

Registered pharmacy inspection report

Pharmacy Name: The Reading Pharmacy, 105 Wokingham Road,
READING, Berkshire, RG6 1LN

Pharmacy reference: 1029006

Type of pharmacy: Community

Date of inspection: 23/09/2019

Pharmacy context

An independent pharmacy located on a busy high street in Reading serving the local community. It is a family-run business and has recently been bought from a chain of pharmacies. The pharmacy dispenses prescriptions and provides Medicines Use Reviews (MURs), a New Medicine Service (NMS), multicompartiment compliance aids for patients in their own homes and for three care homes, a travel vaccination service, flu vaccinations 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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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 met

Summary findings

The pharmacy's working practices are safe and effective. It protects people's private information and keeps the records it needs to by law. The pharmacy actively encourages people to give it feedback about its services. And team members respond well to complaints. The team members follow written instructions to make sure they work safely, and they learn from their mistakes. And they understand how to safeguard and support vulnerable people.

Inspector's evidence

The team had a near miss log in place in the pharmacy and they explained that if a near miss was found, the dispenser would be informed that an error had been made and would be asked to spot it, correct it and then record it as a near miss. The pharmacist explained that they would discuss with the dispenser the reasons why the error occurred, the resulting action taken and what would happen if the error went out to the patient.

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. Multicompartment compliance aids for care homes and domiciliary patients were prepared in a separate dispensary to reduce the likelihood of mistakes occurring. The pharmacist explained that the team had recently cleared out the pharmacy when they bought it as it was disorganised and cluttered, and they created dedicated spaces for different tasks. Standard operating procedures (SOPs) were in place for the dispensing tasks. The team had signed the SOPs to say they had read and understood them and staff roles and responsibilities were described in the SOPs. The team were currently using the SOPs from the previous owners, but the superintendent pharmacist was in the process of creating new SOPs which would reflect the workings of the pharmacy more accurately. 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 explained that they would be carrying out an annual Community Pharmacy Patient Questionnaire (CPPQ) in the new year. Since the pharmacy had been taken over by the current owners, the pharmacy has seen several very positive reviews on Google and on the nhs.uk website. The team explained they would regularly ask people who visited the pharmacy for their feedback and views.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked regularly. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the 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 completed appropriately electronically. The specials records were complete with the required information documented accurately. A valid certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. There were cordless telephones available for use and confidential waste paper was collected in confidential waste bins and removed by an external company for secure destruction.

The team had completed the Data Security and Protection (DSP) Toolkit and the staff had all signed confidentiality agreements. The pharmacists had both completed the Community Pharmacy Postgraduate Education (CPPE) level 2 training programme on safeguarding vulnerable adults and children. The team explained that they were aware of things to look out for which may suggest there is a safeguarding issue and were happy to refer to the pharmacist if they suspected a safeguarding incident. The team had also completed the Dementia Friends training and they had access to all the local safeguarding contacts. The team were able to demonstrate records showing several examples of how they had intervened for patients to safeguard them and ensure they were receiving the appropriate care.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload. They are properly trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. Members of the team can use their professional judgement to decide whether it is safe to supply medicines. And they keep records of any interventions they make.

Inspector's evidence

During the inspection, there were two pharmacists, one of whom was the superintendent, one NVQ Level 2 dispenser, one pharmacy student who was going into his second year and the superintendent's wife who was being enrolled onto the NVQ Level 2 dispensing course. The superintendent pharmacist explained they had recently recruited another NVQ Level 2 dispenser who was due to start in October and they were looking to recruit a member of staff for Saturdays. The staff were seen to be working well together and supporting one another.

The pharmacist explained that while there wasn't a formal on-going training programme in place now, they were planning on implementing one to ensure everyone's knowledge was up to date. The pharmacists explained they usually attend local training events when they became available to ensure they were kept up to date on changes in the profession and new services which would be implemented locally. The pharmacy team explained that they were always able to raise anything with one another whether it was something which caused concern 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 provides a clean and professional environment which is suitable for the provision of pharmacy services. It has a consultation room, so people are able to have private and confidential discussions.

Inspector's evidence

The pharmacy was located in a large building. On the ground floor, there was a retail space, main dispensary, medicine counter, consultation room and a further room at the rear used for the preparation of multicompartiment compliance aids and storage of medicines and prescriptions ready for handing out. The first floor of the building included staff bathrooms and a staff kitchen while the second floor of the building had two rooms used for storage of shop fittings. The pharmacy was laid out with the dispensary 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 had recently been redecorated and the team explained they had changed the signage, replaced some ceiling tiles and all the shelves had been deep cleaned with their edge strips being replaced. The team went on to explain that the whole building had been deep cleaned soon after they had taken over the business. The team explained they had a cleaning rota in place to ensure that the cleanliness would be maintained by everyone. Medicines were stored on the shelves in an A-Z generic manner and the shelves would be cleaned when the date checking was carried out every month. The dispensary was suitably screened to allow for the preparation of prescriptions in private and the consultation room was available for private conversations. Conversations in the consultation room could not be overheard. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to most people, and it manages them safely and effectively so that people receive appropriate care. It obtains its medicines from licensed suppliers, and it carries out regular checks to make sure that they can be supplied to people 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. 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 if they were asked to do so. There was also seating available should a patient require it when waiting for services. The team explained they had a diverse patient group and would often use their own language skills to assist patients who had difficulty communicating in English.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. However, not all the compliance aids included descriptions of the medicines inside, but the team provided patient information leaflets with every monthly supply. The team explained that they were all aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked to see if they had any patients affected by this. The pharmacist explained that she would double check with patients on warfarin to see if they had regular blood tests, if they knew their dose of warfarin and their INR level, but these details were not routinely recorded on the patient records but would be recorded during an MUR. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. The superintendent pharmacist had completed the Sonar Informatics training to provide travel vaccinations via PGD, flu vaccinations and treatment for various other conditions. All the PGDs were available online and the pharmacist's training was seen to be complete.

The team were not yet compliant with the European Falsified Medicines Directive (FMD); they had a scanner in place and were registered with SecurMed but were not yet decommissioning medicines. The pharmacy obtained its medicinal stock from licensed wholesalers and invoices were seen to verify this. Date checking was carried out every month and the team highlighted items due to expire with coloured stickers. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of waste medicines. The team also had a separate bin for the disposal of hazardous waste and a list of hazardous waste medicines to be disposed in these bins. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and secured in accordance with the regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. 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 an alert regarding aripiprazole solution.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is used in a way that protects people's privacy.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicine 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 and Numark Information Services. The computers were all password protected with screens facing away from the public and conversations going on inside the consultation room could not be overheard clearly. The pharmacy had a contract with an external company to dispose of confidential waste securely.

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.