

Registered pharmacy inspection report

Pharmacy Name: Overdown Pharmacy, 5 The Colonnade, Overdown Road, Tilehurst, READING, Berkshire, RG31 6PR

Pharmacy reference: 1028974

Type of pharmacy: Community

Date of inspection: 29/05/2019

Pharmacy context

An independent pharmacy located on a parade of shops in a residential area of Reading. The pharmacy has recently been bought by the current owners. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multicompartiment compliance aids (MDS blister packs or trays) for patients in their own home 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. Team members record and review their mistakes to help reduce the risk of them happening again. But they may not always be recording enough detail. So they may be missing some opportunities to learn from them. The pharmacy keeps all the records that it needs to by law, and team members help to protect vulnerable people. But they don't do enough to keep people's private information secure.

Inspector's evidence

The pharmacy team kept a near miss log in the dispensary. However, it was not used regularly, and the team did not record full details of the incidents or much information to explain why the errors occurred. The team explained that if an error occurred, they would report it on the NRLS website. At the end of each month, the team would complete a Patient Safety Review to try to highlight area of improvement.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. MDS trays were prepared on a dedicated bench at the back of the pharmacy to reduce distractions.

SOPs were in place for the dispensing tasks. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs and they were reviewed regularly.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual CPPQ survey and the results of the latest one were seen to be very positive and displayed on the NHS UK website.

A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary. However, this was only valid until the 31st March 2019. The Superintendent confirmed that the team have current and valid insurance, but they have not yet received the certificate.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Morphgesic 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked approximately every month.

The responsible pharmacist record was seen as being held electronically. However, on entry into the pharmacy, the incorrect responsible pharmacist notice was on display, but this was changed during the inspection. The maximum and minimum fridge temperatures for one fridge were recorded electronically daily and mostly always in the 2 to 8 degrees Celsius range. Where the temperatures fell out of range, there were no records to explain why it was out of range or that the fridge temperatures had been reset and rechecked. The team did not check the fridge temperatures for the second fridge. On examination, the minimum temperature of this second fridge was seen to be 8 degrees Celsius and the maximum was seen to be 14 degrees Celsius.

The private prescription records were seen to be completed appropriately electronically. However, the team also recorded the private prescriptions in a book, but some entries were seen to be completed using

patient bag labels and dispensing labels instead of being completed in indelible ink. The specials records were all seen to be complete with the required information documented accurately.

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 clearly. However, the consultation room could not be locked and on examination, the computer in there was not password protected. There were cordless telephones available for use and confidential waste paper was collected in white confidential waste bags and then removed for disposal by the company.

The pharmacist had completed the CPPE Level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding issue. The team were happy to refer to the pharmacist if they suspected a safeguarding incident. The pharmacy team were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team are appropriately trained for their roles or they are enrolled on appropriate training courses. But, team members don't have formal training plans to keep their knowledge and skills up to date. This could affect how well they care for people and the advice they give. Team members work in a supportive environment where they are able to raise concerns if needed. They feel able to use their own professional judgement.

Inspector's evidence

During the inspection, there was one pharmacist, one pre-registration pharmacist, one trainee technician who was completing the NVQ 3 course with the NPA, two dispensers and one medicines counter assistant. Certificates of completed training were seen to be displayed in the dispensary. The staff were seen to be working well together and supporting one another.

The pre-registration pharmacist was completing the NPA pre-reg learning programme and explained that he would attend study days every month which were based around different clinical areas in preparation for the pre-registration exam.

The team explained that while they were not on a formal training programme, they would regularly receive training updates from head office or information about any changes. The pharmacy team explained that they were always happy to raise anything with one another whether it was something which was bothering them or anything which they believed would improve service provision.

There were 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 generally suitable for the services it provides. But some areas are very cluttered and risk medicines being contaminated. Pharmacy team members use a private room for some conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, stock room and staff rest rooms.

The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The retail area and dispensary were professional in appearance and clean, but a bit cluttered. The team explained they would clean the pharmacy between themselves every day. However, the staff kitchen area was very cluttered. The worktops held prescriptions which had not been collected by patients, nutritional drinks, magazines, lunch boxes and general staff property. The relief pharmacist explained that she thought that the team used the area for general storage to try to keep the dispensary clutter free, but sometimes they would forget to tidy up areas.

Medicines were stored on the shelves in a suitable manner and the team explained that the shelves would be cleaned when the date checking was carried out. The dispensary was suitably screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations.

Conversations in the consultation room could not be overheard. The consultation room included seating, a computer with the PMR system, a sink for the provision of services and locked storage. However, a sharps bin was present on the consultation room floor and not locked away.

The ambient temperature was suitable for the storage of medicines and lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. Staff try to make sure pharmacy services are provided safely but they do not always identify or record relevant safety checks when people receive higher risk medicines. This makes it difficult for them to show that the appropriate advice is always provided when these medicines are supplied. The pharmacy generally sources and stores medicines safely. But the team are not regularly checking the fridge temperatures, which means that some medicines may not be safe to supply.

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 retail area of the pharmacy near the waiting area.

There was step free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared MDS trays for domiciliary patients. The trays were seen to include accurate descriptions of the medicines inside. The team explained that they would provide Patient Information Leaflets on the first supply of trays and with every new medicine which was supplied.

The team explained that they were all aware of the requirements for women of child bearing age to be on a pregnancy prevention programme if they were on valproates and they had checked the PMR to see if they had any patients affected by this. The team had leaflets and information cards on the dispensing bench which they could provide if they were dispensing valproates to women of child-bearing age. The pharmacist explained that she would also always discuss this with any affected patients during MUR consultations.

The pharmacist explained that the team did not routinely check INR levels and blood test dates for patients on warfarin. She explained that she would do this during MURs with any affected patients, but not with each supply of warfarin.

Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. The team were almost compliant with the European Falsified Medicines Directive (FMD) and they explained that they had the equipment in place and were registered, but they had not yet used the system to decommission medicines.

The pharmacy obtained medicinal stock from AAH, Alliance and Day Lewis. Invoices were seen to demonstrate this. Date checking was carried out regularly and the team highlighted items due to expire with coloured stickers.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. One fridge was in good working order and the stock inside was

stored in an orderly manner. However, another fridge used to store medicinal stock was not temperature monitored.

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 co-amoxiclav powder for suspension. 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 and facilities it needs to provide its services safely.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicines 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, Martindale 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.

Dooop bins were available for use and seen to be used. The computers were all password protected and conversations going on inside the consultation 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.