

Registered pharmacy inspection report

Pharmacy Name: Erleigh Road Pharmacy, 85 - 87 Erleigh Road,
READING, Berkshire, RG1 5NN

Pharmacy reference: 1028976

Type of pharmacy: Community

Date of inspection: 12/06/2019

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), the New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes 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. 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. Pharmacy team members have not all signed the written procedures. This could mean that they are not following the more up-to-date procedures. 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 team recorded near misses on a log held in the dispensary. However, there were not many incidents recorded and not much detail about the incidents with each record.

The team completed a monthly patient safety review. However, this was not completed regularly and the key learnings and actions following on from the reviews were very simple and did not demonstrate a full analysis of the near misses and incidents which had occurred in the pharmacy.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in a dedicated room at the back of the pharmacy to reduce distractions.

SOPs were in place for the dispensing tasks and were due to be reviewed at the end of 2019. Most of the team members had signed the SOPs to say they had read and understood them, but some members of staff who worked in the pharmacy regularly and had been there for some time had not read or signed the SOPs. Staff roles and responsibilities were described in the SOPs.

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 Community Pharmacy Patient Questionnaire (CPPQ) survey and the results of the latest one were seen to be generally positive and displayed on the nhs.uk website and in the retail area of the pharmacy. One area of improvement highlighted was to improve the layout of the pharmacy, but the team explained that the pharmacy would be refitted in the next two months.

A certificate of public liability and professional indemnity insurance from the NPA was available and was valid until 31 March 2020. Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked regularly by the pharmacist. The responsible pharmacist record was seen as being held electronically. However, on entry to the pharmacy, the incorrect responsible pharmacist notice was on display.

The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The team also had a paper log on the fridge door, but not all days had the temperature recorded.

The private prescription records were seen to be completed appropriately electronically. The specials records were all seen to be mostly complete with the required information documented accurately. However, a couple of certificates of conformity were incomplete. The computers were all password protected and the screens were not visible to the public. Conversations inside the consultation room could not be overheard clearly. However, the consultation room was not locked when not in use and the computer inside was not password protected.

The pharmacists had completed the Centre for Pharmacy Postgraduate Education (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 indicate a safeguarding issue. The team were happy to refer to the pharmacist if they suspected a safeguarding incident and contact details for the local safeguarding authorities were available in the dispensary. 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 were four pharmacists, four dispensers, two of whom were trainees and one was an EU pharmacist, and one trainee medicines counter assistant. The team explained that there would be extra pharmacist cover to allow for the care homes and multi-compartment compliance aids to be checked and to help support the pharmacy. The staff were seen to be working well together and supporting one another.

The medicines counter assistant explained that she had been working in the pharmacy for six months and had been signed up to the medicines counter assistants course but she had not yet started the course. Team members would be enrolled onto approved training courses and once they finished their courses, they would be encouraged to complete regular training by going to external events and completing any CPD modules which came through the pharmacy magazines and literature.

The team explained that they would be regularly updated on any changes in the profession by the head office team and this would be shared with the whole team. The assistant superintendent and compliance pharmacist explained she would regularly communicate with the team and visit them to offer support and share learnings.

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 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 secure and suitable for the provision of most of its services.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary 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 pharmacy was dated in appearance and not presented in the most professional manner. However, the pharmacy was due to be refitted at the end of the summer to expand the dispensary, create a larger consultation room and move the medicines counter. The team explained that this should allow them to have more storage space and they could plan their work more effectively.

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 available for private conversations. Conversations in the consultation room could not be overheard. The consultation room was used regularly and included seating, a computer with the PMR system, a sink and locked storage.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally delivers its services in a safe and effective manner. But team members do not always make 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.

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. The health promotion area included information about health topics and the team explained that they would be updating this soon to include information about children's oral health.

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 multi-compartment compliance aids for patients in their own homes. The compliance aids were seen to include accurate descriptions of the medicines inside. The dispenser explained that the team would provide patient information leaflets (PILs) with the compliance aids every month.

The team explained that they were all aware of the requirements for people who may become pregnant to be on a pregnancy prevention programme if they were on valproates and they had completed an audit regarding valproate use in patients in the at-risk group. The team explained that they had spoken with any affected patients and had placed notes on their PMR records to explain they had discussed the risks of valproates in pregnancy.

The team explained that they did not routinely check a patient's INR levels or blood test results before supplying warfarin. However, they explained that if they did obtain the blood test results, they would record this on the PMR. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The pharmacy was registered with SecurMed and had the necessary equipment to comply with the EU Falsified Medicines Directive (FMD). But they weren't using it on a regular basis.

The pharmacy obtained medicinal stock from AAH, Alliance, Phoenix, 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 designated bins for storing waste medicines 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.

MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls; 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 that it works and is accurate.

Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 50ml, 25ml 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, 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 fridge was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. 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.