

Registered pharmacy inspection report

Pharmacy Name: Hobbs Pharmacy, 197 Godstone Road,
WHYTELEAFE, Surrey, CR3 0EL

Pharmacy reference: 1036818

Type of pharmacy: Community

Date of inspection: 21/01/2020

Pharmacy context

A community pharmacy set amongst some retail shops on a main road in Whyteleafe. The pharmacy opens five days a week. And most people who use it live nearby. The pharmacy sells a range of over-the-counter medicines and some health and beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. It also offers winter influenza (flu) vaccinations.

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

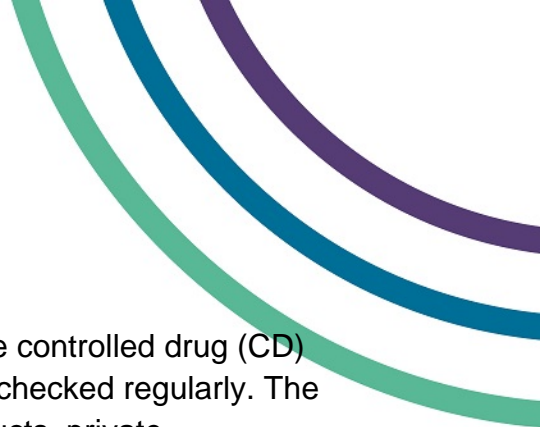
The pharmacy has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They learn from the mistakes they make to try and stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these were reviewed within the past year. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. And they initialled each dispensing label. Assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed individual learning points when they identified a mistake. And they reviewed their mistakes and took actions to try and stop them happening again. For example, they separated a few look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to a pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey were available online. The pharmacy's practice leaflet told people how they could provide feedback about the pharmacy. The pharmacy team asked people for their views. People's feedback led to the pharmacy trying to keep people's preferred makes of prescription-medicines in stock.

The pharmacy had appropriate insurance arrangements in place, including professional



indemnity, through the National Pharmacy Association (NPA). The controlled drug (CD) register was generally kept in order. And its running balance was checked regularly. The pharmacy's records for the supplies of unlicensed medicinal products, private prescription records and RP records were adequately maintained. The pharmacy's emergency supply records were mostly in order. But the prescriber's details were sometimes incomplete for emergency supplies made at the request of practitioners.

The pharmacy gave information governance assurances to the NHS each year using an online data security and protection toolkit. It had published guidance on the General Data Protection Regulation. And members of the pharmacy team were required to sign a confidentiality agreement. The pharmacy had arrangements in place to make sure confidential waste was destroyed securely onsite. Its team stored prescriptions in such a way to prevent people's details being visible to the public. Safeguarding procedures were in place and contacts for safeguarding concerns were available too. Staff 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 just enough suitably trained people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They 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 42½ hours a week. It dispensed about 3,200 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time dispensing assistant and a part-time delivery driver. There was a vacancy for a full-time member of staff following the recent departure of a pharmacy apprentice. The delivery driver remained at the pharmacy with the pharmacist when the dispensing assistant needed to leave the premises. And sometimes staff from another pharmacy provided help when the pharmacy was busy. The pharmacy was managed by the RP. The RP and the dispensing assistant were working at the time of the inspection. But they were joined part-way through the inspection by a dispensing assistant from a nearby branch. The pharmacy relied upon team members from this branch or locum staff to cover absences. A company director provided assurances that the right person would be recruited to fill the pharmacy's current vacancy. But the pharmacy team would be supported until then.

Staff helped each other so people were served promptly, and prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist. For example, requests for treatments for infants, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions. The pharmacy's team members needed to undertake accredited training relevant to their roles after completing a probationary period. The dispensing assistants have each completed an accredited training course. The pharmacy's team members discussed their performance and development needs with their line manager throughout the year. They were encouraged to ask questions and familiarise themselves with new products. They also completed supplementary training to make sure their knowledge was up to date. Staff could train while they were at work when the pharmacy wasn't busy. But they often trained in their own time. One-to one discussions or informal meetings were held to update staff and share learning from mistakes or concerns.



Members of the pharmacy team occasionally felt under pressure to complete the tasks they were expected to do. And they felt that the pharmacy's targets could be challenging at times. But they didn't feel their professional judgement or patient safety were affected by targets. Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The pharmacy had a whistleblowing policy in place. And staff knew who they should raise a concern with if they had one. The team's feedback led to changes to the layout of the dispensary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy had been partially refurbished since the last inspection. Most of its flooring had been replaced. Its dispensary was enlarged to provide more workbench and storage space. And a sink had been installed in the dispensary. But some parts of the dispensary and the corridor leading to the kitchenette were dimly lit. The ceiling throughout the premises hadn't been replaced. The kitchenette hadn't been refurbished. And there were still some outstanding snagging concerns to be addressed; for example, some loose computer cabling hanging from the ceiling. The damp on the walls of the corridor had been addressed. But there were some water stains on the refurbished walls in the dispensary. The public area of the premises was clean, bright and adequately presented. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy had a supply of hot and cold water. And antibacterial hand wash was available too. The pharmacy was air-conditioned. And it was secure when shut. It also had a small consultation room if people needed to speak to a team member in private. The consultation room was locked when it wasn't being used. So, its contents, such as pharmacy equipment, confidential information and anaphylaxis treatments, were kept secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy tries to help people access its services. Its working practices are generally safe and effective. And its team makes sure people have the information they need to take their medicines safely. The pharmacy offers flu vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team dispose of people's waste medicines properly. They carry out the checks they need to. And they respond well to drug alerts or product recalls. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy wasn't open at the weekends anymore. There was no automated door into the pharmacy and its entrance wasn't level with the outside pavement. So, the pharmacy team needed to make reasonable adjustments to help some people with mobility difficulties, such as wheelchair users, access the pharmacy and its services. The pharmacy's services were advertised in-store and were included in the pharmacy's practice leaflet. Staff knew where to signpost people to if a service wasn't provided. And they were helpful and provided advice to people on how to take their medicines safely. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines safely.

The pharmacy was commissioned to supply the morning after pill for free. It also provided a winter flu vaccination service. It had valid, and up-to-date, patient group directions and appropriate anaphylaxis resources in place for these services. It kept a record for each flu vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. But the pharmacist didn't always get another appropriately trained team member to check that the vaccine they selected was the correct one before administering it. The pharmacy team made sure the sharps bin was kept securely when not in use. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery as it was more convenient for them. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a compliance pack. The pharmacy kept an audit trail of the person who had assembled and checked each prescription. Its team provided a brief description of each medicine contained within the compliance packs. And patient information leaflets needed to be supplied. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the



pharmacy team 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. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It also kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. But out-of-date CDs have been allowed to build up and needed to be destroyed in the presence of an authorised witness.

Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. And they were decommissioning stock at the time of the inspection as the pharmacy had the appropriate equipment and software to do so. The pharmacy's SOPs had been revised to reflect the changes FMD brought to the pharmacy's processes. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure its equipment is kept clean.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. And staff made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.



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.