

Registered pharmacy inspection report

Pharmacy Name: Laurel Pharmacy, 170 Tudor Drive, KINGSTON
UPON THAMES, Surrey, KT2 5QG

Pharmacy reference: 1036649

Type of pharmacy: Community

Date of inspection: 04/12/2019

Pharmacy context

An independent pharmacy located on a parade of shops in a residential area of 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's working practices are safe and effective. It records and reviews its mistakes to learn from them and prevent them from happening again. The pharmacy also keeps all the records required by law. Team members keep people's information safe and they help to protect vulnerable people.

Inspector's evidence

Some near misses were recorded in a log held in the dispensary and the pharmacist explained they did not have many near misses as the team were very methodical in their dispensing process. When near misses or errors occurred, the team would have a meeting where they would discuss why the incident had occurred and what they could do to prevent a recurrence. Notes were kept from these meetings which the pharmacist demonstrated.

The pharmacy team had been made aware of the 'Look Alike Sound Alike' drugs and had a staff information file where they kept safety information updates from the NPA and other external pharmacy organisations.

There was a logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated regularly with the last review having occurred in 2018. 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 valid until the end of September 2020. 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 in the pharmacy and on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of MST 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 three months. 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 pharmacy had also completed the Data Security and Protection Toolkit. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2

training programme on safeguarding vulnerable adults and children and team members explained that they were aware of things to look out for which may suggest a safeguarding issue. The contact details for the local safeguarding authorities were on display in the dispensary. The team members 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 pharmacist and one NVQ Level 2 dispenser. Certificates of completed training were displayed held in a training folder. The staff were seen to be working well together. The dispenser was observed using an appropriate questioning technique to find out more information when someone presented in the pharmacy with a chesty cough. She used an appropriate questioning technique to find out further information before recommending a few products and explaining the difference between them. The dispenser then counselled the patient effectively. The team did not have a formal on-going training programme, but they received regular training information from various sources such as Pharmacy magazine and would attend external events. The pharmacist explained that he had recently attended an event about consultation skills which he found very useful.

The 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 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 and stock area and a bathroom. The pharmacy was older in appearance with fixtures and fittings which were dated, but it was bright and presented well. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy. 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 lighting throughout the pharmacy was appropriate for the delivery of 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 and the room included a computer, health promotion materials, seating and a sink. The consultation room was locked when not in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

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 general health promotion in the consultation room and in the health promotion area at the front of the pharmacy. There was step-free access into the pharmacy. 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). 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. The team was in the process of completing an audit about valproate use in 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 demonstrated how the team had recently completed a lithium audit and identified patients who required more counselling on the use of lithium to ensure it was monitored well and taken safely. 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 always document the 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 ProScript. The pharmacy obtained medicinal stock from AAH, Alliance, DE South, Sigma and OTC Direct. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire. 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 to the wall of the pharmacy 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 injections. 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 10ml measures, some were marked with red paint to show they should only be used with methadone liquid. 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.