General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Whitley Pharmacy, 277 Basingstoke Road, READING, Berkshire, RG2 0HY

Pharmacy reference: 1028959

Type of pharmacy: Community

Date of inspection: 06/11/2019

Pharmacy context

An independent pharmacy under new ownership located in a parade of shops in Reading. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes, a flu vaccinations service, supervised consumption, emergency hormonal contraception and a delivery service.

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	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

Overall, the pharmacy’s working practices are safe and effective. It records and reviews its mistakes and keeps all the records required by law. Team members keeps people’s information safe and they help to protect vulnerable people.

Inspector's evidence

Near misses were recorded in a log held in the dispensary. The pharmacist explained that any near misses were highlighted to the team member who made the error, and she would ask them to look at it again and change it. Errors that left the premises were recorded in an error book held in the pharmacy and included actions taken to prevent a recurrence. The pharmacist explained that she was planning on ensuring all incidents would be recorded electronically in the future. The team held a weekly meeting in the pharmacy where all the incidents and issues were discussed between them. The dispenser explained that recently due to an increase in near misses with quantities, the team had implemented a new procedure so that if they were not dispensing a full box, they would get a double check on the quantity dispensed from another member of the team before handing it over to the pharmacist for the final accuracy check.

There was a logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The pharmacy also had an area where the top 100 drugs were placed for easy access. Multicompartment compliance aids were at the back of the dispensary to prevent distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and the pharmacist explained that she would review them every two years if they did not change. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and valid until the 29th April 2020 when it would be renewed. There was a complaints procedure in place and staff were clear on the processes they should follow if they received a complaint. As the pharmacy had new ownership six months before the inspection, a community pharmacy patient questionnaire (CPPQ) had not yet been completed by the current owners. The pharmacist explained that she was planning to complete one within the next six months.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Medikinet (methylphenidate) 20mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacist checked the running balance every week. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were completed accurately, and the emergency supply records at the patient’s request all included reasons for the supply. Specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was

shredded. The team had an information governance policy in place which they had signed and they had completed GDPR training. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members explained that they were aware of things to look out for which may suggest a safeguarding issue. A list of the contact details for all the local safeguarding authorities was held at the front of the SOP file. The team members had all completed the Dementia Friends learning online.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there was one pharmacist and two NVQ Level 2 dispensers. Certificates of completed training were available and staff were seen to be working well together. One of the dispensers was observed using an appropriate questioning technique to find out more information when someone presented at the pharmacy with cold symptoms. She explained the difference between pseudoephedrine and decongestant nasal spray allowing the person to make an informed decision before counselling them effectively. The team did not have a formal on-going training programme, but they completed training on Virtual Outcomes and the team explained they had recently completed training on sepsis. The team also received information from various sources such as Pharmacy magazine and Training Matters.

The team members explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, dispensary, consultation room, a storage area, a staff and stock area and a bathroom. The pharmacy was bright and well presented. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy.

The pharmacy was professional in appearance and clean. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily and a cleaning rota was on display in the dispensary. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the shelves were cleaned when the date checking was carried out.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. The consultation room was behind the medicines counter and people would have to walk past the counter to get to it. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, a computer with the PMR and locked storage.

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 access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. They identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the consultation room. Access into the pharmacy was via a ramp or a few steps. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were supplied with patient information leaflets (PILs) every month. The pharmacy team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the PMR to see if they had any patients in the at-risk group. There was an information pack about the risks of valproates in the dispensary which the team would use when dispensing prescriptions for valproates to patients in the at-risk group. The pharmacist explained that she would ask patients taking warfarin if they were aware of their dose and if they were having regular blood tests, and the team regularly recorded details of those conversations on the PMR. The pharmacist demonstrated how she was currently in the process of completing audits around non-steroidal anti-inflammatory drugs (NSAIDs), foot checks in diabetes patients, an audit on the use of asthma inhalers to ensure the asthma was well controlled, methotrexate and valproate. The pharmacist explained how she had discussed the necessity of these audits with the pharmacy team and they were working together to highlight any patients who fell into these categories. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription. On the day of the inspection, the pharmacist was self-checking and was observed taking mental breaks between dispensing and accuracy checking.

The pharmacy was not compliant with the European Falsified Medicines Directive (FMD). The pharmacist explained that she was currently looking to find FMD software which would be easy to use. The pharmacy obtained medicinal stock from AAH, Alliance, Phoenix, Colorama, Sigma and Trident. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with stickers. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner. The pharmacy used a safe which had a valid certificate of exemption for the storage of CDs. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for paracetamol 500mg tablets. The recall notices were printed off in the pharmacy and annotated to show

the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 250ml, 100ml, 50ml and 10ml measures. Some were marked with red paint on their bases to show they should only be used with methadone liquid. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.