

# Registered pharmacy inspection report

**Pharmacy Name:** Whitley Wood Pharmacy, 534 Northumberland Avenue, READING, Berkshire, RG2 8NY

**Pharmacy reference:** 1028988

**Type of pharmacy:** Community

**Date of inspection:** 22/05/2019

## Pharmacy context

A pharmacy, part of an independent chain located on a parade of shops in a residential area of Reading. The regular pharmacist has worked at the pharmacy for over 15 years. 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, supervised consumption, needle exchange, emergency hormonal contraception, a Champix service, a seasonal influenza service 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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | 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. The pharmacy keeps all the records that it needs to by law, and team members help to protect vulnerable people. However, patient information may not always be secured appropriately.

### Inspector's evidence

The team recorded near misses on a log held in the dispensary. However, not much detail about the incidents was recorded with each entry. Any errors would be initially reported in the pharmacy and then faxed through to the company's head office. Any actions which the head office team came up with would be fed back to the pharmacy. At the end of each month, the near misses and errors would be analysed to look for trends and to highlight areas of improvement.

The team had a staff meeting at the beginning of each month to discuss incidents which have occurred. In the previous month, the team explained that they had several incidents with 'look alike, sound alike' (LASA) drugs and so they highlighted the shelves where LASA drugs were stored with stickers to remind the dispensers to exercise caution when picking those items. The company's head office would also send all their pharmacies a summary of the errors across the company every quarter.

There was a clear and 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 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 Community Pharmacy Patient Questionnaire (CPPQ) survey and the results of the latest one were seen to be positive and displayed on the NHS UK website and in the retail area of the pharmacy.

A certificate of public liability and professional indemnity insurance from the NPA was available and was valid until the 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 and the correct responsible pharmacist notice was displayed in pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range.

The private prescription records were seen to be completed appropriately electronically. The team also kept a log in a private prescription book. However, most of these entries were made with dispensing labels and bag labels which could be peeled off and were not indelible. 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. Conversations inside the consultation room could not be overheard clearly. However, the consultation room could not be locked and the storage cupboards inside were unlocked. Records of patient services were kept in the cupboards and in files, and could be accessed by unauthorised people. A sharps bin was also present in the consultation room and was not secure from unauthorised access. The team gave assurances this would be sorted out as soon as possible. There were cordless telephones available for use and confidential waste paper was disposed of in confidential waste bags and were picked up to be destroyed.

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 suggest there is 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 in a safeguarding SOP. 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 two pharmacists, two dispensers and two trainee medicines counter assistants. The team explained that there would be double pharmacist cover twice a week to allow for additional services to be completed. The staff were seen to be working well together and supporting one another.

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.

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 pharmacist also coached the trainee members of staff and the team explained they were happy to seek assistance from one another and felt supported.

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 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 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 professional in appearance and clean. The team explained that they would clean the pharmacy between themselves every day in the morning and on Saturdays they would complete a deep clean of the pharmacy. 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 was used regularly and included seating, a computer with the PMR system, a sink for the provision of services 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. Staff try to make sure pharmacy services are provided safely but they do not always 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 receiving care in their own homes. The compliance aids were seen to include accurate descriptions of the medicines inside. The team explained that they would provide patient information leaflets (PILs) with every monthly supply of the compliance aids.

The team used a MethaMeasure for dispensing one CD. The CD would then be automatically dispensed and provided to the patient following their identification. The programme also kept a legal CD record of the supplies and this would be printed off and kept in the pharmacy.

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.

The PGDs for the Champix service were seen to be complete and included information such as the service specification, training materials and completed patient forms.

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 compliant with the European Falsified Medicines Directive (FMD), were registered with SecurMed and were using the PharmScanner software. 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. The fridge was in good working order and the stock inside was stored in an orderly manner.

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 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 it needs for the delivery of its services. It looks after this equipment to ensure that it works.

### Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 50ml, 25ml and 10ml measures. The pharmacist explained that they would calibrate the MethaMeasure equipment every morning before they used it. 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. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. 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.  |