

Registered pharmacy inspection report

Pharmacy Name: Hetpole Pharmacy, 398 Dedworth Road, WINDSOR,
Berkshire, SL4 4JR

Pharmacy reference: 1029044

Type of pharmacy: Community

Date of inspection: 02/09/2020

Pharmacy context

This is a community pharmacy located alongside other local shops on the outskirts of Windsor. It is part of a chain of pharmacies based mainly in the South-East of England. Most people who visit the pharmacy live locally. The pharmacy mainly supplies NHS prescriptions and it offers a home delivery service. Some people receive their medicines in multi-compartment compliance packs to help make sure they take them correctly. The pharmacy supports people receiving treatment for substance misuse and it sells a range of over-the-counter (OTC) medicines. 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
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 effective, and it adequately manages the risks associated with its services. It keeps people's personal information safe and it maintains the records it needs to by law. The pharmacy team follows procedures to make sure they work safely. The team members learn from their mistakes and they continually make improvements to way they work. And the team knows how to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which covered the main operational tasks and activities. The pharmacy changed ownership around 18 months previously. Most of the SOPs had been produced by the previous owner in 2016. The pharmacist said the team still followed the SOPs and they had been adopted by the current owner. A couple of updated SOPs had been implemented recently, but there was nothing to indicate the new superintendent had reviewed and adopted the core SOPs. Team members understood the purpose of SOPs and had signed to indicate they had read and agreed them. The pre-registration student(pre-reg), who had only recently started working at the pharmacy, was working his way through them. The SOPs generally reflected current practice.

The pharmacist was also the pharmacy manager. A responsible pharmacist (RP) notice was displayed which reflected the correct details. Support staff worked under constant supervision and suitably referred to the pharmacist during the inspection. Team members could explain their individual roles and responsibilities and worked within their capabilities.

The pharmacy team had taken numerous steps to manage social distancing during the pandemic including controlling access to the pharmacy. Individual Covid-19 staff risk assessments had been completed for all team members and these had been sent to head office. Pharmacy team members had access to personal protective equipment (PPE) and they usually wore masks and sometimes gloves when working on the counter. But they did not routinely wear masks when working in the dispensary even though they could not always socially distance from each other. They hadn't fully considered the risks associated with the impact on pharmacy services should multiple team members need to self-isolate if they were considered close contacts through NHS Test and Trace. Contingency arrangements should this happened were unclear. The pharmacist was unaware of the obligations to report cases of Covid-19 transmission in the workplace to the Health and Safety Executive, and he felt head office would take responsibility for this.

There were some risk management processes in place in relation to dispensing procedures. There was plenty of bench space and work areas were generally kept clear. Baskets were used to segregate prescriptions during the assembly process. Dispensing labels were initialled to indicate who was responsible for each supply. There was an incident reporting process, and these were escalated to the superintendent for review. A recent error involving two medicines with similar packaging and the same strength had triggered a team briefing to discuss the contributing factors. Near misses were documented and the pharmacist periodically reviewed these for trends. The pre-registration student was observed rectifying and recording a near miss which was identified by the pharmacist during the accuracy check.

There was a complaint procedure but there wasn't anything in the retail area explaining or promoting it. The pharmacist said the procedure was included in their pharmacy leaflet which they usually displayed. Minor concerns were managed by the pharmacist, but unresolved matters were referred to head office to be dealt with formally. For example, if some correspondence or a letter of apology was required.

The pharmacy had professional indemnity insurance with the NPA, and a copy of the current insurance certificate was displayed in the dispensary. The pharmacy used a recognised patient medication record (PMR) system to document prescription supplies and the team maintained all the records required by law, including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were in order and private prescriptions were filed chronologically. The pharmacy dispensed occasional private CD prescriptions (FP10PCD). These had not been submitted to the Prescription Pricing Authority for few months, but the pharmacist agreed to send them with the next monthly submission. Patient returned CDs and their destruction were documented. CD registers included running balances.

Team members understood about data protection and the importance of protecting people's privacy. The pharmacist said the team had completed training on the General Data Protection Regulation (GDPR) when it was first imposed. Confidential paper waste was segregated and stored in marked bags for collection by a waste contractor. Confidential material was generally stored out of public view, however a couple of pieces of confidential paperwork had been left in the consultation room. The room was not currently being used by members of the public, but the door was left open and it was accessible from the retail area. The pharmacist confirmed he would remind the team to make sure they removed any confidential material in future.

The pharmacist, technician and dispenser were all level 2 safeguarding accredited, so they understood how to escalate concerns to the appropriate authorities. The pharmacy had a chaperone policy although this was not displayed, so people might not know this was an option. A notice was displayed in the window promoting a domestic abuse hotline. The pharmacist was advised of the Safe Space initiative promoted by the GPhC whereby pharmacies could consider providing a safe space for victims of domestic abuse.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled team members to provide its services effectively. The team members are experienced and knowledgeable, so they can use their professional judgement. And they work well together as a team. There is an open culture and the team members know how to raise a professional concern if needed.

Inspector's evidence

The pharmacist worked full-time at the pharmacy. At the time of the inspection he was supported by a pharmacy technician who worked part-time, a full-time dispenser, and a full-time medicines counter assistant (MCA). A company delivery driver undertook daily deliveries on weekdays. Holidays were planned so only one person was off at one time, and the team could request additional support from head office if needed.

The pre-reg student was also working. The pharmacist was their tutor and they had previously supported pre-reg students in the past. The pre-reg was enrolled with an external training provider which offered a structured programme and monthly training events.

All team members had completed accredited training. The dispenser had almost completed the second part of his NVQ3, and he'd had an appraisal within the last two months. There was no formal ongoing training programme, but the pharmacist said they received regular updates from head office and the team had access to training material from pharmaceutical publications and journals.

The team managed the workload without any issues during the inspection. Team members spoke openly about their work and they worked well together. Several team members had worked at the pharmacy for a number of years, so they were experienced and knowledgeable. The team felt well supported by the pharmacy manager and they could contact head office independently if they wanted to. The pharmacy technician understood how to raise a whistleblowing concern.

Some targets were set for the team and these were linked to annual bonuses. The pharmacist felt targets were sometimes difficult to achieve, for example the flu target for this year was much higher. But he confirmed that he wasn't influenced by this, and that he would only offer a service if he was able to and it was suitable for the person concerned.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are bright, clean and professional in appearance. The pharmacy has consultation facilities, so people can receive healthcare services and have a conversation in private.

Inspector's evidence

The pharmacy was clean and professional in appearance, and it was suitably secured when closed. Some of the signage had not been updated and related to the previous owner which could be misleading. Shop and dispensing fixtures and fittings were suitably maintained, and lighting was adequate.

The open plan dispensary had enough bench space. The design enabled the pharmacist to supervise the counter whilst working in the dispensary. The dispensary was reasonably clean. The dispensary sink looked less hygienic, but this was because it was stained with hard water deposits. Extra hygiene measures had been introduced during the pandemic; the team members said they cleaned work areas at the start of the day, and they used hand sanitiser regularly.

There was a small well-presented retail area and the floor space was clear. A Perspex screen had been fitted to the counter during the pandemic to help with infection control. There was some seating in the retail area. A spacious suitably equipped consultation room was accessible from the retail area. It was used for services such as flu vaccinations and if people wanted to have confidential conversations with pharmacy staff.

The pharmacy's air conditioning had not been working for some time, and this had been reported to head office, but it had not been fixed. The team reported it could become uncomfortably hot in the pharmacy during warm weather. The room temperature was not monitored and seemed suitable, although the back door from the dispensary was left open for extra ventilation.

The back door opened onto a passageway which provided access to external staff toilet facilities and a garage type structure which was used as a stock room. Dispensary and retail stock, waste medicines, assembled compliance packs and other sundries were stored here. It was basically fitted with lighting, shelving and a small amount of bench space. The pharmacy technician confirmed they did not use this area for dispensing purposes as it was not part of the registered area. Part of the garage was also used as a staff rest area. It was kept locked when not in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It gets its medicines from reputable sources and the team completes checks to make sure that the medicines are safe to use. The pharmacy team could provide additional advice for people taking higher-risk medicines, to make sure they receive all the information they need to take these medicines safely.

Inspector's evidence

The pharmacy entrance had a single non-automated door. The pharmacy was open Monday to Saturday and opening times were displayed. Signs reminded people of the symptoms of Coronavirus and instructed them to call NHS111 if they had symptoms and not enter the pharmacy. Notices also informed people to socially distance and to wear a face covering when entering the pharmacy.

The pharmacy team was mainly focused on managing the dispensing service and retail activities. The only other service being offered during the pandemic was the New Medicine Service. The pharmacy team were preparing for the flu vaccination season by taking people's details so they could operate an appointment system. The pharmacist thought they would have extra pharmacist support for occasional days as they anticipated a high demand for flu vaccinations. The pharmacy continued to offer supervised consumption for people receiving substance misuse treatment. This service was managed by the pharmacist and any concerns were reported to the prescriber or key worker. Most people's instalments had been changed to weekly or twice weekly picks-ups and this hadn't caused any issues.

The team worked closely with the local surgeries. Electronic prescriptions and repeat dispensing had made it much easier to manage prescriptions during the pandemic. Most people managed their own repeat except those needing extra support, such as the pharmacy's compliance pack patients. Dispensed medicines were appropriately labelled, and these were bagged. Prescription forms or tokens were referenced when handing the medicine out. Addresses were checked to make sure it was the correct recipient. The pharmacist was able to access Summary Care Record if needed and felt this was useful when resolving issues. The pharmacist was aware of the risks associated with the use of valproate during pregnancy and that counselling and the relevant literature should be provided to those in the at-risk group. Stickers were used to highlight when extra counselling was needed. The team didn't routinely counsel or ask people collecting high risk medicines, such as methotrexate, lithium or warfarin, if they were having regular blood tests. This pharmacist said this was usually covered during medicines reviews and they had also completed a lithium audit last year. This approach could mean that some people don't receive this advice and guidance.

Some people received their regular medication in compliance packs. The pharmacist said this was usually following referral from their doctor. The pharmacist discussed it with the patient or their carer to confirm it was a suitable option, but this assessment was not documented. In the past, the pharmacist had raised concerns about non-compliance with doctors about some people who were not managing their medicines properly. Packs were supplied on a weekly or monthly basis depending on what was most appropriate for the person concerned. The team had basic records for each person receiving a compliance pack and checked for any changes when new prescriptions were received, making an intervention where appropriate. Packs were prepared in advance and they were clearly labelled. Disposable packs were used. Gloves were worn when preparing packs. Medication descriptions were included on the packs and patient information leaflets (PILs) were supplied each

month. The team had experienced an increased demand for home deliveries during the pandemic which their own driver had managed to cope with. The delivery process had been adapted to incorporate social distancing measures and deliveries were recorded to provide an audit trail.

The counter assistant understood what questions to ask when selling medicines over the counter. She was aware of the restrictions when selling codeine base pharmacy medicines, and when to refer to the pharmacist. The pharmacy opted not to sell codeine linctus.

The pharmacy obtained its medicines from licensed wholesalers and suppliers. The pharmacy was not compliant with the Falsified Medicines Directive and the team were unsure if this was being progressed by the company. Stock was stored in manufacturer's packaging and it was reasonably well organised in the dispensary. But some areas were less well organised. For example, the stock room to the rear was cluttered in places and a few loose blisters and tablets in unlabelled amber bottles were found on one of the benches. The pharmacy technician agreed to deal with these and remove anything that was not suitable for use. A random sample of stock was checked found no expired medicines. Short dated packs were removed from the shelves in advance of their expiry. The MCA said she date checked the retail stock periodically. There were dedicated bins so waste medicines could be segregated, and bins were collected periodically by a specialist waste contractor

The fridge in the dispensary was equipped with a thermometer. The fridge maximum and minimum temperatures were recorded daily, and records showed they were within the required range. Some medicines stored in the fridge were jumbled together as the team had to make space for flu vaccines. Controlled drugs were appropriately stored in the cabinet. CD balance checks were audited periodically although the manufacturer's overage was not always added to the methadone balance on a regular basis. Drug and device alerts were received by email and some examples could be seen on the system. The pharmacist said they were checked on a daily basis. But there was no clear audit trail confirming these had been checked or what action had been taken. So, the team might find it harder to demonstrate what has happened in the event of a query.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. The pharmacy team stores and uses these in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and pharmaceutical reference sources such as the BNF. Glass calibrated measures were available for measuring liquids when dispensing. A plastic measure was being used to measure methadone, but the pharmacist agreed to replace this as he couldn't confirm if it had been properly calibrated. Hand sanitiser, disposable face masks, and gloves were available for staff to use to help with infection control during the COVID pandemic.

The pharmacy had disposable medicine containers for dispensing purposes, and these were stored appropriately. There was a large CD cabinet which was big enough for the volume of stock. A large medical fridge was used to store cold chain medicines. Computer systems were password protected and screens were located out of public view. Dispensary team members used individual NHS smartcards when accessing NHS data. There were two PMR terminals in the dispensary and one in the consultation room. Electrical equipment appeared to be in working order.

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.