

Registered pharmacy inspection report

Pharmacy Name: Sutton Pharmacy, 86 Westmead Road,
SUTTON, Surrey, SM1 4HY

Pharmacy reference: 1036774

Type of pharmacy: Community

Date of inspection: 20/01/2020

Pharmacy context

This Healthy Living Pharmacy (HLP) is in a small parade of shops a short distance from the centre of Sutton, Surrey. It dispenses NHS and private prescriptions, sells a range of overthecounter medicines and provides health advice. The pharmacy dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines. It also offers a home delivery service for people who can't get to the pharmacy themselves.

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	Good practice	3.1	Good practice	Recently redesigned and refitted to provide a very professional looking environment for the provision of the pharmacy's services
		3.2	Good practice	The consultation room has been relocated to a more appropriate location within the pharmacy and fitted out to a high standard.
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 provides its services in line with clear, up-to-date processes and procedures which are being followed by its team members. They are clear about their roles and responsibilities. And they work to professional standards, identifying and managing risks effectively. The pharmacy keeps satisfactory records of the mistakes it makes during the dispensing process. The superintendent pharmacist regularly reviews them with members of the team so that they can learn from them and avoid problems being repeated. The pharmacy manages and protects confidential information well and tells people how their private information will be used. Team members understand their role in helping to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, mostly dated March 2019 and updated annually by the superintendent pharmacist (SI), who was also the responsible pharmacist (RP) on the day of the inspection. They were next due for a review in March 2020, and the RP had a reminder set up on his phone so that it wasn't forgotten. This included new SOPs for Pharmacy Quality Scheme (PQS) foot and eye check audit as well as for the Serious Shortages Protocol (SSP). There were signature sheets for each SOP which had been signed by all staff to indicate that they had read and understood them. The pharmacy also had a business continuity plan in place to maintain its services in the event of a power failure or other major problem. There was a list of emergency contacts on a clip in the dispensary, visible to all members of staff.

Errors and near misses were recorded using a paper register, showing what the error was, the members of staff involved, and the action taken. The near miss register was kept in a folder in the dispensary for easy access by all staff. The possible causes were recorded and there was evidence of reflection and learning. There was a separate folder for errors, which were also recorded on the NHS National Reporting and Learning Service (NRLS) website. The RP explained that he regularly briefed his team to discuss the previous months near misses and errors once he had completed the monthly patient safety report. He also completed an annual patient safety report for submission to the NHS. He had identified some items that were prone to error, such as the 'look alike sound alike' (LASAs) medicines amitriptyline and amlodipine which had all subsequently been separated on the shelves. The two pack sizes of aspirin 75mg dispersible tablets had also been separated as their packaging was almost identical.



Roles and responsibilities of staff were documented on a matrix in the SOP file. Each individual SOP also referred to those who had the delegated authority to carry out specific tasks, and those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The RP notice was clearly displayed for patients to see and the RP log held on the patient medication record (PMR) computer system was complete. The pharmacist kept a separate logbook to records instances where the RP may have forgotten to sign out. He also used this to record the monthly controlled drugs checks.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at www.nhs.uk and on a poster in the window. The results were very positive overall and as a result of patient feedback the pharmacist had completely removed the central sales gondola and replaced it with a large sofa-style seating area. The pharmacy complaints procedure was set out in the SOP file, on a notice in the retail area and in the pharmacy practice leaflet for people to take away.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until 31 January 2020 was on display in the dispensary and the paperwork was ready for its renewal. Private prescription records were maintained in a hardback diary with numbered pages and were complete with all details correctly recorded. Dates of prescribing and of dispensing were all correctly recorded. The emergency supply records were in the back of the private prescription book. They were complete with all the necessary details. The pharmacist also used this part of the book to record any other interventions, particularly those made verbally face to face or over the phone where he didn't have the patient's name and address.

The CD register was seen to be correctly maintained, with all running balances checked at regular monthly intervals. There was a separate log containing details of each of the monthly checks, filed under the relevant month. Corrections were made by using an asterisk and footnote with name and registration number of the person making the amendment. Running balances of two randomly selected CDs were checked and both found to be correct. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed "specials" were all complete with required patient and prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They had all signed confidentiality agreements and were able to provide examples of how they protect



patient confidentiality, for example checking people's identity before discussing their medication, or inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were in the dispensary so that people waiting at the counter couldn't read details. Confidential waste was kept separate from general waste and shredded onsite. A privacy notice and data use poster were on display.

There were safeguarding procedures in place and contact details of local referring agencies were seen in a file for all staff to access. The pharmacist had completed level 2 safeguarding training, and the rest of the team had been briefed so that they could recognise potential safeguarding risks. They would refer to the pharmacist if they were unsure. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one medicines counter assistant (MCA), one dispensing assistant and the RP on duty during the inspection. One other dispensing assistant came and went during the course of the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, part-time staff could adjust their working hours to provide additional cover.

Training records were seen confirming that all staff had completed the required training, and there were some certificates to be seen in the training folder. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary.

All staff were seen to serve customers when the MCA was busy, and all asking appropriate questions when responding to requests or selling medicines. There was no pressure to achieve specific targets. They appeared to have open discussions about all aspects of the pharmacy, and team members were involved in discussions about their mistakes and learning from them.

Principle 3 - Premises ✓ Good practice

Summary findings

The pharmacy's premises look very modern and professional. They provide a safe environment for people to receive the pharmacy's services. The premises include a clean and clinical private room which the team uses for some of its services and for private conversations.

Inspector's evidence

The pharmacy premises had been professionally refitted to a high standard approximately three years prior to the inspection. They were very modern, clean, tidy and in a very good state of repair with step-free access via a sliding automatic door to the street. The retail area was very bright and open, allowing plenty of space for wheelchair users. There was a large, well laid out dispensary, providing sufficient space to work safely and effectively. There was a clear workflow in the dispensary and the layout was suitable for the activities undertaken, with a separate area designated for the assembly of multicompartiment compliance aids. The dispensary sink had hot and cold running water. There was handwash available at the sink in the staff area and also at the sink in the consultation room.

There was a new consultation room available for confidential conversations, consultations and the provision of services. The door to the consultation room was kept closed but not locked when not in use, but there was no confidential information visible. There were locked cupboards for paperwork but there was an open sharps bin. The pharmacist agreed to move this into one of the cupboards so that it was out of sight. There was a password protected PMR computer present. There was also a sink with hot and cold running water and a full-length treatment couch for use in some of the pharmacy's services.

Room temperatures were appropriately maintained by a combined air-conditioning and heating unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls so that people only get medicines or devices which are safe for them to take. It identifies people supplied with high-risk medicines and records most of the checks that it makes so that they can be given extra information they may need to take their medicines safely.


Inspector's evidence

A list of pharmacy services was prominently displayed in the retail area and there was also a range of health information leaflets in the consultation room. The pharmacy provided a range of services including seasonal flu vaccinations during the autumn and winter, and a smoking cessation service.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were used if the pharmacy was unable to supply the entire prescription. The prescription was kept in the owings box until the stock arrived. In the event of being unable to obtain any items, they contacted the GP for an alternative.

Completed prescriptions for schedule 2 CDs were highlighted with a CD sticker so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 CDs were highlighted with a marker pen to help ensure that they weren't handed out after they had expired. Upon reflection the pharmacist agreed to start highlighting schedule 4 CDs such as zopiclone, and to brief his team. The RP explained that he checked the retrieval shelves every month and that any prescriptions that had remained uncollected for more than three months, or CDs for more than 28 days, were removed and details recorded in a file. Any expired EPS tokens were returned to the NHS spine. Fridge lines in retrieval awaiting collection were also stickered so that staff would know that there were items to be collected from the fridge.

Compliance aids were dispensed in a separate designated area in the dispensary. The pharmacy had a four-week cycle to help ensure that prescriptions were ordered and assembled at the appropriate time. Any known allergies were recorded on the patient's PMR and any hospital discharge summaries were stored in the individual patient's file. Changes were recorded on the individual PMR. Medication times were checked against the patient's file, and any discrepancies were followed up before labelling. The



completed compliance aids would then be checked by the RP before being bagged up ready for either collection or delivery. Compliance aids were seen to include product descriptions on the backing sheet and patient information leaflets (PILs) were always supplied. There were a number of compliance aids ready for supply to individual patients which were also seen to have product descriptions and to contain PILs. Warfarin and alendronic acid were supplied separately. Mid-cycle medication changes were collected by the RP and re-dispensed before delivering back out to the patient.

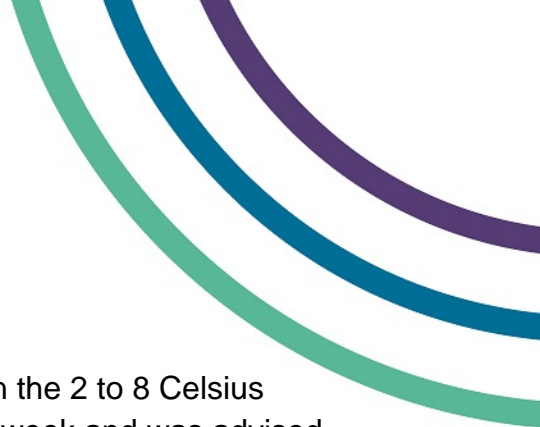
Staff were aware of the risks involved in dispensing valproates to women in the at-risk group, and all such patients were counselled regarding the importance of having effective contraception. The PMR had been checked and there were some patients in the at-risk group. Patients taking warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions and the INR results were recorded on the PMR, but there were more patients who did not have their figures with them. Patients taking methotrexate and lithium had been checked recently as part of the audit for the pharmacy quality scheme (PQS). Upon reflection, the RP agreed to start recording all of this information in future, using the counselling notes function on the PMR system. This would make it much easier to audit them in future. There were steroid cards, lithium record cards and methotrexate record cards available to offer patients who needed them.

There were a small number of patients using the substance misuse service, including some for supervised consumption. Appropriate records were kept, and key workers contacted in the event of non-collection for three consecutive days.

There were valid Patient Group Directions (PGDs) in place for both the NHS and the private flu vaccination services. Appropriate informed consent was documented and records of each vaccination kept in the locked cupboards within the consultation room. There were adrenaline ampoules available in the consultation room for use in emergencies.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance and Sigma, Colorama and DE South. Unlicensed 'specials' were obtained from Sigma, DE or Colorama. The pharmacy had the scanners and software necessary to comply with the Falsified Medicines Directive (FMD) but was not yet using it to decommission any products. The RP explained that he hadn't yet identified exactly how to incorporate the extra steps into their dispensing process.

Routine date checks were seen to be in place, record sheets were seen to have been completed, and no out-of-date stock was found. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves and no boxes were found to contain mixed batches of tablets or capsules.



Fridge temperatures were recorded daily, and all seen to be within the 2 to 8 Celsius range. The pharmacist explained how he reset the fridges once a week and was advised to reset it every day, as all of the records seen were showing the same values. He explained how he would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

The RP described how patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to the local council for disposal. There was a list of hazardous medicines present but no separate purple-lidded container designated for the disposal of hazardous waste medicines. The pharmacist arranged to obtain one straight away. Denaturing kits for the safe disposal of CDs were available for use.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen to be kept in a designated folder. Each alert was annotated with any actions taken, the date and initials of those involved. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy takes reasonable steps to ensure that people's private information is kept safe and secure.

Inspector's evidence

The pharmacy had the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment (including separate measures clearly marked for methadone only), counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source. There was a sophisticated blood pressure monitor which was recalibrated every two years. The RP subsequently sent the inspector an email confirming that it was due for recalibration shortly and that it would be sent away for this. The RP also recorded the date when he replaced the batteries. There was a smokalyser which had been provided by the public health team at the local council. There were two fridges which were emptied and cleaned alternately every three months.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were left in a secure location within the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area



What do the summary findings for each principle mean?

✓ **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.