

Registered pharmacy inspection report

Pharmacy Name: Groves Pharmacy, Groves Medical Centre, 171
Clarence Avenue, NEW MALDEN, Surrey, KT3 3TX

Pharmacy reference: 1092428

Type of pharmacy: Community

Date of inspection: 18/09/2019

Pharmacy context

An independent pharmacy located in a GP's surgery in New Malden, Surrey. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multicompartiment compliance aids for patients in their own homes and a provides 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 adequately manages most of the risks associated with its services. And the pharmacy's team members understand how to protect vulnerable people and people's personal information. But, the pharmacy does not record all of its mistakes. So it might miss opportunities to spot patterns and trends and so reduce the chances of the same things happening again. The pharmacy keeps most of the records that it needs to. But, it doesn't always keep them all up to date, and sometimes doesn't record everything that it should.

Inspector's evidence

Near misses were recorded in a log held in the dispensary. However, not all near misses were recorded. Any near misses would be highlighted to the team member who made it and the pharmacist would ask them to look at it again, change it and then record it. Errors that leave the premises were recorded on incident report forms held in the pharmacy and shared with the team. The pharmacist explained that the team would have a meeting every six weeks to discuss all the incidents recorded in the near miss log and any dispensing errors as well as any other issues. Notes from these meetings would be documented and then held in a file.

There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartiment compliance aids were prepared in the consultation room as there was very limited space in the dispensary. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years. 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. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint and held a record of complaints in the dispensary. The team carried out an annual community pharmacy patient questionnaire (CPPQ) survey and the results of the last survey were positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Sevredol 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacist had started checking the running balance regularly. The pharmacy held a paper 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. 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. Most 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 shredded. 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 there is 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 team members have the right qualifications for the jobs they do, or they are in appropriate training. The team members work well together and are comfortable providing feedback to their manager. They get some ongoing training. But this does not happen regularly, so their knowledge may not be always fully up to date.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ Level 2 dispenser, two trainee dispensers and one trainee medicines counter assistant. Certificates of completed accredited training were on display in the pharmacy. The staff were seen to be working well together and the trained dispenser was observed coaching the trainee dispenser.

The team did not have a formal on-going training programme, but they would be updated regularly by the pharmacist on any professional changes such as CD changes or POM to P switches and he would encourage them to attend any local training events held by the Local Pharmaceutical Committee (LPC). The dispenser also explained that the team would regularly receive pharmacy journals and magazines in the post which they would read.

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 premises provide a professional environment for people to receive healthcare. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The pharmacy was based in the same building as a GP surgery and included a retail area, medicine counter, dispensary, consultation room and small staff area. The pharmacy was quite small, and space was limited, but it was organised, and medicines were stored tidily. The pharmacist explained that the team worked in a systematic way to help reduce clutter and to ensure the workbenches were kept clear.

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 would clean the pharmacy between themselves daily. 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 dispenser explained that the shelves would be 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 and storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out checks to ensure medicines are in good condition and suitable to supply.

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 would provide 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 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 on valproates and they had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that he would ask patients on warfarin for their yellow books to check their blood test results, but if they did not have them, he would ask if they were having regular blood tests and were aware of their dose. If the patient was not aware of their dose or there was any confusion, the pharmacist would check the blood test results with the patient's GP. 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 using this to decommission medicines on the PharmaScanner program. The pharmacy obtained medicinal stock from AAH, Alliance, Colorama, Sigma and NWOS. 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 team also had separate bins for the disposal of hazardous waste.

The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and secured well to the wall of the dispensary. 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 aripiprazole solution. 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. They maintain the equipment so that it is safe to use.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml and 10ml 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.