area and a bathroom. The pharmacy was bright well presented. The team explained that the pharmacy had been refitted about seven years ago. The dispensary was large enough for the workload in the pharmacy and work benches were mostly clean and tidy.

The pharmacy was professional in appearance and clean. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the shelves were cleaned when the date checking was carried out.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The room was locked when not in use and included seating, a computer with the PMR and a sink

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy makes its services accessible to most people, and it manages them safely and effectively so that people receive appropriate care. It obtains its medicines from licensed suppliers, and it carries out regular checks to make sure that they can be supplied to people safely.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and health promotion in the health promotion area by the consultation room. There was step-free access into the pharmacy via an electric sliding door and there was also seating available should people require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were supplied with patient information leaflets (PILs) every month. The pharmacy team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the PMR to see if they had any patients in the at-risk group. There was an information pack about the risks of valproates in the dispensary which the team would use when dispensing prescriptions for valproates to patients in the at-risk group. The pharmacist explained that he would ask patients taking warfarin if they were aware of their dose and they were having regular blood tests, but the team did not routinely document any results on the PMR. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the pharmacist demonstrated how they were decommissioning medicines using the Pharmscanner program. The pharmacy obtained medicinal stock from AAH, Sigma, Doncaster and Colorama. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with stickers. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and secured well in accordance with regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for Emerade injection. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml and 50ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.