

Registered pharmacy inspection report

Pharmacy Name: The Village Pharmacy, 7 Eton Wick Road, Eton Wick, WINDSOR, Berkshire, SL4 6LT

Pharmacy reference: 1029047

Type of pharmacy: Community

Date of inspection: 03/01/2024

Pharmacy context

This community pharmacy is situated alongside other local shops in the village of Eton Wick. It mainly supplies NHS prescription medicines. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely, and the pharmacy offers a home delivery service. It also provides some other NHS services including the New Medicine Service (NMS), the Hypertension Case-Finding service, the Community Pharmacy Consultation Service, and seasonal covid and flu vaccinations. And it sells some medicines over the counter.

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 suitably identifies and manages risks. It maintains the records it needs to by law, and it keeps people's private information safe. Pharmacy team members discuss their mistakes to help them learn and improve. And they understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had recently undergone an extensive refit. Some documentation had been removed from the pharmacy during the refit for safe keeping so it was not available during the inspection. This included the pharmacy's standard operating procedures (SOPs) which the pharmacist said had been updated approximately a year ago. He provided some additional information about the SOPs following the inspection. And he agreed to make sure the SOPs were made available in the pharmacy so team members could refer to them. Pharmacy team members reported that they had read the procedures when they first started working at the pharmacy, including two team members that had joined within the last year. And they demonstrated a clear understanding of the pharmacy's working processes and systems. They were able to explain how tasks were completed and who was responsible for what.

The pharmacy had professional indemnity cover for the services provided. The pharmacist owner worked as the regular responsible pharmacist (RP). An RP notice identifying the pharmacist on duty was not initially displayed at the start of the inspection, but this was rectified when pointed out. The RP log was maintained using the patient medication record (PMR) system and it appeared to be in order. The pharmacy team members worked under the supervision of the pharmacist.

The pharmacy had some systems in place to help manage the risks associated with dispensing. One of the dispensers explained how the team discussed any near misses or dispensing errors to understand why they happened and what could be done to prevent a similar error reoccurring. The team had separated some medicines on the shelves to prevent picking errors including common look-alike-sound-alike medicines. The pharmacist confirmed that any errors were usually documented. But these records were not available on the premises. This meant that the team couldn't show how much detail was recorded or if they were reviewed for trends. The pharmacist usually handled any complaints. He stated that complaints were rare and that they were usually resolved informally.

The pharmacy maintained the other records required by law including controlled drugs (CDs) registers, private prescription records and specials records for the supply of unlicensed medicines. A sample of records checked were in order. The pharmacy was in the process of transferring to electronic CD registers. A recent CD balance check had been completed. The pharmacy team usually recorded the receipt and destruction of any patient returned CDs, but this register could not be located.

Pharmacy team members had received some information governance training and understood their obligations. Most team members had their own NHS Smartcards and a card had been requested for the dispenser who had recently completed her training. Pharmacy team members segregated confidential waste which was shredded on site. The pharmacist had completed safeguarding training and he provided proof of this. Other team members had completed safeguarding training in previous roles. The

team understood what signs to look for and how to escalate any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely and effectively. Team members work well together, and they have the qualifications and skills necessary for their roles. They are confident in providing feedback and raising concerns about the pharmacy services.

Inspector's evidence

The pharmacy team consisted of the pharmacist, three full-time dispensers, and a part-time delivery driver. An additional dispenser had been recruited a few months previously after the number of prescription items had increased following the closure of another nearby pharmacy. There was enough flexibility within the team to cover absences and usually only one team member was permitted to take leave at a time. Regular locum pharmacists worked as the RP when the pharmacist was absent.

The dispensers were all qualified for their roles. Two of them explained how they had completed their training whilst working at other pharmacies. The third dispenser had recently qualified whilst working at the pharmacy. The pharmacist provided proof of each team member's training. The pharmacist said the delivery driver had received verbal instructions and read the relevant SOPs. He hadn't completed any formal training, but the pharmacist confirmed that he would enrol him on an accredited course.

The team members were knowledgeable and competent in their roles, and they worked well together. Whilst the workload was busy, it was well organised and manageable. People visiting the pharmacy were greeted promptly and staff were observed communicating effectively as a team and with customers. Team members felt able to discuss any issues with the pharmacist. One of the dispensers who had started working at the pharmacy in September, described how the pharmacist had been receptive to her ideas for new ways of working and had adopted some of them. The pharmacy did not have a formal system to promote ongoing learning and development. But the team members had access to training resources and completed modules on relevant topics occasionally. The team members understood what whistleblowing meant and how to escalate concerns with external agencies if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is professional in appearance, and it provides a suitable space for the delivery of healthcare services. It has a consultation room, so people can receive services and speak to pharmacy team members in private.

Inspector's evidence

The pharmacy occupied a small purpose-built retail unit. The refit had involved a reconfiguration of the layout to create more space in the dispensary in keeping with the service profile. The pharmacy was bright and professional in appearance. Fittings were in good order. All areas were clean and tidy. Air conditioning controlled the room temperature. The medicines counter restricted access to the dispensary. The pharmacist could oversee and supervise over-the-counter sales from the dispensary.

The pharmacy had a small consultation room which was signposted and accessible from the retail area. It was used to provide services such as flu vaccinations and blood pressure (BP) checks or if people wanted to talk to the pharmacist in private. The consultation room was being used for the assembly of multi compartment compliance packs at the start of the inspection. But the team members explained this was only during busy periods, and all medicines and equipment were removed promptly when assembly was complete, so the room was usable.

The team had access to toilet facilities which were located behind the premises and shared with other retail units. The pharmacy had a separate secure unit to the rear of the pharmacy. This was used for the pharmacy's wholesale operation and to store some assembled compliance packs, excess stock and unwanted medicines. The team could secure the pharmacy and storage unit to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive their medicines safely. It gets its medicines from authorised suppliers and team members complete some additional checks to help make sure that medicines are fit for purpose and suitable to supply.

Inspector's evidence

The pharmacy opened on weekdays from 9am to 6pm (closing for lunch between 1pm and 2pm), and 9am to 1pm on Saturday. It was accessible from the main street, and it had a manual door which was visible from the medicine counter, so people who needed assistance could be identified. The pharmacy offered a home delivery service in the local area for people who were not easily able to visit the pharmacy in person. The pharmacy kept a list of deliveries sent out each day and the delivery driver used an App to record when they had been successfully delivered. But the pharmacy team members working in the pharmacy didn't have direct access to the App, so they could find it harder to confirm receipt of medication or resolve delivery related queries.

Dispensing processes were well organised. Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. The team identified some people taking higher risk medicines and provided them with additional information. The team members were aware of recent changes regarding the supply of valproate-based medicines and that these should only be supplied in original packs. Owing notes were provided if the pharmacy did not have enough medicine to fulfil the prescription.

The pharmacy supplied a large number of people with their repeat prescription medicines in multi-compartment compliance aid packs. A scheduling system was in place to make sure these were assembled and supplied in good time. The team kept a record of people's current compliance pack medication including any medication changes or relevant communications. Descriptions for different medicines contained inside each compliance pack were included on the labels to help people to identify them. Patient information leaflets were not routinely supplied with packs. This could mean people may not have easy access to all the information they need about their medicines, but the team agreed to review this.

The pharmacist had completed training for the administration of flu and covid vaccinations under patient group directions (PGDs) although these services were no longer being offered as stocks had been exhausted. The hypertension case-finding service included ambulatory monitoring and some people at risk had been identified and referred to their GP for further investigation.

Pharmacy team members understood what questions to ask when selling medicines to makes sure requests were appropriate. They were aware that some medicines were liable to abuse including codeine-based products and when to refer to the pharmacist.

The pharmacy sourced its medicines from licensed wholesalers and suppliers. Medicines were stored in an organised manner on the shelves. A recent date check of stock had been completed following the

refit, and the pharmacist included an expiry date check as part of the accuracy check. No out-of-date medicines were found following a random check of the shelves. CDs requiring safe custody were stored securely. A random stock check of two CD balances were found to be accurate. Expired and patient returned CDs were segregated in the cabinet. The pharmacy was due to contact the CD Accountable Officer to arrange a destruction of obsolete CDs. Other unwanted medicines were segregated in designated bins prior to collection by an authorised contractor.

Alerts for the recall of faulty medicines and medical devices were received via email and checked regularly. The pharmacy used a system to create an audit trail to show these had been actioned. But this was only utilised when the pharmacy had stocks of the affected products. This meant the pharmacy could not show it routinely checked all the alerts it had received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Equipment is suitably maintained, and team members use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to appropriate reference materials and internet access was available to enable further research. There were several approved, clean glass cylinders for measuring liquids. One measure was marked for use with CDs to avoid any risk of cross contamination. Disposable containers were available for preparing medicines, including compliance packs. The pharmacy had approved BP monitors used for the hypertension case-finding service, and equipment to support the provision of vaccination services.

The dispensary and consultation room both had sinks. Handwashing equipment was available. The CD cabinet was secured and suitable for the amount of stock. The pharmacy had two medical fridges: a small one in the dispensary and a larger one in the storage unit. Fridge temperatures were regularly monitored and recorded to check they remained within a suitable range. Electrical equipment was in working order. Computer systems were password protected and screens faced away from public view. A cordless phone enabled conversations to take place in private, if required.

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.