

Registered pharmacy inspection report

Pharmacy Name: Paydens Ltd, Surbiton Health Centre, Ewell Road,
SURBITON, Surrey, KT6 6EZ

Pharmacy reference: 1117805

Type of pharmacy: Community

Date of inspection: 31/01/2024

Pharmacy context

This pharmacy is in the same building as a large medical centre in Surbiton, with four GP practices. It dispenses people's prescriptions, sells over-the-counter medicines, and provides healthcare advice. It supplies some medicines in multi-compartment compliance packs for people who find it difficult to manage their medicines. It also has a delivery service for people who can't easily get to the pharmacy themselves.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	The pharmacy gives new starters a structured induction programme and closely monitors their progress, with more experienced team members supporting them as required. Staff then complete regular training, in addition to the mandatory training, to develop their skills and keep themselves up to date
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 services in line with clear, up-to-date written procedures which are being followed by its team members. They work to professional standards, identifying and effectively managing the risks associated with the services they provide. They are clear about their responsibilities and know when to seek help. The pharmacy keeps adequate records of the mistakes that occur. But it doesn't always record them as regularly as it should, so individual team members may miss some opportunities to learn from their mistakes. However, the pharmacy does review those mistakes and effectively shares its learnings among the team as a whole to help prevent them from happening again. The pharmacy manages and protects confidential information well and has suitable insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) in place to underpin all professional standards. They were provided online from the pharmacy's head office and the manager kept paper copies in a file for easy reference. Some of the SOPs examined hadn't been signed but the superintendent subsequently confirmed that they had since been completed. The most recent SOPs in the folder were dated June 2023 and due for a review in June 2025. There was a business continuity plan held on the Pharmapod online platform. There was also a section within the SOP folder telling the team what to do if there was no responsible pharmacist (RP) available. It set out the tasks they could and could not do in the absence of a pharmacist. Those staff questioned were able to confirm that they understood that, and the other SOPs. There was a notice on the door at the rear of the dispensary with details of who to contact in an emergency. The pharmacy had recently started using a new online platform, through which it received daily updates from head office and also where it confirmed any actions taken in response. One of the most recent was a risk assessment and risk reduction template which the pharmacy had to complete before starting the new Pharmacy First service. The manager explained that they had to complete similar risk assessments prior to the introduction of any new service. The pharmacy also completed a daily fire safety checklist on this platform.

Errors and near misses were recorded online using Pharmapod, but the manager explained that they hadn't recorded any recently owing to problems accessing the system. Those records examined did show what had been learned and what had been done to help avoid making the same mistakes again. There was a clipboard with a paper form for team members to record their mistakes more easily, but at the time of the inspection it was unused. The manager discussed it with the RP and they both agreed to reiterate the importance of using it with all the team. The manager produced a monthly patient safety report which they then sent to head office. These reports were collated by Head Office to identify any patterns across the company. A recent example of a handout error resulted in all team members being briefed on the importance of carefully checking peoples' details to ensure they had the correct prescription for the correct person.

A clinical governance audit was carried out by the company's compliance officer approximately twice a year to ensure that pharmacy procedures were being properly followed and that staff were operating in accordance with their roles and responsibilities. The reports were retained by head office, and any actions being agreed and then followed up.

The responsible pharmacist notice was clearly displayed for people to see, and the paper RP record was complete and up to date. Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. Their roles and responsibilities were set out in a matrix within one of the SOPs in the folder. A current certificate of professional indemnity and public liability insurance was on display in the dispensary.

Private prescription records were maintained electronically and all those examined were complete and correct. There were no examples of emergency supplies seen as requests were received through the Community Pharmacist Consultation Service (CPCS). The controlled drug (CD) register was seen to be correctly maintained, with running balances checked monthly in accordance with the SOP. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed 'specials' were seen to be complete.

All staff were able to demonstrate an understanding of data protection and had undergone UK General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. The delivery drivers no longer asked people to sign their delivery sheets to help avoid inadvertent breaches of confidentiality. Completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite. The annual Data Security and Protection (DSP) toolkit was completed on behalf of the pharmacy by Head Office.

There were safeguarding procedures in place and contact details of local referring agencies were on display in the dispensary. The NHS Safeguarding app was also highlighted as a useful additional resource. All staff were dementia friends and had completed safeguarding level one training. All registrants had been trained to level two.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient staff to manage its workload safely, and they work well together as a team. The pharmacy regularly provides its team members with suitable training to help keep their knowledge up to date. More experienced team members effectively support new starters and those still in training. And they closely monitor their progress. Team members are aware of medicines that may be liable to misuse and know how to respond appropriately to requests for them. The pharmacy ensures its team members can easily make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There were five members of the team plus the RP on duty during the inspection, all of whom appeared to be working well together. There was a rota for covering the medicines counter so that everyone took a turn and maintained their skills. The team included an accuracy checking technician (ACT), who was also the manager, an accuracy checking dispenser and dispensing assistants. There were certificates on display showing who had completed the accuracy checking course, the healthcare assistant course and the ACT course. The remainder of the team were undergoing the required accredited training. In the event of unexpected absences or other staff shortages, part-time team members would flex their hours to provide the necessary cover.

The manager explained that all new team members received a full induction programme during their first three months. The manager regularly reviewed their progress through the induction programme and registered them on an accredited medicines counter and dispensing assistant course at the end of the three months. Team members were provided with regular ongoing training to keep themselves up to date. This and other development were provided via the online platform referred to under principle one.

The medicines counter assistants were seen to be asking appropriate questions when responding to requests or selling medicines. The pharmacist and ACT both confirmed that they were comfortable with making decisions and did not feel pressurised to compromise their professional judgement. Team members were involved in open discussions about their mistakes and learning from them. Team members said that they could raise concerns and that there was a whistleblowing policy available for them if needed. There were targets in place, but they were applied reasonably and didn't adversely affect any of the registrants' professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure, clean and professional environment for people to receive its services. The pharmacy is well laid out with sufficient space for people to wait for their prescriptions. It has two suitably fitted out consultation rooms, one of which it uses regularly for some of its services and for sensitive conversations

Inspector's evidence

There was a wide entrance directly from the medical centre's waiting area, and a second entrance to the car park immediately outside. The automatic door mechanism wasn't working properly at the time of the inspection, and the pharmacy was waiting for an engineer to fix it. In the meantime, team members could help those who couldn't manage the door by themselves. There was plenty of space for those using wheelchairs or other mobility aids, and seating for people waiting. There were some signs in the windows telling people about the services the pharmacy offered.

The retail area and dispensary were clean, tidy and generally appeared to be in a good state of repair. There was sufficient space for the team to work safely and effectively. There was a computer workstation at the front of the dispensary overlooking the medicines counter, a second at the rear of the dispensary, and a third computer terminal generally used for administrative tasks and recording some of the pharmacy's services on the PharmOutcomes online platform. Further workspace was available on two central islands in the dispensary. The floors were swept every evening, work surfaces were wiped twice a day, and the shelves were all cleaned when completing the date checking process, generally on Saturdays when they were less busy.

There were two consultation rooms, both accessible directly from the retail area. Both had a sink with hot and cold running water, liquid soap and towels. There was a small desk in each room with a computer and seating for two people. The doors were clear glazed with a roller blind which could be pulled down so that no-one could see inside. They were kept closed when the rooms weren't being used. There was a notice on each door explaining the pharmacy's chaperoning policy. Conversations held inside the room couldn't be heard from outside.

There was a staff rest area and toilets through a door at the rear of the dispensary. The premises were well lit, and the temperatures were comfortable for people to work in and suitable for the storage of medicines. There were three air conditioning units in the ceiling, with ventilation grills in each consultation room. The pharmacy had its own app which people could use for re-ordering their NHS prescriptions. There were leaflets on display in the pharmacy telling people about the app.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its service in a safe and effective manner, and people with a range of needs can easily access them. It sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It manages its services well, keeping suitable records so that it can show who has done what and when. It identifies people supplied with high-risk medicines so that they can be given extra information they may need to help them take their medicines safely. But it doesn't always keep a record of those conversations which may make it harder to show what was said if asked in the future. The pharmacy responds appropriately to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take

Inspector's evidence

The pharmacy was accredited as a Healthy Living Pharmacy. There was a healthy living area with leaflets and posters highlighting health matters and some local providers. There were also signs in the window to tell people what services the pharmacy provided. This information, along with the pharmacy's telephone number and email address were also on its website. The wide entrances made it easier for people using wheelchairs to enter the pharmacy. There was also plenty of space for them to move around the displays or to access the consultation room.

Controls were seen to be in place to reduce the risk of picking errors, such as stickers on-shelf to highlight LASAs, and the use of baskets to keep individual prescriptions separate. Electronic Prescription Service (EPS) tokens were annotated at the labelling stage, highlighting key information for the pharmacist's clinical check, such as new medicines or altered dosages. They were marked with a 'quad stamp' which the pharmacist initialled to show that they had completed a clinical check on the prescription. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it.

Owings tickets were used when medicines could not be supplied in their entirety. The manager explained that they had a good working relationship with the GP practices in the medical centre so they could usually obtain a suitable alternative if necessary. Prescriptions in retrieval awaiting collection were clearly marked to indicate if further intervention was required when handing them out, such as additional counselling or that there were items in the fridge. The PMR system highlighted when all CDs, including those in schedules three and four, would reach their 28-day expiry. The manager checked it at the end of each day and removed any uncollected prescriptions so that they wouldn't be handed out after expiring. The retrieval shelves were checked every month and any that remained uncollected were disassembled and the tokens returned to the NHS spine.

The pharmacy assembled some prescriptions in multi-compartment compliance packs for people who found it difficult to manage their medicines. They were assembled and stored in a separate area at the rear of the dispensary. The pharmacy ordered prescription on people's behalf and upon receipt they checked that they included all the items expected. Any discrepancies were followed up with the GP practice and their PMR updated accordingly. Patient information leaflets (PILs) were provided when each item was initially prescribed, and there was a brief description of each tablet or capsule inside the compliance pack. Upon reflection, the manager agreed to ensure that PILs were included with each four-weekly supply.

The pharmacy dispensed 'blue scripts' for people using the local substance misuse service. Some of them consumed their medicines on the pharmacy premises under the supervision of the pharmacist. People who failed to turn up for their medicines on three consecutive days were referred back to the local substance misuse team and no further supplies were made until a new prescription was provided. This didn't usually present any difficulties as the local team was based in the medical centre building.

The pharmacy was preparing for the new Pharmacy First service. The pharmacist had completed the necessary training, including practical training on the use of an otoscope. Promotional material to highlight the service arrived during the inspection. Their next step prior to starting the service was to complete the risk assessment and risk reduction template referred to in principle 1.

The pharmacy offered a delivery service to those who found it difficult to visit the pharmacy in person. The driver kept a record of who they delivered to, ticking them off themselves so that people didn't need to sign for their deliveries, apart from CDs. This helped ensure that people didn't see other people's personal details.

Team members were aware of the risks involved in dispensing valproates to people who could become pregnant. People taking valproates were counselled and the importance of having effective contraception in place was highlighted. Those team members questioned knew about the requirement to supply valproates in complete original packs and to ensure they didn't obscure any of the warnings with the dispensing label. The need to document each intervention on the PMR system counselling was discussed and agreed upon. Both the RP and the manager were signposted to the MHRA website as some additional new protective measures had just been announced. People taking warfarin were asked if they'd had their INR records checked but the pharmacy didn't routinely record them. People taking lithium, methotrexate or other high-risk medicines were asked about their blood tests, but again the intervention wasn't routinely recorded.

There were up-to-date signed Patient Group Directions (PGDs) in place for combined oral contraceptives (COC) and progestogen only pills (POP) for the contraception service. There was also a valid PGD for ulipristal acetate, supplied under the emergency hormonal contraception (EHC) service. All supplies made under these services were documented on the PharmOutcomes platform.

Medicines were obtained from licensed wholesalers including AAH, Phoenix, Alliance and Sangers. Unlicensed 'specials' were obtained from Quantum Specials. Regular date checks were seen to be in place, and any items with a shelf-life of less than three months was removed and details recorded. No packs of stock were found to contain mixed batches. Bottles of liquid medicines were suitably annotated with the date of opening. Fridge temperatures were recorded daily and seen to be within the correct temperature range.

Pharmacy medicines were displayed behind the medicines counter. Patient-returned medicines were screened to ensure that any CDs were brought to the RP's attention and appropriately recorded. People returning sharps, other than under the needle-exchange service, were signposted to the local council. There was a list of hazardous medicines available which were segregated for separate disposal using the designated containers with purple lids. There were designated cardboard containers for the rest of the returned medicines. The manager explained that they were normally collected by an approved waste contractor for safe disposal, although there had been some delay recently. There was a large CD cabinet securely bolted to the wall. 'DOOP' containers were seen for the safe disposal of CDs. Drug alerts and recalls received from the MHRA were annotated with any actions taken, the date and initials of those involved and then retained for future reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides. It also has easy access to appropriate sources of information that it may need. It uses its facilities and equipment appropriately to keep people's private information safe

Inspector's evidence

The pharmacy had a set of crown-stamped glass measures, with separate measures marked for measuring liquid CDs. There were also tablet and capsule counting devices with one marked for use only with methotrexate tablets. There were several copies of both the British National Formulary (BNF) and BNF for children. The pharmacy had online access to other reference sources if required.

The pharmacy had two medical grade fridges, with one primarily used for storing insulins and the second for other items requiring refrigeration. All of which appeared to be well maintained, with contact details available for servicing when required. There was a new blood pressure monitor which would be replaced after approximately two years. There were also anaphylaxis kits available for use in case of emergency.

All the computers were password protected and those team members with NHS smartcards didn't share their passwords with each other. No computer screens, or other sources of confidential information, were visible to people using the pharmacy.

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.