

Registered pharmacy inspection report

Pharmacy Name: Coombe Hill Pharmacy, 3 The Triangle, KINGSTON UPON THAMES, Surrey, KT1 3RU

Pharmacy reference: 1036648

Type of pharmacy: Community

Date of inspection: 06/09/2021

Pharmacy context

This is a community pharmacy on a parade of shops in Kingston Upon Thames in Surrey. The pharmacy dispenses NHS and private prescriptions. It offers the New Medicine Service (NMS), flu vaccinations and a local delivery service. The pharmacy also supplies people with their medicines inside multi-compartment compliance packs if they find it difficult to take them. The inspection took place during the COVID-19 pandemic.

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 is operating safely. It has suitable systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Trained members of the team understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And it maintains its records as it should.

Inspector's evidence

The pharmacy had identified and managed the risks associated with its services. This included limiting the spread of infection from COVID-19. The premises had been modified (see Principle 3) and had remained the same when restrictions had been eased. The pharmacy had information on display at the entrance asking people to wear a mask upon entering and that only two people at a time could enter. Most of the pharmacy's team members were wearing masks. The pharmacy had hand sanitisers available. It was cleaned regularly. Risk assessments for COVID-19, including occupational ones for the team had been completed.

The pharmacy had a range of standard operating procedures (SOPs) to provide its team with guidance. This included one for COVID-19 and updated ones relating to the sale of over-the-counter (OTC) medicines. The SOPs had been reviewed in February 2020, they were annotated to reflect the pharmacy's internal procedures and the staff had read and signed them. The pharmacy team members knew their roles and responsibilities and the correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. The superintendent pharmacist (SI) had also ensured that the concerns and areas to improve on, from the last inspection had all been implemented. This included keeping complete and auditable records of refusals relating to pharmacy (P) medicines and implementing an electronic cash EPOS system. This meant that the team could track sales of medicines and stock levels better. The SI also confirmed that groups of boys were no longer seen coming into the pharmacy to ask for codeine linctus nor other people asking to buy this on their behalf. The team had also not been harassed since the conditions had been imposed.

The pharmacy had processes in place to manage and learn from its mistakes. Members of the pharmacy team routinely recorded their near miss errors. They were formally reviewed every month and discussions held about them. Staff identified medicines that had been involved and placed dividers between the stock to help prevent the mistake from happening again. The pharmacy team had retained a list of common look-alike and sound-alike medicines. This was on display along with details of the 'HELP' mnemonic. The team confirmed that there had been no dispensing incidents or formal complaints since the last inspection.

The pharmacy team ensured people's confidential information was protected. The team used their own NHS smart cards to access electronic prescriptions. Confidential waste was shredded, and there was no sensitive information visible from the retail space. The pharmacy's computer systems were password protected. The RP had been trained to level two to safeguard the welfare of vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). Trained members of the team could recognise signs of concern and staff referred appropriately in the event of a concern. The pharmacy had contact details readily available for the local safeguarding agencies.

The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs), electronic records of emergency supplies, records of unlicensed medicines and the private prescription register. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The RP record was mostly complete. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and due for renewal after 31 August 2022. Records of CDs that had been returned by people and destroyed at the pharmacy had been maintained and records verifying that fridge temperatures had remained within the required range had been completed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff to suitably manage its workload. Members of the pharmacy team have completed the required training for their roles or are being appropriately supervised. And they are provided with appropriate resources for their ongoing training. This helps keep the team's knowledge and skills up to date.

Inspector's evidence

Staff present during the inspection included the SI, two trained dispensing assistants, one of whom was undertaking training for the NVQ 3 in dispensing and a medicines counter assistant (MCA). The latter was a new member of the team. She had only started within the last six weeks but was being appropriately supervised. The MCA had also received training about data protection and the pharmacy's internal procedures. The staff's certificates of qualifications that they had obtained were on display. The pharmacy team was up to date with the workload and had enough staff to manage this.

The MCA knew what she could or could not do in the absence of the RP. She held some knowledge about over-the-counter (OTC) medicines and asked appropriate questions before selling them. If she was unsure or if people requested more than one of the same medicine, she always checked with the RP or trained staff. Her activities could be easily supervised from the layout of the dispensary. Team members had access to resources for ongoing training. Their performance was informally monitored, and they had informal meetings to discuss relevant points as and when this was required.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable to provide healthcare services. It is kept clean and tidy. The pharmacy has maintained an appropriate range of measures to help reduce the spread of COVID-19 inside its premises. And it has a separate space where confidential conversations and services can take place.

Inspector's evidence

The pharmacy was clean and tidy, suitably lit, and ventilated. The pharmacy premises consisted of a medium sized retail area and a more spacious dispensary. The latter had enough space for the team to carry out dispensing tasks safely. The pharmacy also had a signposted consultation room present for private conversations and services. This was of a suitable size for its intended purpose. It contained appropriate equipment and lockable cabinets. The premises had maintained the measures it had previously introduced to help ensure social distancing and reduce the spread of infection. A notice was on the entrance about how many people could enter at any one time and markers on the floor indicated where people should stand. A screen had been positioned in front of the medicines counter as a barrier and hand sanitisers were available for people to use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services suitably. People with different needs can easily access the pharmacy's services. The pharmacy sources, stores and manages its medicines well. And its team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy had some car parking spaces available outside its premises. People with restricted mobility or wheelchairs could easily enter the pharmacy from the street. Staff had access to documented information to signpost people appropriately, if required. The SI explained that fewer services were now being provided since the last inspection. The team was getting ready to administer the flu vaccine. The pharmacists involved had been appropriately trained but this service had not yet started. The SI now provided a COVID-19 polymerase chain reaction (PCR) fit-to fly test through a third-party provider (Randox Laboratories). The service was being advertised in-house. An SOP about this was in place, the SI had been appropriately trained and explained that he swabbed people before this was sent for analysis to Randox Laboratories. The results were then sent to the person using the service. The inspector was aware that the third-party provider was registered with the United Kingdom Accreditation Service (UKAS), but the SI was unaware about this situation. This was discussed with him at the time and he was advised to check whether his pharmacy also required accreditation with UKAS.

People's medicines were delivered to them and the team kept records about this service. Signatures were obtained when people were in receipt. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended. The pharmacy supplied some people's medicines inside multi-compartment compliance packs once the RP or person's GP had identified a need and liaised about this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied.

Staff prepared prescriptions in one area, the RP checked medicines for accuracy from another section and a designated space was used to assemble compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. The team was aware of the risks associated with valproates, a poster was on display about this and appropriate literature was available to provide to people at risk. The pharmacy team also routinely asked relevant questions for people prescribed other higher-risk medicines. Prescriptions for higher-risk medicines were routinely identified, the team asked questions about blood test results and recorded this information.

The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Doncaster, Bestway, Colorama and OTC Direct to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. The pharmacy had also

complied with the conditions imposed at the last inspection. There was no stock of codeine linctus or Phenergan at the pharmacy. The SI confirmed that they had been removed and destroyed as soon as the conditions had been issued. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were referred appropriately. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And the team ensure they are used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and an appropriately operating pharmacy fridge. The latter could be locked. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Due to COVID-19, the consultation room was cleaned before and after being used for services. Staff used a shredder to dispose of confidential waste and the pharmacy's computer terminals were positioned in a way that prevented unauthorised access. The team used cordless telephones for private conversations to take place if required.

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.