General Pharmaceutical Council

# 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:** 20/09/2022

## Pharmacy context

This is a local community pharmacy. It is one of two pharmacies with the same owner. And it is situated on a small parade of local shops and businesses in Reading. The pharmacy provides a range of services including dispensing prescriptions. And supplying medicines in multi-compartment compliance packs for people who need them. It has a selection of over-the counter medicines and other pharmacy related products for sale. It provides a core range of other services, including a medicines delivery service and a seasonal flu vaccination service.

## 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 | 1.3 | Standard not met | The pharmacy does not support all of its team members to follow a robust, standardised procedures for the tasks they carry out. |
| **2. Staff** | Standards not all met | 2.1 | Standard not met | The pharmacy does not have enough staff to manage the workload and support its team properly. |
| **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 does not do enough to reduce risk in some areas of its practice. It has written procedures in place to help ensure that its team members work safely. But not all of its team members had read the ones they should have. And its team members do not do enough to ensure that they keep all of its records in the way they should. The pharmacy has insurance to cover its services. And it knows how to protect people's private information.

### Inspector's evidence

The regular responsible pharmacist (RP), who was also the superintendent pharmacist (SP), explained that the pharmacy had been short staffed over the last few weeks due to annual leave. Staff on leave included a second regular pharmacist and a trainee medicines counter assistant (MCA). Team members had found it difficult to complete all of the pharmacy's usual tasks in recent months. And so a locum dispenser had been employed temporarily to help manage the workload. While the pharmacy had a system for recording its mistakes the team could not find the record for 'near misses' during the inspection, which meant that the record was not readily available for team members to use as part of their routine practice. The RP sent the inspector a photo of the pharmacy's near miss record following the inspection. But the record didn't show the year of entry. The RP described how she and her colleague pharmacist generally highlighted and discussed near misses and errors at the time with the team member involved. This enabled them to learn from their mistakes and improve. The RP understood that it was also important to monitor and review near misses and errors so that individuals could learn as much as possible from them. And that this was especially important for those team members who had limited experience or were in training. The RP agreed that records should be made as soon as possible after a mistake. And that records should identify what could be done differently next time to prevent mistakes and promote learning and continued improvement. The pharmacy had put measures in place to help reduce the transfer of viral infections. It had put screens up at its medicines counter. And it had hand sanitiser for people and the team to use. Team members had access to personal protective equipment in the form of gloves and masks.

The pharmacy had a set of standard operating procedures (SOPs) to follow. SOPs in use were from between 2015 and 2018. And while the SOPs had been reviewed recently, staff had still to read them. This included new members of the team who had not yet read any SOPs relevant to their roles. And while the delivery driver had been briefed on the delivery process he had not seen or read an SOP detailing the steps necessary for a safe delivery service. Team members described how they would occasionally deliver someone's prescription through their letterbox if they were not at home. But not for controlled drugs (CDs). After the inspector discussed this with the team, they agreed that this should only be in exceptional circumstances and on a case-by-case basis. And where it had been established that the medicines could be delivered safely. So that they didn't get into the wrong hands or be accessed by children or pets. And so that the pharmacy had an appropriately robust audit trail.

The inspector and RP discussed the importance of ensuring that all team members understood their job roles and the procedures they should follow. One of the dispensing assistants (DAs) was observed asking the RP for advice when he needed her help and expertise. The RP had not yet placed her RP notice on display showing her name and registration number as required by law. But did so after the inspection. The RP understood the purpose of the RP notice and the importance of ensuring that the

notice was correct and visible to people.

People could give feedback on the quality of the pharmacy's services. Team members described having had a few complaints. Complaints had been related to people's expectations involving the time taken to get their medicines ready after they had requested their prescriptions from the surgery. And manufacturers' medicines shortages which the team did their best to resolve. The pharmacy had a complaints procedure in place. But in general, the team sought feedback from conversations with people. And team members could provide people with details of where people should register a complaint if they needed to. If necessary, they could also obtain details of the local NHS complaints procedure online. But the team generally dealt with customer concerns at the time. And it could involve the RP SP if necessary. The pharmacy had professional indemnity and public liability arrangements in place, until 27 November 2022. This was to provide insurance protection for the pharmacy's services and its customers. It is understood that when this date is reached the pharmacy will renew its insurance arrangements for the following year.

The pharmacy generally kept its records in the way it was meant to, including its private prescription records and its CD registers. The pharmacy team audited its CD running balances every two weeks. And the balance of stock checked by the inspector accurately reflected the running balance in the register. But the pharmacy's RP record had some omissions where the end of the RPs shift should be recorded. The team agreed that the pharmacy should ensure that all of its essential records are kept the way they should be. And that its records are accurate and up to date. The pharmacy's team members understood the need to protect people's confidentiality. And they had been appropriately briefed. Confidential paper waste was discarded into separate waste containers. And it was destroyed appropriately. People's personal information, including their prescription details, were generally kept out of public view. The RP had completed appropriate safeguarding training. Other team members had been briefed although had not yet had any formal training. But they were aware that they should report any concerns to the RP. The team could access details for the relevant safeguarding authorities online.

## Principle 2 - Staffing **Standards not all met**

### Summary findings

The pharmacy does not have enough staff to manage the workload or support its team properly. And it does not adequately train all its team members for the tasks they carry out. But while team members support one another the pharmacy's line management does not provide enough support to help them fulfil their roles effectively.

### Inspector's evidence

The inspector conducted the inspection during the pharmacy's usual trading hours. On the day of the inspection the team consisted of the regular RP SP, three dispensing assistants (DAs), a locum DA, an overseas pharmacist recently employed as a DA who had not yet started a DA training course and a delivery driver. One of the DAs spent much of his time working on the counter. The pharmacy's trainee MCA, who was on annual leave, had not yet started any formal training. The RP was much in demand. The team was behind with its dispensing workload. And queues built up from time to time as staff dealt with queries, looked for and handed out prescriptions. Overall, team members were seen to support one another with their tasks. Although they had not completed any ongoing training or read relevant SOPs for some time. The team had also fallen behind with some of its other tasks. And it appeared that time pressures and workload had led to the team not being supported to follow best practice in some areas such as medicines deliveries and general medicines management.

The RP SP appeared to be under pressure to manage the workload. But she felt she could make day-to-day professional decisions in the interest of patients. Team members described being able to discuss their concerns with the RP SP. But due to the demands of the day-to-day workload they did not currently have regular meetings or appraisals about their work performance. And so the pharmacy team may not have had enough opportunity to have its concerns aired to senior and addressed.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. And they are sufficiently secure. But some areas of the pharmacy are cluttered. And not all areas are clean and tidy enough.

### Inspector's evidence

The pharmacy was on a small parade of shops serving the local community. And it had three floors. It had a retail space of a size typical of many community pharmacies. And it had seating for waiting customers. It had a medicines counter which supported a transparent screen to help reduce the risk the spreading of viral infections. It kept its pharmacy medicines behind the counter. The pharmacy had a compact dispensary. The dispensary had dispensing benches on three sides which were used for most of the pharmacy's dispensing activities. And it had storage facilities above and below the benches. The accuracy checking area faced the retail space and the back of the medicines counter, so that team members could see people waiting. But the pharmacy's work surfaces were generally cluttered with stock and prescription baskets with incomplete prescriptions and paperwork.

The pharmacy's consultation room was being upgraded. And the work had created dust which had settled on shelves. The pharmacy's floors also had dust and debris on them. But while the team had not been able to follow its usual cleaning routine in recent weeks it cleaned its most commonly used surfaces regularly. And so they were clean. It also had hand sanitiser for team members and people to use at the counter and in the dispensary. The pharmacy also had a large dispensing room to the rear. The room had a large central island. And it provided a significant amount of additional space for dispensing activity. It was used for dispensing repeat and large prescriptions. And for general storage. At the time of the inspection room temperatures were appropriate to keep staff comfortable and were suitable for the storage of medicines. The pharmacy had a first floor which had a room used for dispensing multi-compartment compliance packs. And where it also had further storage and staff facilities.

## Principle 4 - Services ✔ Standards met

### Summary findings

In general, the pharmacy makes its services accessible for people. The pharmacy team gets its medicines and medical devices from appropriate sources. And team members make adequate checks to ensure that the pharmacy's medicines and devices are safe to use to protect people's health and wellbeing. But the pharmacy is not thorough enough in ensuring that it keeps all its medicines for dispensing in the appropriate packaging. And it does not do enough to ensure that all the medicines it supplies have the information that people need so they can take their medicines properly.

### Inspector's evidence

The pharmacy had step free access. And its customer area was generally free of clutter and unnecessary obstacles. The pharmacy had a delivery service for people who found it difficult to visit the pharmacy. And it could also order people's repeat prescriptions for them if necessary. The pharmacy team used baskets to hold individual prescriptions and medicines during dispensing. It did this to keep prescriptions and their corresponding medicines together. It provided medicines in multi-compartment compliance packs for people living at home who needed them. And for people in two local care homes. The pharmacy labelled its compliance packs with a description of each medicine, including colour and shape, to help people to identify them. While the pharmacy supplied patient information leaflets (PILs) with new medicines it did not supply them with regular repeat medicines. And it did not put essential advisory information on its labels. And so people may not have all the necessary information about their medicines to help them to take their medicines properly.

The RP gave people advice on a range of matters. And she would give appropriate advice to anyone taking high-risk medicines. The pharmacy had additional leaflets for sodium valproate. The pharmacy had a small number of people taking sodium valproate medicines, none of whom were in the at-risk group. The RP was aware of the precautions she would need to take, and counselling she should give, if it were to be prescribed for someone.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team generally stored its medicines appropriately and in their original containers. But the inspector found several packs of medicines which contained mixed batches of different brands of the same medicine. These included olanzapine 10mg and pregabalin 100mg. This meant that the information on the outside of the packs did not accurately describe what was inside them. And this increased the risk of mistakes. This could happen if some of the contents had been recalled. And expiry dates on individual strips could be missed during the usual checks. Some of the strips of tablets had also been part-dispensed with their expiry dates removed. The inspector discussed this with the RP. It was agreed that team members should review their understanding of the correct procedures to follow when dispensing a split-pack of medicines. And when putting medicines back into stock after dispensing.

Stock on the shelves was untidy and disorganised in several places. And while the team had previously carried out regular date checks it had not had the resources to do this in recent months. And it had not completed any records. While a random sample of stock checked by the inspector was in date, it was close to its expiry. In general, short-dated stock was identified and highlighted to help team members to spot them. And the RP and trainee DA described how they usually checked expiry dates every three months. They also checked expiry dates when they dispensed, and accuracy checked every medicine.

The team put its out-of-date and patient-returned medicines into dedicated waste containers. The team stored its CD and fridge items appropriately. The pharmacy responded promptly to drug recalls and safety alerts. And it kept records of these. The team had not had any stock affected by recent recalls.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. The team uses its facilities and equipment to keep people's private information safe. But the pharmacy is not thorough enough in keeping some of its equipment and facilities clean and hygienic.

### Inspector's evidence

The pharmacy had the appropriate equipment for counting tablets and capsules and for measuring liquids. But some of its measuring flasks had a coating of lime scale. The pharmacy's dispensary sink was also heavily lime scaled. Team members had access to a range of up-to-date reference sources. And they had access to PPE, in the form of face masks and gloves, if they needed them. The pharmacy had four computer terminals. One in its dispensary. Two in its rear dispensing room and one in its consultation room. It also had a computerised till on the counter which had limited access to patient medication records but could be used to track people's prescriptions. Computers were password protected. And prescriptions were stored in the dispensary out of people's view. Staff used their own smart cards. They did this to ensure that team members had the appropriate level of access to patient records. And to ensure that it had an appropriate audit trail around access to records.

## 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. |