

Registered pharmacy inspection report

Pharmacy Name: Caversham Pharmacy, 59a Hemdean Road,
Caversham, READING, Berkshire, RG4 7SS

Pharmacy reference: 1028979

Type of pharmacy: Community

Date of inspection: 13/06/2019

Pharmacy context

A Rowlands pharmacy located in a medical centre in Caversham, Reading. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines at home. The pharmacy also provides a supervised consumption service and a local 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

Pharmacy team members deal with their mistakes responsibly. But, they are not reviewing them regularly so they may be missing opportunities to prevent similar mistakes happening in future. The pharmacy generally keeps the records it needs to by law. But team members don't always record all of the details, which can make it harder to resolve any queries that may arise in the future. The pharmacy protects people's personal information and team members understand how to protect vulnerable people.

Inspector's evidence

There was a near miss log in the pharmacy which was seen to be used on a regular basis by the staff to write up their near miss incidents. However, as the pharmacy was running on a team of locum pharmacists and locum dispensers, there wasn't a regular review being completed where all the incidents would be analysed.

Errors which leave the pharmacy are reported electronically to the company's head office. The team explained that they understood the importance of reporting all dispensing errors to the head office team to ensure that they were aware of it and that any learning from them could be passed down. Recently, the team had reported an incident where a patient was prescribed Tramulief SR 100mg tablets, but they had been dispensed Tramquel SR 100mg capsules. The report had been reported to the head office team and the team kept a copy of the report in the 'Patient Safety' folder in the dispensary.

There was a workflow in the pharmacy where the staff used specific areas of the dispensary to dispense, prepare and check prescriptions. Multi-compartment compliance aids were dispensed at the back of the dispensary on a specific bench, organised and stored in an orderly manner. Coloured baskets were used to hold prescriptions which were being prepared to allow the team to organise their workload efficiently.

SOPs were in place for all the dispensary tasks and were reviewed on a two-yearly basis. The last review had occurred recently, and the SOPs were now all electronic. The staff roles were defined within the SOPs and on questioning, the members of staff were all able to explain their roles and responsibilities. One of the locum dispensers was observed following the SOP for labelling and assembling a prescription.

A complaints procedure was in place within the SOPs and the staff were all aware of the processes they should follow if they received a complaint. The complaints procedure was detailed in a poster displayed on the shop floor. The poster contained the contact information for the company's head office as well as the Patient Advisory Liaison Service and NHS England.

The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract. The results of the last CPPQ survey were displayed on the nhs.uk website and were seen to be very positive.

A professional indemnity and public liability insurance certificate from Numark was available and was

valid until the end of March 2020. Controlled drug records were seen to be complete. A sample of a random CD was checked for balance accuracy against the CD register and was seen to be correct. The stock balance was checked regularly by the team.

Date-checking was carried out quarterly and a date-checking matrix was held in the dispensary. If an item was due to go out of stock, the team highlighted the date it would be going out of stock using a sticker.

The maximum and minimum fridge temperatures were recorded electronically every day and were always within the appropriate temperature range of 2 to 8 degrees Celsius. The stock inside the fridges was laid out in an organised fashion. Dispensed fridge medicines ready for collection were stored in clear plastic bags in one of the fridges to allow for a visual check when it was handed out to patients.

The responsible pharmacist record was seen to be completed electronically and the correct RP notice was displayed in the main dispensary where patients would see it. The examined specials records were not all seen to be complete with all the appropriate information documented. The private prescription records were kept on an electronic register and in a written log with all the required information recorded accurately.

The pharmacy team were seen to be following the company's IG procedures and they carried out an IG audit annually to ensure that they are following requirements. The IG policy and procedures were detailed on a poster displayed in the dispensary. There were also leaflets available to the public on the shop floor and in the consultation room about how the company would safeguard patient information. The computer screens were all facing away from the public and were password protected. All confidential information and patient sensitive information was locked away in filing cabinets in the pharmacy. Confidential information was collected in blue confidential waste bins which were removed for destruction.

The locum pharmacist had completed the CPPE Level 2 training program on safeguarding children and vulnerable adults. The pharmacy team explained that they had completed some safeguarding training and that they knew to look out for warning signs and refer and escalate concerns appropriately. The delivery driver also explained that he had completed safeguarding training and would refer anything he saw which raised suspicions to the pharmacy team. There were two safeguarding posters from the Royal Pharmaceutical Society which the team were aware of and explained that they would follow if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team are appropriately trained for their roles. Team members work in a supportive environment where they feel able to raise concerns if needed. They feel able to use their own professional judgement. But, several members of the team are not permanent employees, which could make it harder to follow things up with people.

Inspector's evidence

During the inspection, there was one locum pharmacist, and three NVQ Level 2 locum dispenser. The pharmacist explained that there would be double pharmacist cover twice a week. The staff were observed to be working calmly and well together and providing support to one another when required. The team explained there were staffing issues in the pharmacy when a few members of staff had left all at once and some were signed off with sickness. The locum dispensers explained that while they were locums, they had been working at the pharmacy for several months and were aware of the systems and procedures to ensure they could provide a good service.

The pharmacist explained that the regular dispenser who was not in during the inspection, but was a permanent employee of the company completed regular training online every month. The locum dispenser explained that the locums had recently completed a piece of training regarding children's oral health which Rowlands had sent to them.

The staff explained they were happy to raise any concerns they had instantly with the pharmacist or the company's area manager. There was also a whistleblowing policy in place, highlighted in the staff bathroom, which all the staff explained they were aware of and were happy to use should they require it.

There were targets in place for MURs and NMS, but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and suitable for the provision of its services.

Inspector's evidence

The pharmacy was based on the ground floor of a medical centre and included a retail space, a consultation room, medicines counter and a dispensary, a small staff kitchen area and a staff bathroom.

The pharmacy was clean and tidy. The locum dispenser explained that they would clean the pharmacy daily when it was quiet and would clean the shelves when they carried out the date checking.

The pharmacy was presented in a professional manner and was laid out well 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.

Medicines were stored on the shelves in a generic and alphabetical manner and the team separated the liquid medicines, pain killers and frequently dispensed items to make them easy to access.

The dispensary was 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 by anyone outside.

The consultation room was fit for purpose and included a clean sink, seating and a sharps bin. The door into the consultation room for the public could only be opened from the inside or using buzzer from the medicines counter. This ensured the consultation room was kept secure and protected from unauthorised access.

There were two clean sinks available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines.

The ambient temperature in the pharmacy was suitable for the storage of medicines and this was regulated with air condition systems. Lighting was good throughout the store.

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 record relevant safety checks when people receive higher risk medicines and they are also unaware of updated safety warnings for some medicines. This makes it difficult for them to show that they always provide appropriate advice when these medicines are supplied. The pharmacy sources and stores medicines safely.

Inspector's evidence

There was step free access into the store via an electrically assisted door. There was seating for people waiting for services and the pharmacy team also provided a delivery service to those who could not attend the pharmacy. There was a contingency plan in the store to ensure continuity in the delivery of pharmacy services should there be a power cut or natural disaster.

Pharmacy services were clearly displayed in the shop window and on posters around the pharmacy area. There was a range of leaflets available to the public about services on offer in the pharmacy both around the medicines counter and in the consultation room.

The team had a health promotion area in the retail area and the current promotional materials were about keeping hearts healthy. The team had various posters about heart health and leaflets from the British Heart Foundation which could be taken away by patients and customers.

The team held all the details for the multi-compartment compliance aids patients together in four files corresponding to the four weeks of the compliance aid. Each patient had their own section where information was stored such as their personal details, a grid to show when they took their medicines and any changes which had been made to their compliance aids. The compliance aids were seen to include the descriptions of all the medicines inside, but they were not all supplied with patient information leaflets (PILs).

The pharmacist explained that for patients who were prescribed warfarin, the team would not normally check or monitor their INR levels or ensure they had regular blood tests. The pharmacist explained that he assumed the doctors would complete this.

The pharmacist explained that he was aware of the strengthened warnings and measures to prevent valproate exposure during pregnancy. However, the locum dispenser did not seem to be aware of this. The team was unsure if an audit had been carried out to identify any patients who would be affected by this.

The pharmacy obtained medicinal stock from Phoenix, AAH and Alliance. Specials were ordered from Quantum. Invoices were seen to demonstrate this.

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. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed in these bins. Invoices for waste disposal were all held in the

'Patient Safety' folder.

The fridges were in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the team electronically through the company's intranet and the team explained that they were actioned appropriately. The team kept audit trails of all the alerts and recall notices they received and any appropriate action that had been taken following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment and facilities to provide its services safely.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 250ml, 100ml, 50ml and 10ml measures. One was marked with red paint to show it should only be used with CDs.

Amber medicines bottles were seen to be capped when stored and there were clean counting triangles and capsule counters available.

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.

The fridges were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

The pharmacy had the equipment necessary to comply with the EU Falsified Medicines Directive (FMD) and were ready to start using it once the team had been trained.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. Hazardous waste bins were also available as well as lists of which drugs were hazardous.

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.