

Registered pharmacy inspection report

Pharmacy Name: Woodlands Park Pharmacy, Waltham Road,
MAIDENHEAD, Berkshire, SL6 3NH

Pharmacy reference: 1028933

Type of pharmacy: Community

Date of inspection: 23/01/2020

Pharmacy context

This is an independent community pharmacy located alongside other local shops in a village near Maidenhead. It has been under the same ownership for more than 30 years. The pharmacy mainly supplies NHS prescriptions and sells a limited range of over-the-counter (OTC) medicines and household items. The pharmacy supplies medicines to a local care home and some people receive their medicines in multi-compartment compliance packs to help make sure they take them at the correct time. It offers a home delivery service and a range of other NHS services including the New Medicine Service (NMS) and the Community Pharmacist Consultation Service (CPCS).

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's working practices are reasonably safe and effective. It keeps the records it needs to by law and people can give feedback or make a complaint about its services. The team members follow written instructions to make sure they work safely. They understand how to protect people's private information, and to safeguard and support vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the operational tasks and activities. These had mostly been implemented in 2017. Regular team members had signed each SOP to confirm they had read and agreed them. The pharmacy had some basic risk management processes in place in relation to the dispensing operation. Baskets were sometimes used to separate prescriptions during the assembly process to prevent them becoming mixed up. All prescription items were subject to a double check by two team members. Dispensing labels were initialled by team members involved in the assembly and checking process, which assisted with investigating and managing any mistakes. Incidents were discussed by the team members at the time and there were templates for recording near misses and dispensing incidents. But very few incidents had been recorded, and patient safety reviews and compliance audits were not conducted regularly, so additional learning opportunities might be missed.

The pharmacy team dealt with any complaints directly, and these were usually resolved at the time. The superintendent could not recall a concern that had to be handled formally. There was no information available for members of the public or notice explaining how they could provide feedback or raise a complaint. The superintendent said they usually had a practice leaflets available in the retail area which explained this, but these had run out and not been replaced. The pharmacy had received generally positive feedback in the last patient satisfaction survey which was available on www.NHS.uk. The pharmacy also participated in a mystery shopper scheme and had scored well in the last one.

The pharmacy had professional indemnity insurance arranged with the NPA and a current certificate was displayed. A responsible pharmacist (RP) notice was displayed and an RP log was maintained. Team members did not wear identity badges, so roles were not immediately apparent, but they could explain their role and worked within their remit. Prescription supplies were recorded using a recognised patient medication record system (PMR). The team maintained all the other records required by law including private prescription and emergency supply records, controlled drugs (CD) registers and specials records. Records checked were generally in order, although some details in the private records held on the PMR were inaccurate. A recent supply of tramadol had been issued against a prescription which was not written on the standardised pink FP10PCD form. The superintendent admitted this was an oversight and agreed to take appropriate action in light of this. CD registers included running balances; a random balance was checked and found to match to amount held in stock.

Team members understood the principles of data protection and confidentiality and they used individual NHS smartcards to access NHS data. An NHS notice was displayed explain how personal data was safeguarded. People provided signed consent for services such as NMS. Confidential paper waste

was segregated and shredded. Confidential material was generally suitably stored and not directly accessible to the public.

The superintendent had completed level 2 safeguarding training and was aware of potential issues and the signs to look for. Local safeguarding contacts were accessible, but the pharmacist said most safeguarding concerns were discussed with the patient's GP in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small close-knit team. The absence of additional support staff means the team has little time to complete non urgent tasks such as housekeeping. And the lack of staff management processes such as induction procedures or training programmes means any new staff working at the pharmacy might not acquire all the necessary skills.

Inspector's evidence

The pharmacy was run and managed by the superintendent and her husband who was a registered pharmacy technician. They were both company directors. The only other regular team members were a regular locum pharmacist who worked on Friday afternoons, and a school age student who worked in the evenings and on Saturday mornings. Locums were arranged when the pharmacist took annual leave but in general there was limited flexibility to cover absences. The superintendent said she arranged ad-hoc cover for the counter if needed as she knew a couple of people locally who had done this before.

At the time of the inspection the superintendent and pharmacy technician were both working, and this was the usual staff profile. They greeted patients promptly and appeared to manage the workload during the inspection, but it was evident that there was little time to complete non urgent tasks such as housekeeping. Lone working was avoided and the technician, who undertook home deliveries and surgery pickups did this later in the afternoon when there were three team members working.

The student had only recently started working and so was not enrolled on an accredited training course. He helped in the retail area and worked on the counter under supervision. The pharmacy did not have any formal staff management processes such as induction procedures or training programmes.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides. But the generally worn appearance and lack of organisation and housekeeping detracts from the overall professional image, and makes the working environment challenging.

Inspector's evidence

The pharmacy was situated in a spacious retail unit. There was a retail area and small dispensary to the rear which had less than three metres of workbench, so space was limited. The layout of the dispensary was not conducive to the work flow.

A basically equipped consultation room was situated next to the counter and was accessible from the retail area. It was kept locked when not in use. There was an additional consultation room to the front of the premises, but this was not in use. There was a room behind the dispensary used as a staff kitchen and rest area. It also had a small table which could be used for compliance pack assembly. Basic staff toilet facilities were also accessible from this area.

The pharmacy had reasonable lighting. There was no air conditioning to control the room temperature, but the pharmacy could be ventilated, and portable heaters were used. There had been a recent leak from the flat above into the dispensary, but this had been resolved and the affected stock removed for disposal.

The general décor including fixtures, fittings and were generally old and worn. Whilst the retail area and consultation room were reasonably presented, the floor was littered and dusty in places. And the dispensary and rear areas were cluttered and untidy, and there was limited clear work space. Boxes were stored on the floor which presented a trip hazard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services safely, so people receive appropriate care. It sources medicines from licensed suppliers, and team members complete checks to make sure they are in good condition and suitable to supply. But stock medicines are sometimes disorganised, and waste medicines are not always managed effectively, which could mean they are not always selected or handled correctly.

Inspector's evidence

The pharmacy had a level threshold and a non-automated door at the entrance. Staff could offer assistance if needed. Opening times were displayed but there was limited advertisement of pharmacy services, so people might not always be aware of what services the pharmacy offers. The pharmacy offered ad-hoc deliveries for some of their regular patients. People signed to confirm receipt of the delivery.

The pharmacy had many regular customers and the team had a good rapport with them and provided frequent counselling and advice. The pharmacy processed a mixture of acute and repeat prescriptions, including some walk-ins. A repeat prescription collection service was offered in conjunction with several local surgeries and most people initiated their own requests. A basic audit trail was kept so prescription requests could be tracked. The superintendent was proactive in offering NMS and felt this was a useful service to ensure patient compliance. She was able to provide CPCS and occasionally accessed Summary Care Records to support these consultations.

Some people received their medicines in weekly multi-compartment compliance packs to help make sure they took them safely. There were records showing details of each patient's regular medication, how packs should be assembled and documenting any interventions or changes. Packs were assembled in advance, so they were ready on time. The technician said if new patients or their families requested compliance packs, they discussed it with them to ensure it was a suitable option and checked the person's GP was in agreement. People could be supplied with packs on a weekly, two weekly or monthly basis depending on what was most suitable to their needs. Patient leaflets were not always supplied with monthly prescription supplies, so people may not always have easy access to all the information that they need to take their medicines safely. Completed packs had backing sheets with patient details and medicine details, but medication descriptions were not necessarily included, so people might find it difficult to identify each individual medicine contained in the pack. And backing sheets were sometimes not firmly secured to the packs, so there was a risk these could become detached.

The pharmacy supplied medicines to a local care home. Medicines were supplied in individual blister packs with patient administration charts. The superintendent visited the home on a regular basis to provide medicines management support.

The team were aware of the risks of the supplying of valproate-based medicines to people who may become pregnant, and that patients should be counselled and provided with the appropriate patient literature. An audit had been completed which had not identified any patients in the at-risk group.

Stock medicines were sourced through licensed wholesalers. The pharmacy was not currently compliant with the requirements of the European Falsified Medicine Directive (FMD) but the superintendent said she was looking at software solutions. Stock medicines were stored on open shelves in the dispensary; shelves were untidy in places which could contribute to picking errors. Some external prescription medicines were stored near the entrance to the dispensary and were potentially within reach of people waiting for their prescription. The superintendent said these had been temporarily moved following the recent leak in the dispensary but agreed to relocate them to a more secure area. Some stock items were not stored in their original packaging and de-blistered items were found in open containers in the compliance pack assembly area; there were immediately disposed of when they were highlighted. Annual stock takes and interim date checks were completed. A random check of shelves found no expired items. The superintendent said she always completed an expiry date check as part of her accuracy check. Pharmacy medicines were stored behind the counter so these could be supervised. The superintendent said they did get regular requests for codeine based medicines, but she supervised sales and had on occasion refused sales for Phenergan because of concern about abuse.

The pharmacy fridge was fitted with a maximum and minimum thermometer and the temperature was checked and recorded daily and seen to be in range. CDs were stored in a cabinet. CD methadone balance audits were conducted regularly, and the manufacturer's overage of methadone mixture was incorporated into the balance. Other CD balances were audited less frequently and they were not clearly documented which could make it more difficult to investigate discrepancies should these arise. The pharmacy had a patient returned CD destruction register; but no entries had been documented for over two years. Expired and patient returned schedule 3 CDs were found in the normal medicines waste bin, indicating these might be overlooked and not always denatured prior to disposal as required by the regulations. Medicines waste bins were collected by contractors on a regular basis.

Alerts and recalls for faulty medicines and medical devices were received via email which were checked on a daily basis. Copies of recent alerts had been printed out. Previous recalls for ranitidine containing products had resulted in stock being removed from the shelves and returned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services. The team stores and uses the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and other reference sources, including the BNF. Glass crown-stamped measures were available for measuring liquids. But the measure used for methadone was plastic and did not indicate that it had been calibrated. This was disposed of at the time of the inspection and the superintendent agreed to use glass measures moving forward. Counting triangles were available for counting loose tablets. Disposable medicine containers were available for dispensing purposes and these were stored appropriately. The pharmacy had a standard CD cabinet and a medical fridge for storing medicines.

Computer systems were password protected and screens were located out of public view. Telephone calls could be taken out of earshot of the counter if needed. Electrical equipment appeared to be in working order.

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.