

# Registered pharmacy inspection report

**Pharmacy Name:** Burghfield Pharmacy, Auclum Green, Reading Road, Burghfield Common, READING, Berkshire, RG7 3YJ

**Pharmacy reference:** 1028994

**Type of pharmacy:** Community

**Date of inspection:** 07/08/2020

## Pharmacy context

This is a community pharmacy opposite a doctor's surgery in the village of Burghfield on the outskirts of Reading in West Berkshire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and a local delivery service. The pharmacy also supplies some people with their medicines inside multi-compartment compliance packs. The inspection was undertaken during the COVID-19 pandemic.

## 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

The pharmacy is currently operating in a satisfactory manner. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand the need to protect the welfare of vulnerable people. And, the pharmacy is managing the risks associated with COVID-19 appropriately. But it doesn't always maintain all its records in accordance with the law. This could mean that the team may not have enough information available if problems or queries arise in the future.

### Inspector's evidence

The pharmacy team had largely identified and managed the risks associated with providing its services. There was enough work-space available and this was clear of clutter. Staff present were able to work at a safe distance from one another. The premises had been adapted during the COVID-19 pandemic (see Principle 3). Only one person at a time was permitted to enter the premises. This helped manage the spread of infection and workload. No issues were observed with this situation during the inspection. Staff explained that their head office had implemented a process to help manage any queues building outside. If this happened, one member of staff would take a clipboard to work their way through the queue and this helped meet people's needs and requests more quickly.

The team had been routinely ensuring infection control measures were in place as they cleaned the pharmacy two to three times a day. The responsible pharmacist (RP) explained that the necessary risk assessments to help manage COVID-19 had been completed and this included occupational ones for the staff. However, these could not be viewed or verified as the details had been sent to the pharmacy's head office. The latter regularly communicated updates and details to the team to keep them informed. Staff had enough supplies of personal protective equipment (PPE), but they were not wearing any during the inspection. The RP stated that team members considered themselves to be in a support bubble but when outsiders such as auditors came into the dispensary, they asked them to wear PPE and put this on themselves as well.

The pharmacy held a range of documented standard operating procedures (SOPs) to help its staff carry out their tasks correctly. This included updated information about the pandemic. Staff had read and signed them. However, most of the SOPs were dated and marked as reviewed in 2016. When this was highlighted, the RP explained that she had last looked at them in 2019. Recording an appropriate review date, and ensuring the SOPs were regularly updated was discussed at the time. The inspection took place first thing in the morning just as the pharmacy opened and the pharmacist displayed the correct RP notice at the time.

Pharmacy team members had been routinely recording their near miss mistakes. The RP reviewed them every month, any trends or patterns seen were analysed and action was taken in response. The sheets used to document this information were then sent to the company's head office. Medicines that were similar such as losartan and levothyroxine were separated. Incidents were handled by the RP. Her process involved checking relevant details, rectifying the situation, recording details and sending this information to head office. There had been no recent incidents.

The company had provided its staff with training on safeguarding vulnerable people. This helped them

to recognise potential signs of abuse and vulnerable people. The RP was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE) and there were contact details readily available for the local safeguarding agencies. The team was not aware that one of the national charities had been encouraging pharmacies to become a safe space for victims of domestic abuse. This was discussed at the time. Staff separated confidential waste before it was shredded and sensitive details on dispensed prescriptions could not be seen from the front counter.

In general, most of the pharmacy's records were maintained in line with statutory requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, the quantities held in stock, matched the balances recorded in the corresponding registers. Staff also maintained a record of CDs that had been brought back by people and then safely disposed of. A new register for the RP record had recently been started. The pharmacy's professional indemnity insurance was through the National Pharmacy Association and due for renewal after 31 March 2021. However, there were missing details within its records of unlicensed medicines. Records of supplies made against private prescriptions had not been entered since June 2020. This was as a result of the pandemic. An assurance was provided that this would be rectified as soon as possible and going forward the records would be properly maintained.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are appropriately trained or undertaking training. The pharmacy's head office provides them with sufficient resources for their ongoing training. This helps keep the team's knowledge and skills up to date.

### Inspector's evidence

Staff present during the inspection included a trained dispensing assistant and the RP. A trained medicines counter assistant (MCA) was off work at the time. There was also another dispensing assistant who was in the process of completing accredited training for this role. The pharmacy had enough staff to manage its workload, and this was appropriate for its volume of dispensing. The team's certificates of qualifications obtained were not seen.

A positive rapport was observed between the RP and dispensing assistant. They were seen to work well together. Staff asked appropriate questions before they sold over-the-counter (OTC) medicines. They felt supported by their management team and were provided with regular updates about current affairs from the company's head office. The company provided online training modules (via Mediapharm) to help keep the team's knowledge up to date. The pharmacy usually had a policy in place to provide one hour designated every week that was set aside for training. During the pandemic, this had not always been possible, but staff explained that they were in the process of re-initiating this.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises generally provide an appropriate environment to deliver its services. The pharmacy has enough space to provide its services safely. And it has put in place the necessary adaptations to help reduce the spread of infection during the COVID-19 pandemic.

### Inspector's evidence

The pharmacy premises consisted of the consultation room and medicine counter in the retail space. At the rear was an appropriately sized dispensary with a separate section used by staff, for storage of medicines and a designated area to prepare multi-compartment compliance packs. The pharmacy was appropriately lit and professional in its appearance.

Due to the pandemic, the premises had been adapted to help ensure social distancing. A sandwich board had been placed at the entrance to highlight that only one person at a time could enter. The floor had designated markers to indicate where people could stand. A screen had been placed in front of the medicines counter as a barrier and two chairs were placed in front of this with signs to further pinpoint where people could stand to be served. Several posters were also on display to provide information about coronavirus.

The dispensary was suitably screened to enable prescriptions to be prepared and dispensed in private. A signposted consultation room was available for private conversations and services to take place. Although readily available, according to staff, this was not currently being used for this purpose as there had been little demand for services at this time.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely provides its services in a safe manner. People can easily use its services. The pharmacy has organised work processes in place. It obtains its medicines from reputable sources. And it manages as well as generally stores them appropriately.

### Inspector's evidence

People could easily enter the pharmacy from the street and through a wide front door. Various leaflets as well as posters were on display to help inform people about services or health conditions. Staff wore PPE during consultations. Although MURs and the NMS were currently being offered, there had been little demand for them at present. The adjacent GP surgery was only open to members of the public for urgent matters and consultations with the GPs were being provided remotely. Medicines were being prescribed for three months at a time. Staff explained that the workload had been manageable throughout this period.

During the dispensing process, the team used baskets to hold prescriptions and medicines which helped to prevent the inadvertent transfer of items. A dispensing audit trail was being used to identify each member of staff involved in the process. This was through a facility on the dispensing labels. Dispensed prescriptions awaiting collection were stored alphabetically within a retrieval system. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. According to staff, no people at risk were identified as having been supplied this medicine.

The pharmacy supplied some people with their medicines inside compliance packs. They were initially set-up after the person's GP requested this service for them. Staff maintained comprehensive individual records for people with details documented about any changes. Descriptions of the medicines within them were routinely provided. The pharmacy provided a delivery service and it maintained audit trails to verify this. CDs and fridge items were highlighted. The driver checked who was receiving the delivery and signed on their behalf during the pandemic.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Phoenix. Medicines were stored in an organised manner. The team used a date-checking schedule to demonstrate when this process took place and medicines were date-checked for expiry every three months. Short-dated medicines had been identified. There were no date-expired medicines or mixed batches seen. CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access.

Medicines were generally stored appropriately in the fridges although both were somewhat packed. There were also gaps within the fridge temperature records and some records showed that the fridge temperature had been above 8 degrees Celsius. There were no documented details to indicate the action taken in response. The RP explained that they had raised this with their head office on several occasions, there were emails to verify this. The team had adjusted the power output, been told to monitor the situation and if the temperature was consistently high to come back to their head office. Ensuring medicines were appropriately stored, the potential need for new fridges and maintaining the necessary records consistently was discussed and reinforced at the time.

The pharmacy stored unwanted medicines that people had returned for disposal in appropriate containers. People returning sharps for disposal, were referred to the local council and staff had placed the relevant contact details on the front entrance. Returned CDs were brought to the attention of the RP and details were taken before disposing of them safely.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment is generally kept clean.

### Inspector's evidence

The pharmacy had current versions of reference sources, a few clean, standardised conical measures for liquid medicines, a legally compliant CD cabinet and two fridges. The dispensary sink could have been cleaner. Computer terminals were positioned in a manner that prevented unauthorised access. The RP explained that the consultation room was cleaned before and after use if it was required for services.

Staff used their own NHS smartcards to access electronic prescriptions and kept them secure overnight. A shredder was available to dispose of confidential waste and cordless phones present to help conversations take place in private.

### 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.