

# Registered pharmacy inspection report

**Pharmacy Name:** Triangle Pharmacy, 88 - 90 School Road, Tilehurst,  
READING, Berkshire, RG31 5AW

**Pharmacy reference:** 1028996

**Type of pharmacy:** Community

**Date of inspection:** 13/10/2021

## Pharmacy context

This is a community pharmacy located on the corner of a small parade of shops in a residential area of Reading in Berkshire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers the New Medicine Service (NMS), local deliveries, seasonal flu vaccines and a COVID-19 vaccination service. The inspection took place 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 has suitable systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Team members understand their role in protecting the welfare of vulnerable people. And the pharmacy protects people's private information appropriately. But it doesn't always record all the required information in some of its records. This could mean that its team may not have enough information available if problems or queries arise in the future.

### Inspector's evidence

The pharmacy was busy during the inspection. This included the COVID-19 vaccination service (see Principle 4). Queues of people did build at times inside and outside the premises, but the team managed this appropriately. The pharmacy had electronic standard operating procedures (SOPs) to provide staff with guidance on carrying out their tasks correctly. There were also documented sign-off sheets present to verify that the team had read and understood them. Team members knew their roles and responsibilities and the correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had processes in place to identify and manage risks associated with its services. Staff had been recording their near miss mistakes although a few gaps were seen. They were reviewed every month, discussions were held and details sent to the company's head office. In response, the pharmacy had changed the way it stored its medicines, especially those with similar looking packs. This helped staff to minimise mistakes. The pharmacy had a complaints policy, information about this was on display for people to see. And the pharmacist's process for handling incidents was in accordance with that policy. The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. The RP had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Confidential material was protected and stored correctly. Confidential waste was disposed of appropriately. There were no sensitive details that could be seen from the retail space.

The pharmacy had also implemented a few systems to limit the spread of infection from COVID-19. The premises had been modified and the COVID-19 vaccination service was running separately from the main pharmacy (see Principle 3). There were still markers on the floor for social distancing if needed but once people approached the main pharmacy counter, a swing-door barrier with a notice asking people to wait prevented them from going forward until staff called them. The team had been vaccinated against coronavirus and were now in the process of obtaining their booster vaccine. Hand sanitisers were present for people to use. The pharmacy was cleaned regularly. This included wiping down touch points and surfaces and staff used a rota to help with this. The responsible pharmacist (RP) confirmed that risk assessments for COVID-19, including occupational ones for the team had been completed. Information about coronavirus was also on display.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the

pharmacy had suitable professional indemnity insurance arrangements in place. Most of the RP record, records about supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However, there were missing details about prescribers within the private prescription register. And some records about the COVID-19 vaccination service were incomplete. This included information about who had been the vaccinating or supervising pharmacist on the day. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has enough suitably trained staff to manage its workload appropriately. Team members work well together. And they are provided with ongoing training material. This helps keep the team's knowledge and skills current.

### Inspector's evidence

The pharmacy's staff included the RP who was also the regular pharmacist, four trained, dispensing assistants and five medicines counter assistants including the retail manager as well as a trainee pharmacist. Their certificates of qualifications obtained were seen. The staff were observed to work well together. In general, the pharmacy had enough staff to manage its volume of dispensing and at the time of the inspection, the team was up to date with its workload. However, the counter staff took turns to help cover the COVID-19 vaccination service and the team informed the inspector that the staff at this pharmacy, helped provide cover for the company's other pharmacies in the area. The RP said that the pharmacy was supposed to have double pharmacist cover one day a week but that this hadn't happened for the past few weeks and staff sometimes struggled to manage the large volume of dispensing. In addition, as the pharmacy only had one phone line, the constant phone calls about the COVID-19 vaccination service and having to liaise with the team providing this service affected their ability to complete their workload.

At the time of the inspection, two volunteers were present to help marshal the COVID-19 vaccination service and one counter staff assisted. The trainee pharmacist's designated supervisor was the RP, she said that she was not given regular study time but had Wednesday afternoons off. This was discussed with the RP at the time. The trainee pharmacist confirmed that she had a training plan in place, but this was not available for verification during the inspection. The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines or products. The staff said that they liked working at the pharmacy and felt confident with raising concerns they may have. Regular discussions took place and team members' individual performance was monitored and fed back. The staff were provided with mandatory training from the company. This included topics on health and safety and data protection. The RP confirmed that the team completed ongoing training through various public health campaigns or online platforms such as e-learning for health. And this helped ensure the staff could continually learn and keep their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment to deliver healthcare services. The pharmacy has implemented some sensible measures to help reduce the spread of COVID-19 inside its premises and to accommodate a COVID-19 vaccination service. The pharmacy is kept sufficiently clean. And it has a separate space where confidential conversations or services can take place.

### Inspector's evidence

The pharmacy's premises were professional in appearance and clean. The retail space was large and had been divided in half to accommodate a COVID-19 vaccination service. This was on the left-hand side of the premises and blocked off from the main pharmacy. This area had several seats for people with screens in between them. A vaccination pod was present towards the rear in this section. There was also enough storage space for a pharmacy fridge and consumables here.

People requiring the pharmacy's usual services could enter from the right-hand side of the front entrance and walk down to the barrier and counter (as described in Principle 1). A screen had been placed in front of the medicines counter. The dispensary, however, was much smaller with staff areas and extra storage space at the very rear. There was just about enough space in the dispensary to carry out dispensing tasks safely, but staff managed this area well and extra space was available upstairs to store multi-compartment compliance packs. A signposted consultation room was present in the retail space. This was unlocked during the inspection and contained clinical waste and an exposed sharps bin. This was discussed at the time. The room was of a suitable size for its intended purpose. Both this room, the vaccination pod in the COVID-19 vaccination area and the seats were cleaned in between use.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is providing its services appropriately. People with different needs can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. And it stores as well as manages its medicines well. Its team members identify people with higher-risk medicines so that they can provide them with appropriate advice. This helps ensure they take their medicines correctly.

### Inspector's evidence

People could enter the pharmacy from the street through a wide, front door. Clear, open space and a wide aisle leading to the barrier, inside the retail area helped people with wheelchairs or restricted mobility to easily use the pharmacy's services. A few seats were present for people to wait for their prescriptions if needed. Staff explained that they wrote information down to help people who were partially deaf or spoke slowly and clearly and physically helped people who were partially sighted or blind. The pharmacy's opening hours and services that it provided were listed on the front door and inside the retail area. Staff used their own knowledge about the local area to signpost people if needed to other organisations.

The workflow in the dispensary involved prescriptions being prepared in one area and the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored within a retrieval system. Stickers were used to identify fridge items, CDs, if pharmacist intervention was required and for higher-risk medicines. Team members said that details were printed and the RP made aware so that suitable questions could be asked about blood test results for people prescribed the latter. Staff were aware of the risks associated with valproates. A poster highlighting this and appropriate literature was available to provide to people at risk.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Phoenix and Sigma to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had been carried out. Short-dated medicines were identified and stock rotated. There were no date-expired medicines or mixed batches seen. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were referred appropriately. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.

At the time of the inspection, the pharmacy was providing a COVID-19 vaccination service. It had posters in the window to indicate this. There were many people inside the pharmacy waiting for this service, including people queuing outside but no immediate provisions had been made for the latter. It was, however, a dry day with no rain forecast. The inspector discussed this at the time. Two volunteers were present, to check people's names off as they arrived and to manage people through the service. One pharmacist was present and vaccinating people in this section. Staff explained that once people arrived, their details were checked, and they were allocated seats. If post-vaccination observation was

required afterwards, they were given a sticker with a time and sent back to their own seat to wait. The counter assistants were trained in basic life support and explained that if any adverse events happened, the service would be suspended until that person had been appropriately dealt with. The pharmacy had largely maintained appropriate records for this service. This included signed SOPs to support the service and records of the legal mechanism under which the vaccinations were being administered. The different COVID-19 vaccines were segregated in a pharmacy fridge used specifically for this purpose.

The RP explained that few consultations for the New Medicine Service (NMS) had been provided but the flu vaccination service was being offered. This was being managed through appointments to help manage the workload. The RP had been appropriately trained on vaccination techniques and resuscitation in the event of an emergency. Suitable equipment was present such as adrenaline in the event of a severe reaction to the vaccine. This helped to ensure that the service was provided safely. The service specification, declaration of competence and patient group directions (PGDs) to authorise this were readily accessible and had been signed by the RP.

The pharmacy provided multi-compartment compliance packs to only a few people who needed controlled drugs, fridge items or where a change to their medication had been requested. The remainder had been transferred to the company's hub in Reading. The team ordered prescriptions on behalf of people and entered the details on the pharmacy system for the hub to use. If they identified any changes that may have been required, people's individual records were updated to reflect this, and the change queried with the prescriber if required. The compliance packs were not left unsealed overnight after they had been prepared onsite. Patient information leaflets (PILs) were not routinely supplied by the hub. Descriptions of the medicines inside the compliance packs were provided. The pharmacy offered a delivery service. The pharmacy's driver delivered people's medicines to them and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. It keeps its equipment suitably clean. And the team ensure they are used appropriately to protect people's private information.

### Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, legally compliant CD cabinets and appropriately operating pharmacy fridges. The latter could be locked. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a manner that prevented unauthorised access and were password protected. Staff used their own NHS smart cards to access electronic prescriptions and stored them securely overnight. For the COVID-19 vaccination service, the pharmacy had a defibrillator, a separate pharmacy fridge to store the COVID-19 vaccines appropriately and adrenaline vials for use in the event of an allergic reaction to the vaccine.

### 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.