

# Registered pharmacy inspection report

**Pharmacy Name:** Altwood Pharmacy, 47 Wootton Way,  
MAIDENHEAD, Berkshire, SL6 4QZ

**Pharmacy reference:** 1028931

**Type of pharmacy:** Community

**Date of inspection:** 30/07/2019

## Pharmacy context

This is an independent community pharmacy situated alongside other local shops in a residential area, on the outskirts of Maidenhead. It changed ownership in October 2018. Retail sales and dispensing NHS prescriptions are the main activities, but the pharmacy offers some other NHS funded services including Medicines Use Reviews (MURs) and the New Medicine Service (NMS).

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are suitably safe and effective. It protects people's private information and keeps the records it needs to by law. The team usually follows written instructions to make sure it works safely, and it understands how to safeguard vulnerable people. But it could do more to make sure everyone in the team understands the pharmacy's procedures and that they learn from their mistakes.

### Inspector's evidence

The superintendent pharmacist was a company director and worked as the regular responsible pharmacist (RP). An RP notice was conspicuously displayed. Support staff worked under constant supervision and suitably referred to the pharmacist during the inspection.

The pharmacy had a set of written standard operating procedures (SOPs) which covered the main activities. These had been reviewed following the change of ownership. The dispensers had signed to indicate they had read and agreed them, but some other team members had not, so they may not always understand their responsibilities or know how tasks should be completed. There were some instances when SOPs were not strictly followed. For example, in relation to deliveries and bagging up prescription medicines. And there were no SOPs covering staff roles and responsibilities or the Falsified Medicines Directive (FMD).

There were some basic risk management processes in place. Baskets were used to segregate prescriptions during the assembly process. The pharmacist was rarely required to self-check. Dispensing labels were initialled by team members involved in the assembly and checking process, which assisted with investigating and managing mistakes. There was an incident reporting process, although none had been recorded since the change of ownership. Near misses were discussed by the team at the time and there was a chart for recording these. But it was unclear if the records were periodically reviewed for trends, so the team may be missing out on additional learning opportunities.

There was a complaints procedure and a notice in the retail area promoted its availability. The pharmacy had participated in an NHS patient satisfaction survey this year and overview of the results was displayed in the pharmacy; feedback was positive.

The pharmacy had current professional indemnity insurance. A recognised patient medication record (PMR) system was used to label and document prescription supplies. The team maintained all the records required by law including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were generally in order although very occasionally the time the pharmacist ceased undertaking the RP responsibility was not captured in the RP log. This could cause ambiguity. Patient returned CDs and their destruction were documented. CD running balances were maintained and these were checked against the actual stock periodically.

Team members understood about data protection and most of them had signed confidentiality agreements. The pharmacist used his NHS Smart card for accessing the spine and Summary Care Records. Confidential material was suitably stored out of public view and paper waste was segregated

and shredded. A privacy notice was not displayed explaining how the pharmacy used and safeguards people's personal information, so the pharmacy might not be fully complying with the General Data Protection Regulation (GDPR) in this regard.

The pharmacist was level 2 safeguarding accredited and could access local safeguarding contacts. There were no safeguarding SOPs, but dispensers had completed level 1 training, so they were aware of some of the signs to look for, and how concerns should be handled. A chaperone policy was displayed near the consultation facilities

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has the right staffing levels to meet its business needs. Pharmacy team members work well together and are comfortable raising concerns and providing feedback. They generally complete training relevant to their role. But the lack of structured ongoing training and development reviews may mean the pharmacy does not always identify gaps in team members knowledge and skills.

### Inspector's evidence

The pharmacy employed two dispensers, and two part-time medicines counter assistants. Both dispensers had worked at the pharmacy under the previous owner for several years, so were experienced. Holidays were planned, and any absences were usually covered by other team members working extra hours. Locums covered the pharmacist's holidays. At the time of the inspection, the pharmacist was supported by the two dispensers. Footfall was low, and the team greeted people promptly, and managed the workload without issue during the inspection.

Dispensers had completed accredited training and their completion certificates were displayed. One of the counter assistants had completed their healthcare assistant's course elsewhere. The other assistant worked on Saturdays and was new to the business so had not been enrolled on a course so far. The other company director worked at the pharmacy regularly completing administrative duties and helping manage the business. He also undertook home deliveries but had not completed any formal pharmacy training.

Staff had contracts with job descriptions. Dispensers said they sometimes completed additional training on new products or processes. But there was no formal ongoing training programme or appraisal process. The team worked well together and talked openly about their work. They were positive about the change in ownership and felt able to make suggestions or raise issues with the pharmacist if needed. No targets were set for the team.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services.

### Inspector's evidence

The pharmacy was situated in a standard retail unit. It was bright, clean, well-organised and professional in appearance. Air conditioning maintained the ambient room temperature. There was a small retail area and open plan dispensary to the rear. Bench space was adequate for the volume of dispensing. There was a small cubicle in the retail area and larger room adjacent to the dispensary which could be used for private conversations or services such as MURs. There was a staff toilet with handwashing facilities and a separate kitchen and rest area behind the dispensary.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible and manages them effectively, so people receive appropriate care. It obtains medicines from licensed suppliers, and it carries out some checks to make sure that medicines are in good condition and suitable to supply.

### Inspector's evidence

Opening times and a list of services were displayed externally. There was a practice leaflet with more detailed information. There was a single non-automated door at the entrance. Staff could offer assistance if needed. The passageway to the consultation facilities was narrow, so may not be accessible to those with wheelchairs or buggies. The team could signpost to other services in the locality if needed.

The pharmacy offered a repeat prescription management service where patients had consented, and audit trails ensured prescriptions were ordered and supplied on time. There was a basic audit trail for home deliveries, but signatures were not routinely obtained confirming receipt of medicines, which could make it difficult to resolve queries should they arise. Approximately 15 people received their medicines in weekly multi-compartment compliance aids. The team managed these appropriately. Any medication changes were queried to ensure they were relevant. Compliance aids were suitably labelled.

Addresses were checked when handing out prescription medicines. But prescriptions or tokens were not always retained with dispensed items, so team members might not have all the information they need when handing these out. Interventions were usually recorded on the PMR. There were SOPs covering the supply of high-risk medicines. The pharmacist said he counselled high-risk patients such as those taking anticoagulants or methotrexate. He was aware of the valproate pregnancy prevention programme and had the relevant patient leaflets and cards. He completed occasional MURs and NMS to support patient compliance. A flu vaccination service was due to be introduced during the upcoming season.

Medicines were obtained from a range of licensed wholesalers. Stock medicines were stored in an orderly fashion in the dispensary. Pharmacy medicines were stored behind the counter, so sales could be supervised. The pharmacy had the software and hardware necessary to comply with the Falsified Medicines Directive and was decommissioning some packs with the relevant barcodes. Expiry date checks were completed regularly. A random check of stock found no expired items. Liquid medicines with a limited shelf-life were dated on opening.

Fridge temperatures were monitored, and the actual temperature was within the required range. But the current thermometer was faulty, and it was not always reset after each reading, so it was not providing accurate maximum and minimum temperatures. However, the pharmacist said a new thermometer had been ordered. Controlled drugs were stored in the cabinets, and obsolete CDs were segregated prior to destruction. Designated bins were used to segregate other pharmaceutical waste and sharps prior to collection by licensed waste contractors. MHRA alerts and recalls were received by email, and documentation showed recent ones had been received and actioned.





## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services.

### Inspector's evidence

Disposable medicine containers were available, and the pharmacy had measuring and counting equipment for dispensing medicines. The team had access to the internet and the British National Formularies and Drug Tariff. And they could contact Numark Professional Services for support if needed.

Computer terminals were suitably located so they were not visible to the public and the PMR system was password protected. Telephone calls could be taken out of earshot of the counter if needed. There was a dispensary sink, and two CD cabinets and a small medical fridge used for storing medicines. CD denaturing kits were available.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.