

Registered pharmacy inspection report

Pharmacy Name: Mediwise Pharmacy, 32 Brighton Road, Salfords, REDHILL, Surrey, RH1 5BX

Pharmacy reference: 1102703

Type of pharmacy: Community

Date of inspection: 10/12/2019

Pharmacy context

This is a community pharmacy set within a parade of shops close to a main road in the village of Salfords. The pharmacy opens six days a week. And most people who use it live nearby. The pharmacy sells a small range of over-the-counter medicines. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (blister packs) to a few people to help them take their medicines. And it delivers medicines to people who can't attend its premises in person. The pharmacy 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 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 record the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they usually keep people's private information safe.

Inspector's evidence

The ownership of the pharmacy changed earlier in the year. The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these were in the process of being reviewed at the time of the inspection. Members of the pharmacy team were required to read, sign and follow the SOPs relevant to their roles. The pharmacy didn't have any dispensing support staff. So, its regular pharmacists solely provided the pharmacy's dispensing service. There were generally two pharmacists working at the pharmacy at any given time. The pharmacists kept the dispensing workstations tidy. They highlighted a few look-alike and sound-alike drugs on the dispensary shelves to reduce the risk of them picking the wrong product. They used plastic containers to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and selecting products. They initialled each dispensing label. And they got each other to check their work. But, on the rare occasions when they couldn't, they separated the assembly and accuracy checking stages of the dispensing process with a mental break to reduce the chances of them making mistakes. The pharmacy had systems to record and review dispensing errors and near misses. The pharmacists discussed and recorded individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again, for example, they separated stocks of esomeprazole and escitalopram following a recent picking error.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. The roles and responsibilities of the pharmacy team weren't clearly described in the SOPs. But, members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help. For example, the superintendent pharmacist recently referred an infant with a recurrent eye infection to their GP. A complaints procedure was in place and a patient satisfaction survey was scheduled to be undertaken early next year. The pharmacy team asked people for their views. The pharmacy and its team have received positive online reviews. People's feedback led to the pharmacy introducing a text reminder service to let people know when their prescriptions were ready to collect.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through Numark. The pharmacy's emergency supply records, its private prescription records, its 'specials' records and its RP records were adequately maintained. The pharmacy's controlled drug (CD) register was also adequately maintained. But the CD register's running balances were only checked after each transaction and not weekly as required by the pharmacy's SOPs. So, opportunities to spot mistakes or discrepancies within the CD register could be missed.

The pharmacy gave information governance assurances to the NHS each year using an online data security and protection toolkit. It displayed a notice that told people how it, and its team, gathered, used and shared their personal information. It had arrangements to make sure confidential waste was collected and then destroyed securely onsite. People's details were routinely removed or obliterated before patient-returned waste was disposed of. And prescriptions awaiting collection were stored in such a way to prevent people's names and addresses being visible to the public. But, some consent forms, which contained people's personal information, were found unattended and unsecured in the pharmacy's consultation room at the beginning of the inspection. The pharmacy team promptly relocated these to a more secure area within the pharmacy when the matter was brought to its attention. A safeguarding policy and a list of key contacts for safeguarding concerns were available. The pharmacists have completed safeguarding training relevant to their roles. And they 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 generally has enough team members to provide safe and effective care. Members of the pharmacy team are encouraged to keep their skills up to date. Staff are comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 46 hours a week. It dispensed about 1,900 NHS prescription items a month. The pharmacy team consisted of two full-time pharmacists (the RP and the superintendent pharmacist) and a part-time assistant. Following the inspection, the superintendent pharmacist confirmed that the part-time assistant was enrolled upon an accredited training course relevant to her role within the pharmacy. The pharmacy relied upon its team and locum pharmacists to cover absences. Both pharmacists were working at the time of the inspection. And they were both responsible for managing the business. The pharmacists supported each other so people were served promptly, and prescriptions were processed safely. They supervised and oversaw the supply of medicines. They followed the pharmacy's sales of medicines protocol. And they referred people to other healthcare providers when necessary, for example, people presenting with recurrent problems or red flag symptoms. They helped each other and the assistant learn. And encouraged the assistant to ask questions to make sure their skills were up to date. They completed revalidation activities relevant to their practice. They talked about the mistakes they made during meetings to share learning. They asked for feedback on how they could improve the pharmacy and its services. Their feedback led to the use of clear bags for dispensed insulin products to allow the team member handing out the medication and the person collecting the prescription to see what was being supplied and query any items. The pharmacy didn't set targets or incentives for its team.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was organised, adequately lit and appropriately presented. It generally had the workbench and storage space it needed for its current workload. But it wasn't air-conditioned. So, staff relied upon fans to keep the premises and themselves cool during hot weather. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. Conversations in the consultation room couldn't be overheard in the public area of the premises. But it couldn't be locked when it wasn't being used. So, the pharmacy team needed to make sure its contents were kept securely. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It provides services that people can access. 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 mostly stores them appropriately and securely. The pharmacy team disposes of people's waste medicines properly. It also responds appropriately to drug alerts or product recalls. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy didn't have an automated door. But its entrance was level with the outside pavement and staff would open the door when necessary. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy advertised its services ins-store. Staff were helpful and knew where to signpost people to if a service couldn't be provided. The pharmacy offered a delivery service to a few 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.

The pharmacy provided a winter flu vaccination service. The pharmacy had a valid, and up-to-date, patient group direction and appropriate anaphylaxis resources in place for this service. It kept a record for each 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 pharmacy's sharps bin and its anaphylaxis resources were found unattended and unsecured in the consultation room at the beginning of the inspection. The pharmacy team promptly relocated these to a more secure area within the pharmacy when the matter was brought to its attention. 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. People didn't need to make an appointment for a flu vaccination. The pharmacy used a disposable and tamper-evident system for people who received their medicines in blister packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a blister pack. And it made an assessment if a person was eligible for the service. The pharmacy kept an audit trail of the person who had assembled each blister pack and who had checked it. The pharmacy team provided a brief description of each medicine contained within the blister packs. And patient information leaflets were routinely 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 several recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion. But a few medicines weren't kept within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks, which were documented, and products nearing their expiry dates were marked. But some expired medicines were found amongst in-date stock during the inspection. These were promptly quarantined to make sure they weren't supplied by mistake. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs

was maintained. Patient-returned CDs were kept separate from in-date stock. The pharmacy was scheduled to become compliant with the requirements of the Falsified Medicines Directive (FMD) early next year. The pharmacy team weren't decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment to do so. The pharmacy's computer system needed to be updated and the SOPs were being reviewed to reflect the changes FMD would bring 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. 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 staff 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. And, its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of clean 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 Numark 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. The pharmacy provided blood pressure (BP) checks on request. And the pharmacy team had recently replaced the BP monitor. Access to the pharmacy 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?

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.