

Registered pharmacy inspection report

Pharmacy Name: Garlands Pharmacy, 160 Garlands Road, REDHILL,
Surrey, RH1 6NZ

Pharmacy reference: 1036722

Type of pharmacy: Community

Date of inspection: 23/04/2019

Pharmacy context

A community pharmacy set in a small row of shops in a residential area of Redhill. 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 compliance 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 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. So, they can learn from them and strengthen their procedures. The pharmacy generally keeps all the records it needs to by law. The pharmacy acts upon people's feedback. And it keeps people's private information safe and explains how it will be used. The pharmacy team understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy was refitted during the summer of 2017. And the size of its dispensary was enlarged to accommodate the increase in the pharmacy's dispensing workload. The pharmacy had procedures in place for the services it provided. And these have been reviewed since the last inspection. Whilst members of the pharmacy team followed the procedures, they hadn't all signed 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 to help the pharmacy team strengthen its dispensing process. Different strengths of levothyroxine were separated from each other on the dispensary shelves to minimise the risk of staff picking the wrong strength.

A Responsible Pharmacist (RP) notice was on display. The pharmacy team understood what their roles and responsibilities were. But these weren't clearly defined within the pharmacy procedures. 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 patient satisfaction surveys 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 the National Pharmacy Association (NPA). The pharmacy's electronic records for emergency supplies, its RP records and its specials records were adequately maintained. The address from whom a controlled drug (CD) was received from was not always included in the CD register. The running balance of the CD register was not checked regularly to help staff identify and manage mistakes or discrepancies promptly. The prescriber's details were sometimes incorrect or incomplete in the electronic private

prescription records.

An information governance audit was undertaken each year. A privacy notice was displayed within the pharmacy to tell people how the pharmacy and its team gathered, used and shared personal information. Staff were required to complete training on the General Data Protection Regulations. 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.

Safeguarding procedures were in place and key contacts for safeguarding concerns were available. The pharmacists have completed safeguarding training. And they could 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 always have time set aside so they can carry out training during working hours. 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 46 hours a week and dispensed between 5,000 and 6,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a part-time pharmacist and three part-time counter assistants. The pharmacy employed a part-time delivery driver. And the RP was also the pharmacy's superintendent pharmacist.

There was a vacancy for a part-time dispensing assistant. But this vacancy was currently being covered by a locum pharmacist. The RP, two pharmacists and a counter assistant were on duty throughout the inspection. Members of the pharmacy team had completed or were undertaking accredited training relevant to their roles. They relied upon each other or locum pharmacists to cover absences. The counter assistant and the pharmacists supported each other so people were served and counselled in a helpful and knowledgeable way.

The pharmacists 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 she would ask when making over-the-counter recommendations and when she would refer customers to a pharmacist; for example, requests for treatments for older patients, infants or animals.

Staff performance and development needs were discussed informally throughout the year. The counter assistant could ask the pharmacists questions, familiarise herself with new products and, when time permitted, complete online training. But she didn't always get time to train whilst at work as she was often busy serving customers. The pharmacy team discussed mistakes as they happened and people's complaints to share learning. And quarterly meetings were held to update the pharmacy team and encourage staff to make suggestions about how to improve the pharmacy and its services.

Members of the pharmacy team felt comfortable in providing feedback about the pharmacy. They knew how to raise a concern if they had one. And their feedback led to changes in how prescriptions were processed to make sure people were told if an item wasn't available.

The company set targets for its professional services. But staff didn't feel their judgement or patient safety were compromised by these; for example, Medicines Use Reviews (MURs) were only carried out by a suitably trained pharmacist when it was clinically appropriate to do so and when the workload allowed so the delivery of services to patients was not compromised.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and the pharmacy provides a safe, secure and professional environment for people to receive healthcare.

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. And its contents were kept secure within lockable cupboards when it wasn't in use. The pharmacy's sinks were clean. 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. The pharmacy generally provides safe and effective services. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right things to the right people. The pharmacy gets its medicines from reputable sources and stores them appropriately and securely and supplies them safely. And it disposes of people's waste medicines correctly.

Inspector's evidence

Although there was no automated door into the pharmacy, a ramp led to its entrance and staff opened the door so people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy's services were advertised in-store. And staff knew where to signpost people to if a service was not provided.

The pharmacy used disposable and tamper-evident packs for its multi-compartment compliance pack dispensing service. A dispensing audit trail was maintained for the assembled packs seen. A brief description of each medicine contained within the packs was provided. And patient information leaflets were routinely supplied. The pharmacy team needed to adjust the settings on the patient medication record (PMR) system so that cautionary and advisory warnings could be included on the backing sheets supplied with the packs.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. People were asked to sign a delivery log to confirm they had received their medicines and the pharmacy kept an audit trail for each delivery.

The pharmacy offered a seasonal influenza (flu) vaccination service. Its pharmacists administered over 50 vaccinations last winter. Some people chose to use the vaccination service at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy provided about 20 MURs and five New Medicine Service consultations a month and people were required to provide their written consent when recruited for these.

The pharmacists were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Although valproate educational materials were not available at the time of the inspection, they had been ordered.

The pharmacy used recognised wholesalers, such as AAH and Alliance Healthcare, to obtain medicines and medical devices. CDs, which were not exempt from safe custody requirements, were stored within the CD cabinet. A record of the destruction of patient-returned CDs was maintained. Out-of-date and patient-returned CDs were kept separate from in-date stock. Pharmaceutical stock requiring refrigeration was appropriately stored between two and eight degrees Celsius.

Most medicines and medical devices were stored within their original manufacturer's packaging. A few inadequately labelled containers were found to contain some de-blistered medicines. But were promptly disposed of when they were brought to the attention of the RP. Pharmaceutical stock was

subject to date checks, which were documented, and short-dated products were marked.

The pharmacists were aware of the Falsified Medicines Directive (FMD). The pharmacy's procedures hadn't been amended to reflect the changes FMD would bring to its processes. It had obtained a scanning device and arranged for the appropriate FMD software to be added to its PMR system. Staff could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't verifying or decommissioning medicines at the time of the inspection.

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 electronically. But the pharmacy team didn't routinely record the actions it took 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 the NPA's information department. The pharmacy had a range of clean glass measures and equipment for counting loose tablets and capsules.

The pharmacy provided blood pressure checks on request. The blood pressure monitor was replaced within the past 2 years. A 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 PMR 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.