

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy First Ltd, 422a Finchampstead Road,  
Finchampstead, WOKINGHAM, Berkshire, RG40 3RB

**Pharmacy reference:** 1029058

**Type of pharmacy:** Community

**Date of inspection:** 19/08/2019

## Pharmacy context

A pharmacy located on a parade of shops in the village of Finchampstead near Wokingham. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy provides a seasonal flu vaccination service, a travel vaccination service, Medicine Use Reviews (MURs), New Medicine Service (NMS), substance misuse services and a local delivery 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy does not have complete or up-to-date SOPs in place which means that team members may not complete procedures in a consistent manner, and they cannot refer to the SOPs if they were unsure of a procedure.
<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 not all met	4.3	Standard not met	The pharmacy does not monitor the temperatures of two of their fridges and not all CD medicines which require safe storage are kept in the CD cupboard.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

Overall the pharmacy does not manage all risks adequately. It does not record all its near misses or errors, so it may be missing opportunities to prevent similar mistakes happening in the future. The pharmacy does not have up-to-date written procedures in place. This means that there may be a risk of team members not completing processes in a consistent manner. The pharmacy keeps records it needs to by law, but it does not check its stock balances regularly. This may make it harder for them to easily detect and correct any discrepancies. The pharmacy could also do more to ensure people's private information is kept safe.

### Inspector's evidence

Team members recorded near misses, but they explained that not all of them would be recorded. The near misses were highlighted when they were identified and then changed by the dispenser who made the mistake. Errors that leave the premises were reported internally in the pharmacy on incident report forms and held in the dispensary. However, there wasn't a formal review process in the pharmacy where the team would look at all the incidents and find areas where they could improve to reduce the likelihood of similar incidents recurring.

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. Multi-compartment compliance aids were prepared in a dedicated area at the back of the pharmacy to reduce distractions. SOPs were in place for the dispensing tasks but had not been updated recently; some were prepared in 2007 and some in 2011. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from Numark was on display in the dispensary and was valid until 2 January 2020. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual CPPQ survey and the results of the latest one were seen to be very positive and displayed on the nhs.uk website and on the front door of the pharmacy.

Records of controlled drugs and patient returned controlled drugs were examined and a sample of Sevredol 10mg tablets was checked for record accuracy and was seen to be correct. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy where patients could see it. The maximum and minimum temperatures for the fridge in the dispensary were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. However, the temperatures of the other two fridges, one in the consultation room and one in the staff room, which also contained medicines, were not recorded. The private prescription records were seen to be completed appropriately electronically. The specials records were all seen to be complete with the required information documented accurately.

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. There were cordless telephones available for use and confidential waste paper was collected in confidential waste baskets and later shredded. However, confidential waste was also found in the normal dispensary bins.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. The team members explained that they were aware of things to look out for which may suggest a safeguarding issue and they were happy to refer to the pharmacist if they suspected a safeguarding incident. They were all Dementia Friends and had completed this learning online. The dispenser gave several examples of how the team had stepped in to help patients with dementia.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members make decisions and use their professional judgement to help people.

### Inspector's evidence

During the inspection, there was one locum pharmacist, one dispenser and one medicines counter assistant. Certificates of completed training for the staff were displayed in the dispensary. The staff were seen to be working well together and supporting one another.

The dispenser explained that the team received regular Counter Excellence booklets from Numark which they would read and then would complete tests to assess their learning. The dispenser explained that the team would also be encouraged to attend any local training events held by the Local Pharmaceutical Committee (LPC).

The pharmacy team explained that they were always happy 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 members explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally suitable for services and secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy. But the consultation room is not locked while medicines and needles were stored inside.

### Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, office, large stock room and staff rest rooms. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy was professional in appearance and clean. The team explained that they would clean the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in a suitable manner and the dispenser explained that the shelves would be cleaned when the date checking was carried out.

The dispensary was suitably screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. However, the consultation room was unlocked and included a fridge with vaccinations in as well as a box of needles for vaccinations. The consultation room included seating, a table and storage.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy's services are accessible to people with different needs. And they generally provide their services safely. But they do not always identify and/or record relevant safety checks when people receive higher-risk medicines. This makes it difficult for them to show that they provide the appropriate advice when they supply these medicines. The pharmacy gets medicines from reputable sources. But the pharmacy could do more to ensure stock medicines are stored appropriately in the fridges and in the CD cabinet. The pharmacy could also do more when responding to drug alerts or product recalls so that people only get medicines or devices which are safe.

### Inspector's evidence

A list of pharmacy services available was displayed by the medicine counter. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area. There were both steps and a ramp to access the pharmacy and the dispenser explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. However, the compliance aids were supplied without descriptions of the medicines inside and without patient information leaflets. The dispenser explained that the team were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and the regular pharmacist had checked the PMR to see if they had any patients in the at-risk group. The dispenser explained that the team would not routinely ask regular patients on warfarin for their blood test results, but the pharmacist would do this during an MUR. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription. The PGDs for the travel vaccinations could not be found during the inspection. The team explained that the regular pharmacist may have taken them home with him. However, the pharmacist later confirmed all the PGDs were kept online as they used PharmaDoctor PGDs.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD) but the dispenser explained that the superintendent was planning on introducing this soon. The pharmacy obtained medicinal stock from AAH, Alliance, Phoenix, Enterprise, DE South, Colorama, OTC Direct and NWOS. 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. Designated bins for the storage of unwanted medicines were also available and seen being used for the disposal of medicines returned by patients. The team also had a separate bin for the disposal of hazardous waste.

One fridge was in good working order and the stock inside was stored in an orderly manner. But the fridge in the consultation room was not temperature monitored, neither was the fridge in the staff room which was also used to store food, risking contamination. The CD cabinet was secured well to the wall of the dispensary, but the key was not kept on the pharmacist's person. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. However, temazepam was found in one of the cupboards in the office area at the back of the dispensary. The dispenser

explained that MHRA alerts and recalls came to the team with the deliveries and they were actioned when received. However, the team did not keep an audit trail for the MHRA recalls.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

### Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 10ml measures. The dispenser explained they would use some measures for methadone liquid only, but these were not clearly marked. Amber medicines 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 Numark Information Service. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

### 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.