

Registered pharmacy inspection report

Pharmacy Name: Eagercare Ltd, Pharmacy, 53 Surbiton Road,
KINGSTON UPON THAMES, Surrey, KT1 2HG

Pharmacy reference: 1036647

Type of pharmacy: Community

Date of inspection: 16/10/2019

Pharmacy context

An independent pharmacy located on a busy parade of shops in Kingston Upon Thames, Surrey. 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), multi-compartment compliance aids for patients in their own homes, flu vaccinations, supervised consumption, sexual health services including emergency hormonal contraception and a chlamydia test and treat 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
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

The pharmacy team explained that they had a near miss log in the dispensary where they document all their incidents, but this could not be found during the inspection. The team explained that adverse events were rare in the pharmacy as they did not dispense many prescriptions.

Standard operating procedures (SOPs) were in place for the dispensing tasks and had previously been reviewed every year. However, the last review was over 2 years ago in July 2017. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and expired at the end of September 2020 when it would be renewed. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the 2019 survey were positive and displayed on the nhs.uk website and in the window of the pharmacy.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. The controlled drug register was maintained, and the pharmacy checked the running balance every month. 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 electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed electronically, 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 regularly. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection Toolkit. The regular pharmacists had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and kept a list of the contact details for the local safeguarding authorities. The team members had completed the online training to become Dementia Friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage 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 were three pharmacists; the superintendent pharmacist and two regular part time locum pharmacists. The team explained that there were also two part-time counter assistants who were off on the day of the inspection. The staff were seen to be working well together.

The team did not have a formal on-going training programme, but the pharmacists explained that they kept up to date with their revalidation, and the team often attended local training events. The team also received training updates from C+D, the Pharmaceutical Journal and Pharmacy magazine which they read.

The pharmacy team 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 pharmacist explained that the team members 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 and stock area, and a bathroom. There was also a basement in the pharmacy which was used for storage and to store the bins for waste medicines. The pharmacy had been recently refitted and was bright and well presented. The dispensary was very small, but the team explained that it was large enough for them as they did not dispense many prescriptions and they kept minimal stock.

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 signposted as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, storage and two entrances; one from the dispensary and one from the retail area.

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 and in the practice leaflet. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the consultation room. There was small step into the pharmacy and the team explained that they assisted people who have difficulty trying to get into or out of the pharmacy. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multicompartment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside, but they were not always supplied with patient information leaflets (PILs) every month. The team explained that they supply them if the patient had a new medicine or if they had recently taken them on. The 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 the team had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that they only had a couple of patients taking warfarin and they regularly asked them if they were having regular blood tests and were aware of the dose of warfarin they should be taking, but this was not recorded on the PMR. The team explained that due to their proximity to Kingston University and a few high schools, they would often provide sexual health services, and they often complete around 40 emergency hormonal contraception consultations a month. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD), but the team had a scanner in place. The pharmacy obtained medicinal stock from AAH, Alliance and Sigma. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with coloured stickers.

There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available in the basement and 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 to the wall of the dispensary 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 Zantac tablets. 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 satisfactorily so that it is safe to use.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml, 25ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available, including a separate one for cytotoxics, as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff 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.