

Registered pharmacy inspection report

Pharmacy Name: Newdays Pharmacy Limited, 1 London Road,
Twyford, READING, Berkshire, RG10 9EH

Pharmacy reference: 1028983

Type of pharmacy: Community

Date of inspection: 17/04/2019

Pharmacy context

A pharmacy, part of a chain of three independently owned pharmacies, located in the village of Twyford between Reading and Maidenhead. The pharmacy mainly serves the local community and residents of neighbouring villages. The pharmacy has Healthy Living status. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), New Medicine Service (NMS), a seasonal influenza vaccination, supervised consumption, needle exchange, multi-compartment compliance trays, Emergency Hormonal Contraception (EHC) 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	1.2	Good practice	The pharmacy team regularly recorded and reviewed near misses to highlight areas of improvement in the pharmacy.
2. Staff	Standards met	2.2	Good practice	The team are regularly trained to ensure they keep their knowledge up to date.
		2.4	Good practice	The team members are enthusiastic about their roles and the work they carried out.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team record the blood test results for patients on warfarin to ensure that supplies are safe.
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 mistakes and review them to make changes which will help reduce the risk of the same mistakes happening again. The pharmacy uses feedback to improve their service and have implemented procedures to make their work safer. The pharmacy keeps all the records that it needs to by law, and keeps people's information safe. Team members help 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 own near miss incidents. The pharmacist carried out a review of the near miss incidents every quarter and then composed an annual report of all the incidents. The pharmacist explained that he would review all incidents on a one-to-one basis with each member of staff involved in the incident and then if applicable, they would share the knowledge with the rest of the team.

Errors which left the pharmacy were reported internally and held in a file. Following an incident where there was a picking error with aripiprazole and apixaban, the team separated the two drugs on the shelf and placed notes near them to highlight to the team that they should exercise caution when picking these items. The team had also highlighted 'Look Alike Sound Alike' (LASA) medicines on the shelves to remind the dispensers to exercise caution when picking them.

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 trays were prepared upstairs in the building and they were organised and stored in an orderly manner.

Standard operating procedures (SOPs) were in place for all the dispensary tasks and were reviewed on a two-yearly basis. 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 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 pharmacy carried out a Community Pharmacy Patient Questionnaire 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 the NPA was displayed in the dispensary and was valid until 30 September 2019. Controlled drug (CD) records were seen to be complete. A sample of A CD medicine was checked for balance accuracy against the CD register and was seen to be correct. The CD stock balance was checked every quarter.

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 used a sticker to highlight it. The maximum and minimum fridge temperatures were recorded electronically every day and were always within the appropriate temperature range of two to eight degrees Celsius. The stock inside the fridge was laid out in an

organised fashion.

The responsible pharmacist (RP) record was seen to be completed electronically and the correct RP notice was displayed in the main dispensary where patients would see it. The specials records were seen to be complete with all the appropriate information documented and held in a Specials file. The private prescription records were kept on an electronic register with all the required information.

The pharmacy team were seen to be following Information Governance (IG) procedures and they carried out an IG audit annually to ensure they are following requirements. Each member of the pharmacy team had signed a staff confidentiality agreement which was held in the dispensary. 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. Confidential information was shredded as necessary.

The pharmacists and technicians had completed the CPPE Level 2 training program on safeguarding children and vulnerable adults, and had attended local training sessions about this. The pharmacy team had also been trained on safeguarding children and vulnerable adults, and were also all Dementia Friends, and had signed a training matrix to say they had read and understood the training. The team had a safeguarding vulnerable groups policy and had access to the contact details for the local safeguarding authorities via the internet. The team described several incidents where they had contacted the local Safeguarding authorities to ask for advice.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. Team members have access to training material to ensure that they have the skills they need and the pharmacy gives them time to do this training. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ Level 3 ACT, one dispenser and one medicines counter assistant. The staff were observed to be working calmly and well together and providing support to one another when required. These team members had worked for the company for many years and explained that they were happy in their roles and working for the company and they felt valued.

The staff completed training online using the Virtual Outcomes website. The team explained that they could watch training videos online and then be tested on it to check their knowledge. The ACT explained that they would complete a training module regularly, almost one a month. Certificates of completed training were available electronically and in a file in the consultation room.

The medicines counter assistant was observed using an appropriate questioning technique to obtain further information from a customer when they were buying lactulose for a toddler. The counter assistant asked all the appropriate questions, referred to the pharmacist for advice and then counselled the patient appropriately.

The team explained they were happy to raise any concerns they had instantly with the pharmacist or the Superintendent. There was also a whistleblowing policy in place, which all the staff said they were aware of and were happy to use should they require it. There were no targets in place for MURs and NMS and the team explained that they would never compromise their professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for some conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was mainly based on the ground floor of the building and included a retail space, a medicines counter, consultation room and dispensary. Upstairs in the building, the staff had a stock room and compliance tray preparation area, small kitchen and bathroom. The stairs to go upstairs were not secured, but the stock room and staff areas could be locked.

The pharmacy had been refitted in the last four years and was modern, clean and tidy. The team explained that they would clean the pharmacy daily and would clean the shelves and drawers 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, inhalers and pain killers to make them easy to access. 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. 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, a computer with the PMR and internet access, locked storage and a sharps bin. The consultation room door could be locked to prevent unauthorised access. This ensured the consultation room was kept secure and protected from unauthorised access.

There was a clean sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. There was also alcohol hand gel available in the dispensary and in the consultation room. The ambient temperature in the pharmacy was suitable for the storage of medicines and lighting was good throughout the pharmacy. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy services are accessible to people with different requirements. The pharmacy team provides safe services and provides people with information to help them use their medicines. The pharmacy delivers a safe travel vaccination service which the pharmacist runs. The pharmacy gets medicines from reliable sources, and stores them properly. The pharmacy team knows what to do if medicines are not fit for purpose.

Inspector's evidence

There was step-free access into the pharmacy and seating was available for patients or customers waiting for services. 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 also had a health promotion area in the retail area and the current promotional materials were about personal wellbeing.

The PGDs supplied from the pharmacy were all seen to be legal, in date, included naming the pharmacist able to supply against the PGD and a service specification as well as exclusion criteria. The team held all the details for the multi-compartment compliance tray patients together in four files corresponding to the four weeks of the tray cycle. Each patient had their own section where information was stored such as their personal details, when they took their medicines and any changes which have occurred to their trays. The team explained that this helped them ensure the trays for each patient were consistent. The trays were seen to include the descriptions of all the medicines inside and the trays were supplied with the Patient Information Leaflets when patients started taking the trays, there were new medicines or changes to the trays. The trays were all prepared in a dedicated area of the stock room.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use when dispensing to valproates to all people in the at-risk group. The pharmacist explained that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The team explained that if a patient was prescribed warfarin, they would obtain the current INR level and last blood test date and store it on the PMR to allow for an audit trail ensuring the supplies of warfarin were safe. The team demonstrated how all interventions and referrals are recorded with the outcome on patient's individual electronic records.

The team were compliant with the European Falsified Medicines Directive (FMD) and they explained that they were regularly using this to decommission medicines. The team were registered with Secure Med and were using the FMD IT software. The pharmacy obtained medicinal stock from AAH, Alliance, Phoenix and through the Cambrian Alliance buying group. Invoices were seen to demonstrate this.

There were destruction kits available for the destruction of controlled drugs and designated bins 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 of in these bins. Invoices for waste disposal were all held in the pharmacy. The fridges were in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the team electronically and 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. The team had most recently had a recall notice about Martindale chloramphenicol 0.5 % eye drops which they had actioned appropriately.

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 properly.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml and 10ml measures. One was marked to show it should only be used with a CD liquid. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles and capsule counters available. One counting triangle was marked to show it should only be used with cytotoxics.

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.

Designated medicine destruction bins 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.