

Registered pharmacy inspection report

Pharmacy Name: H E Matthews Pharmacy, 148 Stanley Park Road,
Carshalton, SM5 3JG

Pharmacy reference: 9011392

Type of pharmacy: Community

Date of inspection: 20/04/2021

Pharmacy context

This is a Healthy Living Pharmacy (HLP) located in a small parade of shops in Carshalton, Surrey. The pharmacy recently moved to its new premises, just a few doors along the parade from its original site. 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. Other services include anticoagulant monitoring which can be offered in people's 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

Members of the pharmacy 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. It reviews those records on a regular basis, learns from them and takes appropriate action to avoid problems being repeated. The pharmacy has adequate insurance in place to help protect people if things do go wrong. The pharmacy has up-to-date written instructions which tell staff 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. 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 prepared in March 2020 and due for review in 2023. 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 signed declarations by all staff to show that they were self-testing for COVID-19 twice weekly. There was a business continuity plan with contact details of two locum agencies for staff to use 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 plastic aprons, to help minimise the risks associated with the virus. There were several hand sanitisers available and staff were seen to be regularly using them.

Errors and near misses were recorded in a file, and also reported to the National Pharmacy Association (NPA) Medicines Safety Officer (MSO). The errors and near misses were discussed within the team to make sure everyone learned from them. The pharmacy produced a safety report twice a year. Staff were aware of 'Look Alike Sound Alike' (LASA) drugs, which were highlighted on-shelf with stickers, and explained that they take extra care when selecting those. Examples seen included amitriptyline v amlodipine and omeprazole v olanzapine. They also highlighted cytotoxic drugs such as methotrexate.

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. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it, although there were times when the pharmacist checked her own work. The responsible pharmacist notice was correct and clearly displayed for people to see. The RP record was seen to be generally in order, with only a couple of entries within the previous 60 days which didn't show when the RP's responsibilities ceased for the day.

The pharmacy hadn't needed to complete a Community Pharmacy Patient Questionnaire (CPPQ) this year owing to the pandemic. Instead, it was asking people for their views as part of its anticoagulant service. The pharmacy complaints procedure was detailed in the practice leaflets which were on display by the medicines counter. A valid certificate of professional indemnity and public liability insurance from the NPA was also on display for people to see.

Private prescription records and emergency supply records were kept in a book and those checked were seen to be complete and correct. Emergency supplies were recorded in the back of the book, all of which appeared to be in order. The Controlled Drug (CD) registers were seen to be correctly filled in and stock balances checked every three months. Any amended entries were annotated with an asterisk and a reason, together with the date and the pharmacist's signature at the foot of the page. There was a folder for keeping records of unlicensed 'specials' but according to the RP, none had been needed since moving to the new premises.

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 inviting them into the consulting room when discussing sensitive information. 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 were safeguarding procedures in place and contact details of local referring agencies for adults and for children were available in a file and online. All registrants had been trained to level 2 and all staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are appropriately trained, and they have a good understanding of their roles and responsibilities. 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 was one trained dispensing assistant and the pharmacist on duty in the dispensary at the time of the inspection. There were also two part-time medicines counter assistants present, and the manager arrived part way through the inspection. In the event of staff shortages, part-time staff would increase their hours to make up the difference. Training records were seen confirming that all staff had either completed or were undertaking the required training. All staff involved in the anticoagulant service were seen to have been appropriately trained and current DBS certificates from the Disclosure and Barring Service were available in the SOP folder.

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. They said that they could raise concerns and that there was a whistleblowing policy available for them if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy's premises had been recently refitted as it 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 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. There was a one-way system in the pharmacy, with arrows marked on the floor so that people were less likely to cross paths with each other. The pharmacy also limited the number of people in the pharmacy to three at a time. There was a mat on the floor in front of the counter which people were asked to stand behind, so that they would always be at least two metres away from the staff as there was no screen at the counter. The pharmacy staff clean their working areas more frequently as a result of the pandemic.

There was a consultation room available for confidential conversations, consultations and the provision of services. The door was left open when not in use, but the computer screen was password protected and there was no confidential material visible. There was a small sink in the corner, with hot and cold running water.

There was a small room leading off from the dispensary which was used as a staff kitchen. There was a second room used for storing liquid medicines and bulky dressings. There was also a clean sink with hot and cold running water used for preparing some medicines. This sink was separate to that in the kitchen used for preparing staff refreshments. The staff toilet area was also clean and well maintained.

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 medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It carefully identifies people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. And it keeps detailed records of the information provided so that it can easily show what it has done if asked. 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 record of the checks it makes to keep people safe.

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 picking errors, such as separating some of the LASAs, as indicated above. Baskets were used 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 highlighted for preparation when people called to collect them. The retrieval shelves were checked every 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 awaiting collection and only one prescription dated prior to February 2021.

Multicompartment compliance aids were dispensed on a separate bench at the rear of the dispensary, facing away from distractions. Each person had an individual record sheet showing their current medicines and dosage times. Changes to their medication were recorded on the sheet and also on their PMR. There was also a forward planner on the wall detailing a re-ordering schedule and the delivery schedule for the 1-weekly and 4-weekly compliance aids. The compliance aids were supplied with product descriptions, expiry dates and Patient Information Leaflets (PILs).

Delivery records were kept in a diary in the pharmacy, but people were not currently asked to sign for their delivery. The manager explained that owing to the pandemic, they observed people picking up their delivery on the doorstep and the driver would note this in the diary.

Staff were aware of the risks involved in dispensing valproates to women who could become pregnant, and all such people were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. Counselling notes were recorded on their PMR. The pharmacy has been providing an anticoagulant clinic where they record people's INR and adjust their warfarin dose accordingly. There was a separate software package to record and manage this. The service also allowed the pharmacy to check people's INR at home. The staff member changed their personal protective equipment (PPE) after visiting each individual person's home and cleaned their hands and the testing equipment.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Sigma and OTC Direct. Unlicensed specials would be obtained from Stirling Specials. Routine monthly date checks were seen to be in place, with a detailed matrix showing the sections to be checked. 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 on the computer. The pharmacist only printed out those relevant for them and kept those in a separate file.

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 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 methadone. There was also a separate counting triangle for cytotoxics such as methotrexate.

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. The coaguheck machine used for the anticoagulant clinic was regularly calibrated using test samples received approximately every two months.

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.