

Registered pharmacy inspection report

Pharmacy Name: Pearcare, 86 Alexandra Drive, SURBITON, Surrey,
KT5 9AG

Pharmacy reference: 1036776

Type of pharmacy: Community

Date of inspection: 09/10/2019

Pharmacy context

An independent pharmacy located in a suburban area of Surbiton, 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), multicompartiment compliance aids for patients in their own homes, flu vaccinations, supervised consumption and a delivery 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's working practices are effective. It protects people's private information and the team members understand how to safeguard and support vulnerable people. The pharmacy keeps most of the records it needs to by law and team members follow written instructions. The pharmacy also has adequate insurance in place which covers its activities. But it hasn't updated those written instructions for a few years meaning the team could be following out-dated procedures. Also, the pharmacy does not record all its near misses or errors, so it may be missing opportunities to prevent similar mistakes happening in the future.

Inspector's evidence

The pharmacist explained that the pharmacy had a near miss log present, but it could not be found during the inspection. The team explained that when they identified a near miss, it was highlighted to the team member who made it and they would then be asked to look at it again and change it. Errors that left the premises were recorded on incident report forms held in the pharmacy and shared with the team. The pharmacist explained that following an error where the incorrect strength of Fostair had been handed out to a patient, they decided to review their procedure for preparing fridge items to ensure that they were not left to be dispensed just before the patient came in and a final check could be completed before handing out.

Standard operating procedures (SOPs) were in place for the dispensing tasks, but had last been updated in July 2014. 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 was valid until the end of August 2020, when it would be renewed. There was a complaints procedure in place and staff were clear on the processes they should follow, and they kept a record of complaints in the dispensary. The team carried out an annual community pharmacy patient questionnaire (CPPQ) survey and the results of the 2018 survey were positive and displayed on the nhs.uk website. However, the 2019 results were not yet uploaded.

Records of controlled drugs and patient returned controlled drugs were completed electronically 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 electronically, and the team was checking the running balance regularly. The pharmacy held an electronic responsible pharmacist record, and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures for the fridge in the dispensary were recorded electronically several times a day and were always in the 2 to 8 degrees Celsius range. However, the pharmacy was not recording the temperature of the fridge in the consultation room which they explained was a temporary fridge for vaccines. The team explained that they would start recording the minimum and maximum temperatures. 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 collected in confidential waste baskets and later shredded. The team had an information governance

policy in place which they had signed, and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection Toolkit. The pharmacists had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members explained that they were aware of things to look out for which may suggest a safeguarding issue. They were happy to refer to the pharmacists if they suspected a safeguarding incident. They were all Dementia Friends and had completed this learning online.

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, one NVQ Level 2 dispenser and one medicines counter assistant. Certificates of completed accredited training were on display in the pharmacy. The staff were seen to be working well together and supportive of one another. The team did not have a formal on-going training programme, but they were updated regularly by the pharmacists on any professional changes and they were encouraged to attend any local training events. The dispenser also explained that the team regularly received pharmacy journals and magazines in the post which they would read. Continuing Professional Development (CPD) files were held in the dispensary with various training materials stored inside which the team could refer to when required.

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 dispenser explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally suitable for the provision of its services 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, large consultation room and small staff area/stock room. The pharmacy was organised, but space was limited which meant the work benches were cluttered.

The pharmacy was professional in appearance and generally 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. However, the carpet and fixtures and fittings were older in appearance.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the pharmacist explained that 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. The consultation room was locked and included seating and storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy ensures that its services are accessible to people with different needs. Generally, the pharmacy team provides safe services and provides people with information to help them use their medicines safely and effectively. The pharmacy gets its medicines from reputable sources. However, team members do not monitor the temperatures of one of their fridges, so they cannot be certain that the temperature-sensitive medicines stored in there are safe for people to use.

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. There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services. The team started advertising their flu vaccination service in July by placing leaflets inside prescription bags. As soon as they knew the date when they would be receiving their flu vaccines, they started placing stickers on all the prescription bags about the service. As a result, they had a large uptake in their flu vaccination service.

The pharmacy team prepared multicompartment 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 every month. The pharmacist explained that the team were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The team checked the PMR to see if they had any patients in the at-risk group. The team kept information cards and leaflets about the risks of valproates near the stock on the shelf and used them when dispensing prescriptions for valproates. The pharmacist explained that they verbally checked with patients taking warfarin that they were having regular blood tests, whether they knew their INR and if they knew their dose of warfarin. They explained that if a patient seemed unsure about any of this, they would follow it up with the patient's GP to ensure that the patient was taking their warfarin safely. However, this was not recorded on the patient's record. 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 pharmacists explained that they had been looking to upgrade their software system to one which would incorporate an easy to use FMD system as well as highlight near misses. The pharmacy obtained medicinal stock from AAH, Alliance, Sigma, Doncaster and NWOS. Invoices were seen to verify this. Date checking was carried out every month 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 and seen being used for the disposal of medicines returned by patients. The dispensary fridge was in good working order and the stock inside was stored in an orderly manner. However, some medicines were stored in amber bottles which were not marked with their batch number or expiry date making it difficult to ascertain their quality. The reliability of the fridge in the consultation room could not be verified as the maximum and minimum temperatures were not monitored. The CD cabinets were appropriate for use and secured well to the wall of the dispensary

in accordance with regulation. 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 products. 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

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were counting triangles available, with 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.