

Registered pharmacy inspection report

Pharmacy Name: Tilehurst Pharmacy, 7 School Road, Tilehurst,
READING, Berkshire, RG31 5AR

Pharmacy reference: 1028995

Type of pharmacy: Community

Date of inspection: 25/10/2021

Pharmacy context

This is a community pharmacy along a parade of shops in a residential area of Reading, Berkshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines and provides health advice. And it offers a delivery service, seasonal flu vaccinations as well as supplying multi-compartment compliance packs to people who find it difficult to manage their medicines. The pharmacy was inspected during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy is not identifying and managing some risks associated with its services as indicated under the relevant failed standards and Principles below. There is no evidence that all the team has seen and read the pharmacy's standard operating procedures. And, the pharmacy is unable to fully demonstrate that its team members learn from the mistakes they make.
		1.8	Standard not met	Most of the pharmacy's team members cannot demonstrate any knowledge of safeguarding. The regular pharmacist and the majority of the team are not trained to a level appropriate to their role. The pharmacy has no procedures in place to safeguard the welfare of vulnerable people. And this puts children and vulnerable adults at risk.
2. Staff	Standards not all met	2.2	Standard not met	Not all members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they carry out. The pharmacy is not meeting the GPhC's 'Requirements for the education and training of pharmacy support staff' as one member of the pharmacy team has been working at the pharmacy for longer than three months and is undertaking tasks without being enrolled on accredited training appropriate for this. In addition, the pharmacy does not have a culture of learning embedded in its practice. There are no resources provided to the staff to help keep their skills and knowledge current.
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 not all met

Summary findings

The pharmacy doesn't effectively manage all the risks associated with its services. Members of the pharmacy team generally deal with their mistakes responsibly. But they are not always recording all the necessary details or taking any appropriate action in response. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. The company has suitable instructions to help show the team how the pharmacy should operate. But it cannot satisfactorily show that all its staff have seen or read them. This means that they may be unclear on the pharmacy's current processes. And, team members have not been trained on how to protect the welfare of vulnerable people. There are no procedures in place to guide them on this. So, they may not know how to respond to concerns appropriately. But the pharmacy protects people's privacy appropriately. And it generally maintains its records as it should.

Inspector's evidence

The pharmacy was close to a local GP surgery and a steady flow of people were seen to use its services. At the inspection, the pharmacy was up to date with its workload. It was also relatively organised. But some issues were identified as detailed below and under Principle 2.

The pharmacy had adapted how its team provided services due to coronavirus and the pandemic. Three people at a time could currently enter the premises. This helped limit the spread of COVID-19 inside the pharmacy and this situation was observed to be manageable. A notice was on display at the front counter to highlight this. There were also several posters and information on display about COVID-19. People using the pharmacy's services wore face masks. Most of the staff had received both doses of the COVID-19 vaccine but only the responsible pharmacist (RP) was wearing a face mask during the inspection. Some of the staff were exempt on health grounds but others had chosen not to wear one. They explained that the company had provided them with personal protective equipment (PPE) if needed. The pharmacy was kept clean. Updates and relevant information were provided from the company's head office. However, members of the pharmacy team confirmed that they had not had any risk assessments completed for COVID-19. This included occupational ones, despite some members of the team being from the Black, Asian and ethnic minority (BAME) group. This meant that they could possibly be at greater risk from infection. And unaware of the action they, or the company could take to help protect them.

The pharmacy had appropriate professional indemnity insurance in place and the pharmacy's records had generally been completed in line with legal and best practice requirements. This included the electronic RP record, records of emergency supplies, private prescriptions, and unlicensed medicines as well as records for controlled drugs (CDs). Balances for CDs were checked regularly. On randomly checking several CDs held in the cabinet, their quantities matched the balances recorded in the corresponding register. Staff had kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The team had also been keeping records of the minimum and maximum temperature of the fridge. This helped show that temperature-sensitive medicines had been appropriately stored.

The pharmacy was protecting people's personal information. Staff used their own NHS smart cards to access electronic prescriptions. Sensitive information could not be seen from the retail space.

Dispensed prescriptions awaiting collection were stored in an area where sensitive details on them were not visible to members of the public. And staff separated confidential waste before this was removed and disposed of by an appropriate contractor. However, new members of the team had not received any formal training on data protection. They described being told about this by other members of staff. They had also not seen or read any of the pharmacies policies on information governance (see below).

The pharmacy's complaints process was on display. The RP handled incidents and complaints in a suitable way, this included investigating the situation, reporting the details, and discussing the mistake with other members of the team. To manage risks, staff explained that during the dispensing process, they used the prescription to select the required medicine and then carried out a check of the product and the generated label against the prescription. Members of the pharmacy team worked in different areas. This included the RP who had a designated area to accuracy check prescriptions from. When staff made mistakes, their near miss errors were recorded by the RP. However, only the date and a brief description of the mistake had been recorded, more meaningful insight into the root cause of the mistake had not been documented. The team analysed the mistakes at the end of the month and sent a report to the company's head office. However, this report only contained details of the number of mistakes and no further information about any action taken in response.

The correct RP notice was on display and this provided people with details of the pharmacist in charge of operational activities on the day. The inspector was familiar with the company and knew that they usually had electronic standard operating procedures (SOPs) in their pharmacies to support their services. However, only one member of staff had completed the company's sign-off sheets. This confirmed that they had read the SOPs. The RP said that she had done this at another one of the company's pharmacies. And newer members of the team did not know about the SOPs. They told the inspector that they had not seen or read them. Nor had they completed any sign-off sheets to verify the latter. Out of these two members of staff, one was relatively new, and the other had been working at the pharmacy for the past six months. Whilst team members in general, had some understanding of their roles (see Principle 2), not all the staff could accurately describe the activities that were permissible in the absence of the RP.

Not all members of the team had been trained to identify signs of concern to safeguard vulnerable people. Only the trained dispensing assistant had completed formal training on this but said that this had not been refreshed for many years. The RP confirmed that other than general training received during her pre-registration training year, she had not completed any additional training. She was therefore not accredited at an appropriate level for a registered health care professional. Newer members of the team could not identify signs of concern or groups of individuals that they should be more vigilant towards. There was no local policy information present. And most of the staff had not seen an SOP which would have provided them with guidance. But contact details about the local safeguarding agencies in the area were present.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has an adequate number of staff to manage its workload safely. The pharmacy provides services using a team with different levels of experience. But, some members of the team are carrying out tasks that they are not appropriately trained for or qualified in. And the pharmacy team is not provided with any additional resources to keep their skills and knowledge up to date. This adds unnecessary risks and can affect how well the pharmacy cares for people as well as the advice that it gives.

Inspector's evidence

The pharmacy team consisted of the RP, who was a relief, provisionally registered pharmacist, employed by the company and had been based at the pharmacy since October 2021, a part-time trained dispensing assistant and two full-time colleagues. One said she was a medicines counter assistant (MCA) and the other was a dispensing assistant. The latter had only been recently employed and had worked at the pharmacy for the past three weeks. A locum dispensing assistant also worked at this pharmacy one day a week and an advert for a new member of staff was present in the front pharmacy window.

The MCA confirmed that she had been working at the pharmacy for the past six months. At the point of inspection, she had not been enrolled onto any accredited training for the counter assistant's role. She was observed putting stock away as well as dispensing prescriptions and stated that she had been asked by head office to help with these tasks. The MCA's role and additional tasks are therefore not in line with the GPhC's 'Requirements for the education and training of pharmacy support staff'. This specifies that support staff must be enrolled on a training course as soon as practically possible and within three months of starting their role. The MCA stated that she had asked the company's area manager for formal training on several occasions, but this had not transpired.

The MCA asked a few questions before selling medicines over the counter and she would refer to the RP if she was unsure. She knew not to sell more than one product of a codeine containing product and that these medicines could only be used for three days. She would also refuse a sale of more than one medicine containing a decongestant. However, she was not fully aware about why she could not do this. Overall, the MCA lacked knowledge of most medicines, and did not ask the full range of appropriate questions. The MCA also stated that she would sell a medicine for someone with diabetes to use on their feet.

At the point of inspection, the staff were up to date with the workload. They described this situation changing from day to day. The team stated that since the pharmacy manager had left, they had received no support, but a relief dispenser was occasionally sent to help provide cover. Newer members of the team explained that existing staff had been advising and assisting them on the pharmacy's internal processes. Team meetings were described as taking place as and when required. The team read emails and received updates from the company. Staff described seeing the area manager occasionally and he was due to work at the pharmacy this week. The trained dispensing assistant confirmed that aside from completing training on health and safety this year, the team had not been given or completed any additional mandatory training. Nor had they been provided with any other resources to keep their knowledge up to date. This member of staff had also not received a

performance review this year. She described this being raised with the area manager to no avail. The inspector was told that other members of staff who had worked at the pharmacy previously had received them earlier in the year.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate environment to deliver its services from. And its premises are suitably clean and secure.

Inspector's evidence

The registered pharmacy premises consisted of a medium sized retail area and a much smaller dispensary. There was also a small staff kitchenette area and a larger storeroom at the rear on the right-hand side. Overall, the pharmacy was professional in appearance, it was clean, bright, and suitably ventilated. The size of the dispensary was small in comparison to the pharmacy's volume of dispensing, but the team had made best use of the available space. And further dispensing space was available in the stock room if needed. However, the latter was quite cluttered.

Pharmacy (P) medicines were mostly stored behind the front counter, but some were held inside perspex units in the retail space and marked to ask staff for assistance. The team confirmed that people did not help themselves and asked when they wanted to purchase these medicines. A signposted consultation room was also present in the retail space. This was used to provide services or private conversations and it was of a suitable size for its intended purpose. At the inspection, however, the room had been left unlocked, the clinical waste and sharps bin was accessible. This was discussed at the time.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's team members make appropriate adjustments to help people with different needs access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. It stores and manages its medicines well. But the pharmacy doesn't always identify people who receive higher-risk medicines and make the relevant checks. This limits its ability to show that people are provided with appropriate advice when supplying these medicines. And it doesn't have the full records to show that it has done what it needs to in response to safety alerts. This risks people receiving medicines and devices that are not safe to use.

Inspector's evidence

The pharmacy had a ramp at its entrance and an automatic door. However, the latter was not fully functional. The retail area consisted of clear, open space. This assisted people with wheelchairs or restricted mobility to easily use the pharmacy's services. Staff described using written details for people who were partially deaf and provided physical assistance to people who were visually impaired. The pharmacy displayed some leaflets that provided information about other local services and the front window contained information about coronavirus. Staff said there was no documented information present to signpost people to other local organisations, but they could use their own local knowledge of the area. One seat was available for people if they wanted to wait for their prescriptions and there was a car park behind the premises.

The pharmacy offered a delivery service to people in the local area and it had kept records to demonstrate when this had taken place and to whom medicines had been supplied. CDs and fridge items were identified. Contactless deliveries were still taking place due to the pandemic and the driver marked the record once people were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and notes were left to inform people of the attempt made to deliver their medicines. The pharmacy's delivery driver did not leave any medicines unattended.

The pharmacy supplied people with their medicines inside multi-compartment compliance packs on a need basis. The majority were prepared from the company's hub in Reading and sent to the pharmacy for collection or delivery. The pharmacy assembled compliance packs for some people who needed controlled drugs, fridge items or where a change to their medication had been requested. Staff ordered prescriptions on behalf of people and when received, they cross-referenced details against records on the pharmacy system to help identify any changes or missing items. The team checked queries with the prescriber and maintained records to verify this. Once the prescription details had been inputted, the RP conducted an accuracy and clinical check on the system. The details were then submitted to the hub for assembly and delivery. Descriptions of the medicines within the compliance packs were provided but patient information leaflets (PILs) were not routinely supplied. This had previously been discussed during an inspection of the hub.

During the dispensing process, staff used baskets to keep prescriptions and medicines separate. Using colour coded baskets also helped them manage the workload and highlighted their priorities. A dispensing audit trail through a facility on generated labels helped to identify which members of staff had been involved in the various processes. Dispensed prescriptions awaiting collection were stored inside a retrieval system. Details about fridge items and CDs were highlighted to help staff to identify

them. However, several dated prescriptions were present in the retrieval system from April 2021. This included prescriptions for repeat dispensing. Staff explained that removing them was work in progress, but no additional checks were being made with people to confirm why they hadn't been collected. Trained members of the team were aware of risks associated with valproates and they had identified people at risk, who had been supplied this medicine in the past. People had been counselled accordingly and educational material could be provided upon supply. However, the team did not routinely identify people prescribed other higher-risk medicines and relevant parameters such as blood test results were not asked about or details recorded.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as AAH, Alliance Healthcare, Sigma, and the company's own warehouse. Quantum Specials were used to obtain unlicensed medicines. The pharmacy stored its medicines in an organised way. The team date-checked medicines for expiry every month and kept records to verify that this process had taken place. Medicines approaching expiry were highlighted. There were no date-expired medicines seen or mixed batches of medicines present. CDs were stored under safe custody. Medicines returned by people for disposal were stored within designated containers prior to their collection. People returning sharps for disposal were referred to the GP surgery. Staff said that they received drug alerts by email, the process involved checking for stock and taking appropriate action as necessary. They stated that they had all been sent to the company's head office at the end of the month although some details were present on the email system. This limited the ability of the pharmacy to fully verify that the appropriate action was routinely occurring.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment and facilities available. And its equipment is used in an appropriate way to help protect people's personal details.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and relevant equipment. This included counting triangles, a range of clean, standardised, conical measures, appropriately operating pharmacy fridges, legally compliant CD cabinets and there was a clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy had its computer terminals positioned in a way and location that prevented unauthorised access. The team also had cordless phones available so that private conversations could take place away from the retail space if needed.

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.