

Registered pharmacy inspection report

Pharmacy Name: Mulgrave Road Pharmacy, 60 Upper Mulgrave Road, Cheam, Sutton, SM2 7AJ

Pharmacy reference: 9011375

Type of pharmacy: Community

Date of inspection: 10/05/2021

Pharmacy context

This is a Healthy Living Pharmacy (HLP) located in a parade of shops near Cheam station in Surrey. The pharmacy is now in new premises which are further down the same road as before, closer to the station. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multicompartiment compliance aids (blister packs) for those who may have difficulty managing their medicines, or who live in care homes.

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	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 up-to-date written instructions which tell its team how to complete tasks safely. It has also made suitable adjustments to those instructions so that it helps to prevent the spread of COVID-19. Members of its team are clear about their roles and responsibilities. They work to professional standards, identifying and managing risks effectively. The pharmacy satisfactorily records the mistakes it makes during the dispensing process. Its team members review those records together on a regular basis, so that they can learn from them and avoid problems being repeated. The pharmacy has adequate insurance in place to help protect people if things do go wrong. The pharmacy manages and protects confidential information well, and it tells people how their private information will be used. Team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) in place to support all professional standards. They were last updated in February 2019 and due for review in 2021. They had been signed by all staff to show that they had read and understood them. There was also a separate file containing COVID-related procedures. These included the NHS COVID-19 standard operating procedure and paperwork to show that all staff had been vaccinated against COVID-19 and were self-testing twice weekly. There was a business continuity plan in which the pharmacy had buddied up with another local pharmacy so that services could be maintained if the regular pharmacist was unable to work. There was also a workplace risk assessment in the file, and each member of staff had completed an individual risk assessment. Staff were wearing fluid resistant face masks and surgical gloves, to help minimise the risks associated with the virus.

Errors and near misses were recorded as they occurred, and then discussed within the team to make sure everyone learned from them. There was a file containing details of the learning points and actions taken for each month. There were also records of submissions to the National Patient Safety Agency. Staff were aware of 'Look Alike Sound Alike' (LASA) drugs, which were highlighted on-shelf, and explained that they took extra care when selecting those.

Staff were able to describe what action they would take in the absence of the responsible pharmacist (RP), and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. Their roles were also set out in a matrix within the SOP folder. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The RP notice was correct and clearly displayed for people to see, and the RP record was in order. The RP explained that he preferred to keep a paper record as he found that it was too easy to forget to record the time when his responsibilities ended for the day when using the electronic version.

The pharmacy hadn't needed to complete a Community Pharmacy Patient Questionnaire (CPPQ) this year owing to the pandemic. There was a prominent notice detailing the pharmacy's complaints procedure and practice leaflets were on display by the medicines counter. A valid certificate of professional indemnity and public liability insurance was also on display for people to see.

Private prescription records were kept electronically and those checked were seen to be complete and

correct. The Controlled Drug (CD) registers were also electronic and correctly filled in, with stock balances checked every month. There was a folder for keeping records of unlicensed 'specials' which were all in order, with certificates of conformity correctly completed. The RP explained that he wanted a complete audit trail so that if any problems arose, the products could be easily tracked, and people contacted.

All staff were able to demonstrate an understanding of data protection and they had undertaken General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect people's confidentiality, for example not disclosing personal information over the phone. 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, and there was a privacy notice on display for people to see. There was also a folder containing details of the NHS Data Security and Protection (DSP) toolkit which had been completed.

There were safeguarding procedures in place for both adults and children. And contact details of the local 'multi-agency safeguarding hub' (MASH) were available in the SOP folder. The RP and the pre-registration pharmacy graduate (pre-reg) had been trained to level 2 in safeguarding, and all other staff had been trained to the equivalent of level 1 in accordance with Healthy Living Pharmacy (HLP) requirements.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are appropriately trained, and work well together. They have a good understanding of their role and how they can help people with their medicines. They can make suggestions to improve safety and workflows where appropriate. And they respond well when things go wrong to make their services safer.

Inspector's evidence

There were three dispensing assistants, the pre-reg and the pharmacist on duty at the time of the inspection. The pre-reg and the RP appeared to be happy with her progress and she was due to have her 39-week review shortly. She also described how she was preparing for her forthcoming exam.

Staff were seen asking appropriate questions when responding to requests or selling medicines. They demonstrated a clear understanding of medicines liable to misuse and would speak to the pharmacist if they had any concerns about individual requests. Team members were involved in open discussions about their mistakes and learning from them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and very professional environment for people to receive its services. It has made suitable adjustments to its premises to help minimise the spread of COVID-19.

Inspector's evidence

The pharmacy's premises were new and had been fitted out to a high standard. The pharmacy had only moved into them the previous year. They were clean and tidy, and presented a professional image, with sufficient space to work safely and effectively. The retail area was small to allow plenty of space for the dispensary. The dispensary sink was clean and was equipped with hot and cold running water. There was a separate room at the rear of the dispensary for assembling multi-compartment compliance packs. The temperature in the pharmacy was maintained at a comfortable level by a heating/air-conditioning system and was suitable for the storage of medicines.

The pharmacy had put some measures in place to help minimise the risks associated with the virus. The pharmacy also limited the number of people in the pharmacy to one at a time. There was a perspex screen at the counter to help minimise the spread of the coronavirus. The pharmacy staff clean their working areas more frequently as a result of the pandemic.

There was a spacious consultation room available for confidential conversations, consultations and the provision of services. The door was locked with a security code when not in use, and there was a computer which was switched off when not in use. There was no confidential material visible. There was a small sink in the corner, with hot and cold running water.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can easily access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. The pharmacy responds satisfactorily to drug alerts or product recalls to make sure people only get medicines or devices which are safe. It keeps a clear record of the checks it makes to keep people safe. It identifies people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. But it doesn't always record all of the advice it has given which may make it difficult to show what it has done if asked.

Inspector's evidence

The pharmacy provided a range of services which were accessible to a wide range of people. They were signposted elsewhere for services not provided in the pharmacy. There was step-free access and an automatic door, allowing easy access for wheelchair users.

Controls were seen to be in place to reduce the risk of errors, such as using baskets to keep individual prescriptions separate. Owings tickets were in use when medicines could not be supplied in their entirety. Completed prescriptions awaiting collection were clearly marked to indicate if further intervention was required when handing them out, eg additional counselling or items in the fridge. CDs were clearly marked, and the date highlighted so that they would only be dispensed or handed out within the 28-day validity of the prescription. The retrieval shelves were checked every two to three months to ensure that old or out-of-date prescriptions were removed from the shelf. There were no schedule 4 CDs (such as zopiclone) found on the shelf and the RP confirmed that all such items would have been highlighted as CDs.

Multicompartiment compliance aids were mainly dispensed in a separate room at the rear of the dispensary, facing away from distractions. There was a second separate area to one side of the dispensary where a dispensing assistant was also assembling compliance packs. Each person had an individual record sheet showing their current medicines and dosage times. Changes to their medication were recorded and the sheet reprinted. There was a forward planner on the wall detailing a re-ordering schedule and the delivery schedule for the compliance aids. The compliance aids were supplied with product descriptions, expiry dates and Patient Information Leaflets (PILs). The dispensing assistant described how they would assemble all four weeks together and then either deliver them weekly or four-weekly depending on the needs of the individual person. Some people had a medicines safe at home which was used for storing the compliance aids, and only accessed by their carers.

Delivery records were available, showing who had received a delivery. People were not currently asked to sign for their delivery, so the driver ticked each name once he'd witnessed them accepting it. The RP explained that owing to the pandemic, the driver waited to see people picking up their delivery on the doorstep. Delivery records for care homes itemised every individual item in case any queries should arise afterwards.

Staff were aware of the risks involved in dispensing valproates to women who could become pregnant. The RP described how one of the care homes they supplied had several residents in the at-risk group.

He confirmed that they had all been advised, via the carers, of the importance of using long-term contraception. There was no record of this advice on the pharmacy's patient medication record (PMR) system. Upon reflection the RP agreed to reiterate the advice at the next available opportunity and to make a suitable record. People taking warfarin were asked for their INR, which was then recorded on the PMR before dispensing their next prescription.

Medicines were obtained from recognised licensed wholesalers including unlicensed specials. Routine date checks were seen to be in place, with a detailed matrix showing the sections to be checked. The RP explained how they checked every shelf over a rolling cycle of approximately three months. No packs 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 to avoid unauthorised access or self-selection. Unwanted medicines returned by people were screened to ensure that any CDs were appropriately recorded by the pharmacist, and that there were no sharps present. The pharmacy received drug alerts and recalls from the MHRA, which were kept in a designated folder. They were annotated with the action taken, the date and initials of the person completing them.

The pharmacy supplied people with lateral flow devices through the recently introduced 'Pharmacy Collect' service. The RP described how they advised people on conducting the tests and also ensured that they weren't taking more packs than they were entitled to. The pharmacy had not yet received any referrals from GPs for the Community Pharmacy Consultation Service (CPCS) although they were ready to do so if required.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is kept clean and properly maintained. The pharmacy keeps people's private information safe.

Inspector's evidence

The pharmacy's equipment and facilities were seen to be appropriate for the services provided. The pharmacy had a set of clean crown-stamped conical measures, and a separate measure for controlled drugs such as oxycodone oral solution. There was also a separate counting triangle for cytotoxics such as methotrexate which was always cleaned after use.

All computer screens were positioned so that they were not visible to the public and were seen to be password protected. Individual NHS smartcards were in use, and passwords were not shared. There were up-to-date reference books available and the pharmacy had internet access.

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.