

# Registered pharmacy inspection report

**Pharmacy Name:** Courts Pharmacy, Unit 41, The Heart Shopping Centre, WALTON-ON-THAMES, Surrey, KT12 1GH

**Pharmacy reference:** 1092366

**Type of pharmacy:** Community

**Date of inspection:** 19/09/2019

## Pharmacy context

A community pharmacy set in a row of shops in the centre of Walton-on-Thames. The pharmacy opens seven days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It supplies multi-compartment compliance packs to help people take their medicines. It also delivers medicines to people who can't attend its premises in person. And it 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 generally 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 understand their role in protecting vulnerable people. And they keep people's private information safe.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who was also seen initialling the dispensing label.

Systems were in place to record and review dispensing errors and near misses. But near misses weren't always documented. The pharmacy's team members discussed their mistakes to share learning and help strengthen the pharmacy's dispensing process. They also tried to stop them happening again; for example, they kept look-alike and sound-alike drugs separate from one another 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 defined within the SOPs. And staff could explain what they could and couldn't do, what they were responsible for and when they might seek help; for example, a member of the pharmacy team explained that repeated requests for the same or similar products were referred 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 published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's records for emergency supplies, its private prescription records and its RP records were adequately maintained. The address of the healthcare professional collecting a controlled drug (CD) wasn't included in the pharmacy's CD register. The pharmacy team checked the CD register's running balance every three months as required by the pharmacy's SOPs. The date an unlicensed medicinal product was obtained at the pharmacy wasn't always recorded in the pharmacy's 'specials' records.

The pharmacy gave information governance assurances to the NHS each year using an online data security and protection toolkit. It had arrangements in place to make sure confidential waste was

destroyed securely. Its team stored prescriptions in such a way to prevent people's details being visible to the public.

Safeguarding procedures were in place and key contacts for safeguarding concerns were available. And 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 enough staff to deliver its services safely. And it encourages its team to provide feedback and keep its knowledge up to date. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff 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 60 hours a week. It dispensed about 4,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a part-time pharmacist, a full-time dispensing assistant, a part-time medicines counter assistant (MCA) and a part-time trainee MCA. The pharmacy's delivery service was provided by the RP or the dispensing assistant. The RP was the pharmacy's owner and manager. And he didn't set targets or incentives for his staff. The pharmacy relied upon its team, staff from one of the owner's other pharmacies and locum staff to cover planned and unplanned absences. The pharmacy team was required to complete or undertake accredited training relevant to their roles. The RP, the dispensing assistant and the trainee MCA were working at the time of the inspection.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. 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. The dispensing assistant 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, elderly people or people with long-term health conditions.

Staff discussed their performance and development needs with the RP. Members of the pharmacy team were encouraged to ask the duty pharmacist questions, familiarise themselves with new products, complete their accredited training and read through training materials provided by third-party companies to keep their knowledge up to date. They sometimes got time to train while they were at work when the pharmacy wasn't busy. But they could train in their own time if they wanted to. Informal team meetings were held to update staff and share learning from mistakes or concerns. Members of the pharmacy team felt comfortable in providing suggestions about the pharmacy during team meetings. And they knew how to raise a concern if they had one. Their feedback led to changes to the pharmacy's prescription handing-out process.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare. And its premises are clean.

### Inspector's evidence

The pharmacy was air-conditioned, bright and adequately presented. It had a consultation room if people needed to speak to a team member in private. The pharmacy team was responsible for keeping the premises clean and tidy. The pharmacy's sinks each had a supply of hot and cold water. And the pharmacy had appropriate handwashing facilities for its staff.

The pharmacy's dispensary had limited storage space and workbench available. So, sometimes assembled prescriptions were stored on the floor. The pharmacy had a large stockroom available on its first floor. And it was used to store sundries, excess stock and redundant items. But, it needed tidying.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. It provides services that people can access easily. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy's team members make sure that people have all the information they need so that they can use their medicines safely. They check stocks of medicines to make sure they are fit for purpose. And they dispose of people's waste medicines safely too.

### Inspector's evidence

The pharmacy didn't have an automated door. But its entrance was level with the outside pavement and its door was left open throughout the day. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy's services were advertised in-store. And the pharmacy team knew what services were offered and where to signpost people to if a service couldn't be provided.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery and people were asked to sign a record to say they had received their medicines. The pharmacy provided very few Medicines Use Reviews and New Medicine Service consultations. But it provided winter flu vaccinations when a suitably trained pharmacist was available. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. But they needed to make an appointment to be vaccinated. So, the pharmacy team could better manage its workload.

The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. An audit trail was maintained of the person who had assembled each compliance pack and who had checked it. A brief description of each medicine contained within the compliance packs was provided. And patient information leaflets were routinely supplied. The pharmacy team took the time to explain to people how they should take their medicines. 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, such as AAH, Alliance Healthcare, B&S, De South, OTC Direct and Strathclyde Pharmaceuticals Ltd., 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 and products nearing their expiry dates were appropriately 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. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock. But out-of-date CDs have been allowed to accumulate and needed to be destroyed in the presence of an authorised witness.

Staff 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 could decommission stock at the time of the inspection as the pharmacy had the appropriate equipment and computer software to do so. The pharmacy's SOPs had been revised to reflect the changes FMD brought to the pharmacy's processes.

Procedures were in place 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. Suitable pharmaceutical waste receptacles were available and in use.

A process was in place for dealing with recalls and concerns about medicines and medical devices. Drug and device alerts were retained, actioned and annotated following their receipt.



## 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.

### Inspector's evidence

The pharmacy had up-to-date reference sources available. And it had access to the NPA's information department. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too.

The pharmacy had a medical refrigerator to store its pharmaceutical stock requiring refrigeration. The maximum and minimum temperatures of the refrigerator was monitored and recorded daily. The pharmacy provided blood pressure checks on request. And its blood pressure monitor was recently replaced.

Access to the pharmacy's computer and its patient medication record system was restricted to authorised personnel and password protected. The computer screen was out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff 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.