

Registered pharmacy inspection report

Pharmacy Name: PSM Pharmacy, 388 Ewell Road, Tolworth,
SURBITON, Surrey, KT6 7BB

Pharmacy reference: 1036784

Type of pharmacy: Community

Date of inspection: 09/10/2019

Pharmacy context

An independent pharmacy located on a high street in Tolworth, Surbiton. 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), multi-compartment compliance aids for patients in their own homes, flu vaccinations 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

The pharmacy's working practices are safe and effective. It protects people's private information satisfactorily and keeps the records it needs to by law. Team members follow written instructions to make sure they work safely, and they understand how to safeguard and support vulnerable people. The pharmacy has adequate insurance arrangements in place to protect people if anything goes wrong.

Inspector's evidence

Near misses were recorded in a log held in the dispensary. Any near misses were highlighted to the team member who made the error, and the pharmacist then asked them to look at it again, change it and then record 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 the team held a meeting every month to discuss all the incidents recorded in the near miss log and any dispensing errors as well as any other issues.

There was a clear and logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartment compliance aids were prepared in a dedicated area at the back of the dispensary which was screened to prevent distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years. Most of the team had signed the SOPs to say they had read and understood them, but the pre-registration pharmacist was still to sign 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 January 2020 when it would be renewed. 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 2018 survey were positive and displayed on the nhs.uk website, but the results for the 2019 survey had not yet been uploaded.

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 regularly. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. However, on entry into the pharmacy, the incorrect responsible pharmacist notice was on display and the pharmacy was displaying two notices, not one. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. 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 bins and later collected by an external company for safe destruction. 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. 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 pharmacist 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 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 were two pharmacists, one pre-registration pharmacist, one dispensing assistant currently undertaking the additional training required to register as a technician and one medicines counter assistant. Certificates of completed training were available in individual staff training folders in the pharmacy. The staff were seen to be working well together.

The pre-registration pharmacist was completing the Buttercups Pre-registration training course. He explained that he attended study days tailored around different clinical areas in preparation for the pre-registration exam and he would also sit a mock exam to test him. The trainee technician was completing the NPA course and explained that she felt supported in her learning by the whole team and she shared anything interesting she learned with everyone else. The rest of the team did not have a formal on-going training programme, but they were updated regularly by the Superintendent pharmacist and they received regular training updates from C+D and Pharmacy magazine which they would read. The Superintendent explained that she encouraged the team to attend any local training events.

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 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/stock area and a bathroom. The pharmacy had been refitted and was bright and presented well. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy. The team explained that they worked in a systematic way and keep the dispensary tidy and clutter-free to reduce the likelihood of mistakes occurring.

The pharmacy was professional in appearance and 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 and a cleaning rota was on display in the dispensary. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the trainee technician 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 could be locked and included seating, storage and two entrances; one from the dispensary and one from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to most people, and it manages them safely and effectively so that people receive appropriate care. It obtains its medicines from licensed suppliers, and it carries out regular checks to make sure that they can be supplied to people safely.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and on the wall by the consultation room. 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 via an electric door 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 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) every month. However, the pharmacist demonstrated a list of patients who did not want the patient information leaflets every month and so they did not supply PILs to these patients unless they had a new medicine. The pharmacist explained that the 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 the team had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that she would ask patients taking warfarin if they were aware of their dose and they were having regular blood tests, but the team did not routinely document any results on the PMR. Dispensing labels were routinely 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. The pharmacy obtained medicinal stock from AAH, Alliance and Phoenix. Invoices were seen to verify this. Date checking was carried out every three months and 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 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 dispensary 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 Zantac tablets. 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. Facilities are used in a way that protects people's privacy.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 500ml, 100ml, 50ml and 25ml measures. 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, 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.