

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: 24/11/2022

Pharmacy context

This is a community pharmacy on a parade of shops in Reading, Berkshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines. The pharmacy offers the New Medicine Service (NMS), seasonal flu vaccines and local deliveries. And it supplies some people's medicines inside multi-compartment compliance packs, if they find it difficult to take them.

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	1.1	Good practice	The pharmacy's team members routinely identify and manage the risks associated with the pharmacy's services. Members of the pharmacy team ensure that the GPhC's standards for pharmacy premises are embedded into their working practices. This makes the pharmacy's internal processes safe.
		1.2	Good practice	The pharmacy regularly reviews and monitors the safety and quality of its services. Members of the pharmacy team routinely record, review and implement learning from near misses and incidents.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
		2.4	Good practice	The pharmacy has a culture of openness, honesty, and learning. Team members are provided with training resources and given time to complete this. This helps ensure their skills and knowledge remain current.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	Pharmacy services are managed and delivered safely and effectively. Team members actively ensure people with higher-risk or new medicines are identified and counselled appropriately, interventions are carried out routinely, prescriptions with controlled drugs are monitored and managed repeat prescriptions are systematically checked to ensure people's medicines are in sync. This helps ensure people can take their medicines correctly. The pharmacy also maintains suitable audit trails to verify the safety of its services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy is operating in a safe and effective manner. It has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy generally maintains its records as it should.

Inspector's evidence

This was an efficiently run pharmacy. The pharmacy's team members had been taught by the superintendent pharmacist (SI) to ensure the GPhC's standards were routinely adhered to. This helped ensure services were provided safely (see Principle 4) and that routine tasks were regularly completed. The pharmacy was clean and tidy with clear, organised processes in place. The pharmacy had a range of documented standard operating procedures (SOPs) which were reviewed in 2021. They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members knew their roles and responsibilities. They were observed to work independently of the responsible pharmacist (RP) in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. Staff routinely recorded their near miss mistakes. They were reviewed every week; details were documented, and discussions were held with the team. To minimise the risk of errors occurring, staff described circling quantities (such as 30 versus 28 day's supply for example) on boxes, prescriptions or generated dispensing labels when dispensing. They underlined tablets and, or capsules on prescriptions to help recognise the correct form needed and identified recurring themes. Medicines which looked similar or sounded similar were also separated in response. This included citalopram 40mg and 20mg, as well as levothyroxine 75mcg and 25mcg. Higher-risk medicines had been highlighted. This helped staff to minimise mistakes. The pharmacy had a complaints policy, the RP's process to handle incidents was suitable and documented records were maintained.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people through the company's training modules. They could recognise signs of concern and knew who to refer to in the event of a concern. Contact details for the various safeguarding agencies were available. Pharmacists were trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy's chaperone policy was also on display in the consultation room. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space and confidential information was protected. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The pharmacy had suitable professional indemnity insurance arrangements in place. The RP record, records about supplies of unlicensed medicines, emergency supplies and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However,

some missing details about prescribers were seen within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles. They understand their roles and responsibilities. And the pharmacy owner provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

Staff during the inspection consisted of the owner and SI, a locum RP who regularly worked in the pharmacy, a full-time, trained dispensing assistant and medicines counter assistant (MCA). In total, the pharmacy team included two dispensing assistants, one of whom was part-time and three MCAs, two of whom were part-time. The pharmacy was also currently recruiting for staff. Members of the pharmacy team were trained through accredited routes. The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines and repeat requests were monitored. The staff said that they liked working at the pharmacy. Regular team meetings took place where relevant matters such as near misses and incidents were discussed, the team's individual performance was monitored, and formal appraisals were completed regularly. The staff were provided with online resources for ongoing training through an e-learning platform. This helped ensure they continually learnt and kept their knowledge up to date. Recent training included raising awareness about cancer and learning about domestic abuse.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver healthcare services from. The pharmacy is clean, tidy and secure. It also has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy's premises consisted of a small retail area with a medium sized dispensary and storage as well as staff areas at the very rear. The dispensary had a suitable amount of space to carry out dispensing tasks safely. A signposted consultation room was available, this was sufficient for its intended purpose and contained lockable cabinets. It was kept clear of clutter and contained suitable equipment, including a sink and lockable cabinets. The pharmacy had been recently refurbished. Fixtures and fittings were modern. The premises were bright, well ventilated and professional in appearance. The pharmacy was also secure against unauthorised access and kept clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy team actively provide advice, make interventions and deliver valuable services to the local community. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. Team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

People could enter the pharmacy through a wide, automatic door via a ramp or a few steps. The retail area consisted of clear, open space. This helped people with restricted mobility or using wheelchairs to easily use the pharmacy's services. There were car parking spaces available outside and a large supermarket with a three-hour parking restriction within the vicinity. Staff explained that they served a range of people from different cultures and with different needs. In order to ensure people received the correct prescription(s) when they arrived to collect their medicine(s), counter staff first checked people's details on the pharmacy system. They did this by confirming their name(s) and date of birth. Speaking clearly helped people to lip read and written communication was used for people who were deaf or partially deaf. Google translate or representatives were also used to assist people whose first language was not English. One member of staff described knowing and using basic Makaton to help assist or hear people with learning or communication difficulties. This had helped build relationships with people using the pharmacy's services.

The pharmacy currently offered a few services. This included seasonal flu vaccines and the New Medicines Service (NMS). The former was on a walk-in basis. The pharmacists had been appropriately trained on vaccination techniques and resuscitation in the event of an emergency. Suitable equipment was present such as adrenaline in the event of a severe reaction to the vaccine, and the pharmacy's paperwork to verify this service was in order. This helped to ensure that the service was provided safely. The SI explained that the NMS had provided opportunities to effectively counsel people, identify side effects and reinforce details about medicines such as the dose timings. The team regularly communicated details by email and referred appropriately to the prescriber(s) when needed.

The team routinely identified people prescribed higher-risk medicines. Prescriptions for these medicines were highlighted and using specific checklists, staff asked details about relevant parameters, such as blood test results. After obtaining this information, records were kept about this. Staff also checked people's doses, that they understood their dose and had the appropriate strength and tablets needed when they came to collect their medicines. This helped them to take their medicine(s) safely. In addition, pharmacists routinely carried out interventions and counselled people. Staff were aware of the risks associated with valproates and they had identified people at risk, who had been supplied this medicine. People were counselled accordingly, and educational material was provided upon supply. The team had also recently completed the national clinical audit on valproates. This had helped them to re-deliver the above.

The pharmacy provided multi-compartment compliance packs after this was considered necessary and an assessment had taken place. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-

blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied. The pharmacy also offered a local delivery service and the team kept records about this service. Signatures were obtained when people were in receipt of their medicine(s). Failed deliveries were brought back to the pharmacy, notes were left to inform people about this, and they were called to rearrange the delivery. No medicines were left unattended.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used this as an audit trail. Prescriptions for dispensed fridge and CD (Schedules 2-4) medicines were clearly identified.

Once prescriptions for CDs or for people who had signed up to the pharmacy's managed repeat prescription service, had been assembled, checked for accuracy, and bagged, they were stored in separate sections. For CDs, prescription expiry dates were clearly highlighted and the date that people came in to collect them monitored. Staff explained that attempts to frequently collect CDs sooner were seen. For the managed repeat prescription service, staff ordered people's medicines on their behalf, with their consent. People were called to inform them when their medicine(s) were ready for collection. The team also routinely and systematically checked that new medicines were not out of sync with people's routine medicines. If this was identified, the local surgery was contacted, and prescriptions asked to be adjusted. This helped ensure people received all their medicines at the same time and minimised confusion.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Phoenix and Bestway to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified. There were no date-expired medicines or mixed batches seen. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were referred appropriately. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean and used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included online access for reference sources, clean, standardised conical measures for liquid medicines, an appropriately operating pharmacy fridge and shredder, a legally compliant CD cabinet and a CD safe. The latter had a valid exemption certificate which had been issued in 2020. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a manner that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and staff used their own NHS smart cards.

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.