

Registered pharmacy inspection report

Pharmacy Name: Miles Pharmacy, 94 Chessington Road, Epsom, Surrey, KT19 9UR

Pharmacy reference: 9011598

Type of pharmacy: Community

Date of inspection: 23/11/2021

Pharmacy context

This is an NHS community pharmacy set on a parade of shops serving the residential area of Ewell on the outskirts of Epsom. The pharmacy opens six days a week. It sells a small range of health and beauty products, including over-the-counter medicines. It dispenses people's prescriptions. And people can collect coronavirus (COVID-19) home-testing kits from its premises. The pharmacy has a travel clinic and offers winter influenza (flu) vaccinations. It provides multi-compartment compliance packs (compliance packs) to some people who need help managing their medicines. And it delivers medicines to people who can't attend its premises in person. This inspection took place during the COVID-19 pandemic.

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	Good practice	3.1	Good practice	The pharmacy is well designed to meet the needs of the people who use it.
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 adequately manages its risks. It has introduced new ways of working to help protect people against COVID-19. And it has procedures to help make sure its team works safely. Members of the pharmacy team know what they can and can't do, what they're responsible for and when they might seek help. They adequately review the safety of the services they deliver. They understand their role in protecting vulnerable people. And they generally keep people's private information safe. People using the pharmacy can provide feedback to help improve its services. The pharmacy mostly keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided. And the SOPs were reviewed every two years or so. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The pharmacy had risk assessed the impact of COVID-19 upon its services and the people who used it. And, as a result, it adapted its delivery process to try and stop the spread of the virus. The pharmacy had completed occupational COVID-19 risk assessments for its team members. Members of the pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. They were asked to self-test for COVID-19 twice weekly. They wore fluid resistant face masks to help reduce the risks associated with the virus. And they washed their hands and used hand sanitising gel when they needed to.

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP). The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. But they didn't routinely audit them. So, they could be missing opportunities to spot patterns or trends with the mistakes they made. The RP explained that medicines involved in incidents, or were similar in some way, such as different strengths of zopiclone, were generally separated from each other in the dispensary.

The pharmacy displayed a notice that told people who the RP was. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. A team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist. The pharmacy had a complaints procedure. And it had received positive feedback from people online. The pharmacy asked people for their views and suggestions on how it could do things better. And, for example, it tried to keep people's preferred makes of prescription-medicines in stock when its team was asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy kept a record to show which pharmacist was the RP and when.

But occasionally the time when a pharmacist stopped being the RP wasn't recorded. The pharmacy used an electronic controlled drug (CD) register which was found to be in order. But the records for one liquid CD were still written in a paper register. And the name and address from whom this liquid CD was received from wasn't always recorded. The pharmacy team checked the stock levels recorded in the CD register regularly. The pharmacy kept appropriate records for the supplies of the unlicensed medicinal products it made. It recorded the emergency supplies it made and the private prescriptions it supplied electronically. And most of these were in order. But the name and address of the prescriber were sometimes incomplete or incorrect in the private prescription records.

People using the pharmacy generally couldn't see any other people's personal information. The pharmacy was registered with the Information Commissioner's Office. It had a data security protection policy in place. And it had arrangements to make sure confidential information was stored and disposed of securely. The pharmacy had a safeguarding SOP. And its pharmacists had completed a recognised safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. And they had the contacts they needed if they wanted to raise a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy team consisted of a full-time pharmacist (the RP), a part-time pharmacy technician, a full-time trainee dispensing assistant, two part-time medicines counter assistants (MCAs) and a part-time delivery driver. The pharmacy was also supported by four student pharmacists on a part-time basis and a regular locum pharmacist. The RP, the pharmacy technician, the trainee dispensing assistant and one of the MCAs were working at the time of the inspection. The pharmacy relied upon its team members and the student pharmacists to cover any absences or provide additional support when the pharmacy was busy. Members of the pharmacy team worked well together. So, people were served promptly, and their prescriptions were processed safely. The RP was the superintendent pharmacist. They were responsible for managing the pharmacy and its team. And they supervised and oversaw the supply of medicines and advice given by the pharmacy team. A team member described the questions they would ask when making over-the-counter recommendations. They explained that they would refer requests for treatments for babies or young children, people who were pregnant or breastfeeding, people who were old and people with long-term health conditions to the pharmacist on duty.

Members of the pharmacy team were required to undertake accredited training relevant to their roles after completing a probationary period. They discussed their performance and development needs with their manager when they could. They were encouraged to ask questions and familiarise themselves with new products. They were also asked to complete training to make sure their knowledge was up to date. And they could train while they were at work when the pharmacy wasn't busy. The pharmacy held meetings and one-to-one discussions to update its team and share learning.

The pharmacy had a whistleblowing policy. It incentivised its team to promote some of its services. But the pharmacy team didn't feel pressurised to promote these services or achieve targets. Members of the pharmacy team felt able to make professional decisions to ensure people were kept safe. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to improvements being made to the layout of the dispensary.

Principle 3 - Premises ✓ Good practice

Summary findings

The pharmacy is bright, clean and modern. It provides a safe, secure and professional environment for people to receive healthcare in. It's well designed to meet the needs of the people who use it, and to make sure they can receive services in private when they need to.

Inspector's evidence

The pharmacy relocated from smaller premises earlier this year. Its layout had been carefully considered. It had a large and well-equipped consulting room for the services it offered or when someone needed to speak to a team member in private. The pharmacy had an automated door, an accessible toilet and wide aisles. And its consulting room had a wide door too. These things made access to the pharmacy, and its services, easier for people who used wheelchairs. The pharmacy had a second consulting room for when one was needed. People's conversations in the consulting rooms couldn't be overheard outside of them. And they were locked when they weren't being used. So, their contents were kept secure. The pharmacy was air-conditioned, bright, clean and modern. It was professionally presented throughout. And its fixtures and fittings were of a high standard. The pharmacy had the workbench and storage space it needed for its current workload. The pharmacy had the sinks it needed for the services its team delivered. And the premises had a supply of hot and cold water too. Members of the pharmacy team were responsible for keeping the premises clean and tidy. And they regularly wiped and disinfected the surfaces they and other people touched.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are generally safe and effective. And its team is helpful. The pharmacy offers flu vaccinations and keeps appropriate records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it stores most of them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose. And they dispose of most people's waste medicines properly too.

Inspector's evidence

The pharmacy had an automated door, and its entrance was level with the pavement. This meant that people who may have difficulty climbing stairs could access its premises easily. The pharmacy had a digital display in one of its windows that told people about its products and the services it delivered. A small seating area was available for people who wanted to wait in the pharmacy. And this was set away from the counter to help people keep apart. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could advise and help them. And they signposted people to another provider if a service wasn't available at the pharmacy.

The pharmacy offered a local delivery service to people who couldn't attend its premises in person. And it kept an audit trail for each delivery to show that the right medicine was delivered to the right person. The pharmacy supplied COVID-19 tests that people could use at home. The tests were used to help find cases in people who may have no symptoms but were still infectious and could give the virus to others. They were also used by people who wanted to travel abroad. The pharmacy had the anaphylaxis resources it needed for its vaccination services. And the pharmacy team members who vaccinated people were appropriately trained. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated and their consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bins were kept securely when not in use. The RP was due to audit the flu vaccination service to make sure it was being delivered appropriately and in line with the national protocol. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be re-packaged. And it assessed new requests for the service to make sure they were appropriate for the patient. The pharmacy generally provided a brief description of each medicine contained within the compliance packs as well as patient information leaflets. But the date of dispensing wasn't always included on the compliance pack. And an audit trail of the people who had assembled and checked it wasn't routinely kept. The pharmacy used clear bags for some dispensed items, such as CDs, to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. The pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting, such as a high-risk medicine, or if other items, such as a refrigerated product, needed to be added. The pharmacy team generally marked prescriptions for CDs with the date the 28-day legal limit would be reached to help make sure supplies were made lawfully. Members of the pharmacy team knew that valproate mustn't be used in any woman or girl able to have children unless there was a pregnancy prevention programme in place. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had the resources it needed for when it dispensed a valproate.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals. It recorded when it had done these checks. And it marked products which were soon to expire to reduce the chances of it giving people out-of-date medicines by mistake. But some out-of-date eye drops were found amongst in-date stock during the inspection. These were removed and disposed of appropriately when brought to the attention of the pharmacy team. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. The pharmacy needed to keep out-of-date and patient-returned CDs separate from in-date stock. And its team kept a record of the destruction of CDs people returned to it. The pharmacy had procedures for handling the unwanted medicines people returned to it. These medicines were kept separate from stock and were placed in a pharmaceutical waste bin. But the team had put some cytotoxic medicines into the bin intended for non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they took when they received a drug alert. But they could do more to make sure the actions they took were recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had a few glass measures for use with liquids, and some were used only with certain liquids. It had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure they cleaned the equipment they used to measure out, or count, medicines before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had two medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the maximum and minimum temperatures of these refrigerators. The pharmacy had a shredder. So, its team could dispose of confidential waste appropriately. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members made sure their NHS smartcards were 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.