

Registered pharmacy inspection report

Pharmacy Name: Sutton & Merton Out-Of-Hours Co-operative, 28
The Market, Wrythe Lane, CARSHALTON, Surrey, SM5 1AG

Pharmacy reference: 1091657

Type of pharmacy: Community

Date of inspection: 29/01/2024

Pharmacy context

The pharmacy is on a parade of shops in Rose Hill, near to St. Helier Hospital. There are two registered pharmacies operating from the premises: Rosehill Pharmacy (1036466) and Sutton & Merton Out-of-Hours Co-operative (the pharmacy). Although both pharmacies share the same facilities (such as dispensary, consultation room and pharmacy counter), they are owned by different legal entities and operate at different times of the day. This report is focused on the out-of-hours co-operative that provides its services during the evening and on Sundays. The pharmacy mainly dispenses people's prescriptions, especially those issued by NHS111 and out-of-hours services.

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 provides its team members with suitable written instructions on how to carry out their tasks safely and effectively. It keeps all the records that it should, although it doesn't have enough space to store them all on the premises. Its team members have a clear understanding of their role in helping protect vulnerable people. They manage and protect people's confidential information appropriately.

Inspector's evidence

There was only a small area of clear workspace as most of the bench was filled with baskets of partly assembled prescriptions. As these were prescriptions dispensed by the pharmacy that operated during the day (Rosehill Pharmacy), the responsible pharmacist (RP) didn't attempt to finish them or move them. This just left enough space for the out-of-hours dispensing. The out-of-hours pharmacy's stock and some paperwork were stored separately to that of Rosehill Pharmacy, in a locked cupboard. A few eye drops were kept in a separate part of Rosehill Pharmacy's pharmacy refrigerator and there was a separate controlled drug (CD) cabinet.

There was a file containing Standard operating procedures (SOPs) which dated back to 2017. The RP explained that they were reviewed every two years and the four regular pharmacists met with the superintendent (SI) once a year to go through them and sign them all. The SI subsequently emailed a signed and dated signature sheet to confirm this along with some example SOPs that had been recently reviewed and updated. The RP explained that the out-of-hours pharmacy no longer had access to storage space at the rear of the premises so didn't have enough room to store all the required paperwork on the premises.

There were procedures in place to deal with dispensing errors (mistakes which weren't identified until after they had left the premises) and near misses (those which were identified in the pharmacy before being handed out to people). There were no entries on the forms seen, and the RP explained that there hadn't been any owing to the very low volume of dispensing. The SI subsequently confirmed this by email. After a brief discussion and some reflection, the RP agreed that it might be a good idea to make an entry at the end of each day, or week, to confirm that there had been no errors or near misses. The RP confirmed that he understood the importance of keeping a record so that any trends or patterns could be identified and acted upon to help reduce the chance of similar mistakes happening again.

The correct RP notice was on display for people to see. And those entries examined in the paper RP record were complete. The pharmacy team understood what their roles and responsibilities were, and they were defined within the SOPs. The pharmacy team member on duty explained that repeated requests for products liable to abuse were referred to the RP.

There was a complaints procedure on display for people to see, together with details on how patients could provide feedback about the pharmacy. The pharmacy had professional indemnity and public liability insurance in place, valid until the end of February 2024. The CD register was appropriately maintained, and its running balance was regularly audited. A random sample of entries in the register were checked against the corresponding stockholding and found to be correct. Those entries examined in the private prescription records and emergency supplies were in order. There had been no supplies

of unlicensed medicines ('specials').

An information governance policy was in place which the pharmacy team were required to read and sign. The SI subsequently forwarded evidence of signed confidentiality agreements and timely submission of the NHS Data Security & Protection (DSP) toolkit. Confidential waste generated at the pharmacy was collected in a designated container and shredded on site before the pharmacy closed each evening. The CD register, the private prescription register, and the RP records were all stored in a crate under the workbench so were accessible to both pharmacy's teams.

Safeguarding guidance and a list of key contacts for safeguarding concerns were in place. The RP used the NHS safeguarding app and had been trained to level 3 in safeguarding. Both team members present were able to explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable adult.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely and effectively. Pharmacy team members are well trained and communicate effectively with each other between their shifts. They work well together and can make suggestions to improve safety where appropriate.

Inspector's evidence

There was just the RP and a medicines counter assistant (MCA) on duty during the inspection. This appeared to be sufficient for the workload, and they both worked well together. One of the directors of the out-of-hours co-operative arrived and stayed for a short while, helping to answer some questions and provide clarification where required. The RP explained that he had recently acquired Rosehill pharmacy so had legitimate access to its stock, although it was all kept separate from that used during the out-of-hours service. He had just completed an independent prescribing course and was waiting for the final result before applying to have his professional register entry annotated as a pharmacist independent prescriber (PIP).

The MCA had completed the necessary accredited training course and had started work on a dispensing assistant course. Training certificates were seen to show that she had achieved a level 2 award in understanding health improvement for healthy living pharmacies (HLP), hypertension case finding service training and oral contraception service training. The MCA was observed while serving people and asked appropriate questions when selling medicines. She was aware of medicines that may be liable to abuse and knew when to refer to the pharmacist.

There were three other pharmacists who worked for the out-of-hours co-operative, taking it in turns a week at a time. They used a whatsapp group to keep in touch with each other and with the SI. The director confirmed that all four pharmacists met formally twice a year, once to review and sign the SOPs with the SI and a second time to agree upon or complete any training necessary for the pharmacy's services. Everyone appeared to be happy to make suggestions to help improve the service and knew who to speak to if they had any concerns. There were no targets, and each individual pharmacist was able to use their own professional judgement when making decisions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure environment for people to receive its services. The team keeps them suitably clean and tidy, but they are looking very tired and dated. The premises include a private room which the team uses for some of its services and for private conversations.

Inspector's evidence

The pharmacy was bright, clean, and adequately presented although the fixtures and fittings throughout the premises were looking dated. The Rosehill pharmacy team was generally responsible for keeping the premises clean and tidy. There was a suitably sized consultation room which people could use for confidential conversations with staff when necessary.

Although there wasn't much available workspace, it was sufficient for the current volume of services delivered. The dispensary sink was clean and had a supply of hot and cold water. Antibacterial hand wash was available. There were two air conditioning units to maintain the temperature so that it was comfortable for those working there and suitable for storing medicines. The cupboard containing the out-of-hours pharmacy's stock was locked when the pharmacy was closed. The RP indicated that he was planning a refit in the near future to modernise the premises in preparation for future services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and it makes them easily accessible to people. 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 appropriately to drug alerts or product recalls to make sure that people only get medicines which are safe for them to take. It identifies people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely.

Inspector's evidence

The pharmacy had a single manual door, which staff would open and provide assistance if required by people with mobility difficulties. Although the out-of-hours pharmacy services were not clearly advertised onsite, its opening hours were highlighted on Rosehill Pharmacy's website. The pharmacy team worked closely with the local out-of-hours providers to ensure the range of products stocked reflected the prescribing formulary the doctors followed. People with minor ailments were signposted to the pharmacy through the NHS111 service, with the consultations being documented on a recognised online platform.

The RP separated the assembly and accuracy checking stages of the dispensing process with a short mental break in between, as he was solely responsible for the dispensing activity at the time of the inspection. A dispensing audit trail was maintained, patient information leaflets were routinely supplied, and the RP provided people with suitable advice on the use of the prescribed medicine. People making emergency requests for medicines were signposted to NHS111 or the out-of-hours service at the nearby hospital. The RP was aware of the risks for people who could become pregnant while taking any valproates. He was also aware of the recently strengthened warnings and requirement to supply them in the manufacturers' original packs and would advise them accordingly.

The pharmacy used a recognised pharmaceutical wholesaler to obtain medicines and medical devices. Pharmaceutical stock for the pharmacy was received by Rosehill Pharmacy staff. Pharmaceutical stock requiring refrigeration was stored within the required temperature range. CDs, which were not exempt from safe custody requirements, were stored within the CD cabinet. CD denaturing kits were available, out-of-date CDs were kept separate from those available for dispensing. There was a record of the patient-returned CDs which had been denatured and safely disposed of.

Medicines and medical devices were stored within their original manufacturer's packaging. The team carried out regular date checks on the pharmacy's stock, which were noted on the RP's phone. Short-dated products were kept in a separate tray in the cupboard, segregating them from the rest of the stock. Stock belonging to Rosehill Pharmacy was accessible to those working in the pharmacy, and to people visiting the pharmacy during the out-of-hours period. The RP pointed out that he now owned Rosehill Pharmacy, and its stock, but still treated the two separately. He also outlined his plans to modernise the pharmacy, improving the layout so that the two pharmacy operations would be more clearly separated.

There were procedures for the receipt and handling of waste medicines and medical devices, so the team knew what to do when people returned their unwanted medicines. The pharmacy utilised Rosehill

Pharmacy's designated waste containers, including a separate one for hazardous waste. There was a file containing MHRA recalls and alerts which had been annotated to show that they had been acted upon.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the necessary equipment and facilities for the services it provides. The pharmacy makes sure that the way its team uses it makes sure that its team uses those facilities to keep people's private information suitably protected.

Inspector's evidence

There were copies of the British National Formulary (BNF) and the BNF for children available for reference. The pharmacy also had online access to other reference sources and made particular use of the electronic medicines compendium for additional patient information leaflets and other material. The pharmacy used Rosehill Pharmacy's equipment for counting loose tablets and capsules. There was also a set of clean crown-stamped conical measures for use with liquid medicines.

The CD cabinet was bolted to a wall in the stockroom. A medical refrigerator was shared with Rosehill Pharmacy and was used to store those items requiring refrigeration. The maximum and minimum temperatures were recorded daily. Access to the pharmacy computers and patient medication record system was restricted to authorised personnel and password protected. A shredder was available to destroy confidential waste. A cordless telephone system was installed at the store to allow team members 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.