

# 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:** 08/09/2020

## Pharmacy context

This is a community pharmacy located along 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. It usually provides seasonal flu and a travel vaccination service, Medicine Use Reviews (MURs), the New Medicine Service (NMS) and a local 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy suitably identifies and manages the risks associated with its services. This includes the risks from COVID-19. And this has helped members of the public to safely use the pharmacy's services during the pandemic. The pharmacy's team members handle their mistakes responsibly. They record them and seek to learn from them. The pharmacy protects people's private information appropriately. And most of the pharmacy's team members understand how to protect the welfare of vulnerable people. But the pharmacy doesn't always maintain all its records as it should. This could mean that its team may not have enough information available if problems or queries arise in the future.

### Inspector's evidence

The pharmacy was clean, tidy and organised. Its work spaces were free of clutter. The pharmacy had identified the risks associated with COVID-19. The premises had been modified to help reduce the spread of infection (see Principle 3) and the responsible pharmacist (RP) had completed the necessary risk assessments. This helped ensure the pharmacy could safely operate during this time. Occupational risk assessments for the team had also been completed.

The pharmacy was cleaned regularly. Staff were observed working in separate locations in the pharmacy. This helped them to socially distance where possible. The RP was aware of the requirement to report any cases of staff contracting COVID-19 during work. He had discussed his business continuity plan with the team and was currently considering how queues could potentially be managed during the winter. There had been no issues with this to date. Three people at a time could currently enter the premises. This helped limit the spread of COVID-19 and this situation was observed to be manageable. At the time of the inspection, people were seen to queue patiently outside other shops in the same parade but there were no queues seen outside the pharmacy.

Team members had personal protective equipment (PPE) although they were not wearing any at the time of the inspection. Staff explained that this was because it was difficult to wear this for long periods, to see clearly when they wore PPE or to concentrate. However, team members predominantly stayed behind the screen (as described under Principle 3) and kept their distance from people using the pharmacy's services. They wore PPE during consultations. During the inspection, people who used the pharmacy's services were also complimentary about the screen that had been installed in the pharmacy.

The pharmacy had a range of documented standard operating procedures (SOPs). They provided guidance for staff so that they could carry out internal tasks within the pharmacy appropriately. The SOPs had been updated in 2019. Staff had read and signed them. And they understood their roles. The correct RP notice was on display. The pharmacy's work flow involved staff dispensing prescriptions in batches and placing them directly onto another work space. The latter was used for the final accuracy check by the RP. Enough space was left between the dispensed prescriptions which helped reduce the chance of mistakes and mix-ups between the prescriptions.

Members of the pharmacy team recorded their own near miss mistakes electronically. This helped staff to take responsibility and to learn from them. Medicines that had been involved in errors were separated with dividers placed in between. The near miss mistakes were reviewed informally although

there was a formal process in place to record dispensing errors that left the pharmacy.

Staff shredded confidential waste and used their own NHS smart cards to access electronic prescriptions. Sensitive information could not be seen from the retail space and dispensed prescriptions awaiting collection were stored in a separate area, away from members of the public. The RP had been trained on safeguarding the welfare of vulnerable people. This was to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Other staff had also been trained on protecting the welfare of children according to the RP. This was confirmed at the last inspection. However, the newest member of staff who had worked at the pharmacy for the past eight months was unclear on the signs of concern or the action to take to protect vulnerable people (see Principle 2).

The pharmacy's professional indemnity insurance was through Numark and this was due to be renewed after 2 January 2021. The pharmacy's records had largely been completed in line with legal and best practice requirements. This included records for controlled drugs (CDs). Balances for CDs were checked regularly to help verify this. On randomly selecting CDs held in the cabinet, their quantities matched the balances recorded in the register. Staff had been keeping records of the minimum and maximum temperature of the fridge. This helped show that temperature-sensitive medicines had been appropriately stored.

The RP usually worked at the pharmacy every day. The electronic RP record reflected this but did not hold details of when his responsibility finished. Some electronic records of supplies made against private prescriptions had incorrect prescriber details recorded. There were also documented records for the latter although staff were a week behind with entering this information in the private prescription register. This was due to the pandemic and discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload appropriately. Team members have completed the required training for their roles or are enrolled onto suitable training courses. And the pharmacy provides them with sufficient material for their ongoing training. This helps keep the team's knowledge and skills up to date.

### Inspector's evidence

The pharmacy's staffing profile included the regular pharmacist, three dispensing assistants, one of whom was undertaking an accredited training course for this role, two medicines counter assistants and a delivery driver. Some of the team worked part-time. Certificates for staff qualifications obtained were on display. During the inspection, only the RP and the trainee dispensing assistant were present. They were observed to be managing the workload appropriately. The RP explained and it was noted that if queues built inside the pharmacy, staff stopped their tasks and served people. The two worked well together. The trainee dispensing assistant felt supported by the RP. She had been completing her course and knew when to refer to the pharmacist. The team was kept informed about updates through the RP. The RP explained that staff were provided with training resources from different pharmacy support organisations. This helped keep their knowledge and skills current.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide an appropriate environment to deliver healthcare services. The pharmacy has made suitable adaptations to its premises. This helps people socially distance during the pandemic. And it is clean.

### Inspector's evidence

The pharmacy was professional in its appearance. It was appropriately lit, clean and well ventilated. Staff cleaned the pharmacy daily. The retail space was of a medium size and the dispensary was slightly smaller but had an extended side section. There was enough space available for dispensing purposes and storing medicines. A sign-posted consultation room was available for services and private conversations. The dispensary's position and location meant that prescriptions could be dispensed in private and confidential information was protected.

The premises had been adapted to help ensure social distancing. A notice on the entrance provided information about how many people could enter at any one time. This was monitored and enforced by people themselves. A screen had been placed along the length of the medicines counter and up to the ceiling. This acted as a barrier between the staff and the people using the pharmacy's services. Team members were largely positioned behind this and only came out to the retail space to assist people when needed. There were designated sections within the screen to pass prescriptions through or to use the cash register. During the inspection, people commented on how useful and appropriate this screen was.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely provides its services in a safe manner. People can easily enter the pharmacy. And its services have been adapted due to COVID-19. The pharmacy obtains its medicines from reputable sources. It generally manages and stores them appropriately. And the team understands the actions to take if any medicines or devices are not safe to use. This protects people's health and wellbeing.

### Inspector's evidence

People could enter the pharmacy from steps and a ramp. This meant that people with wheelchairs or restricted mobility could easily enter the premises. A few car parking spaces were available outside. There were several posters and leaflets on display about the services provided in the pharmacy. This included details about coronavirus and flu. Some of the pharmacy's services were also being advertised.

The RP explained that aside from flu vaccinations, the NMS was the only other service currently being offered due to the risks associated with the pandemic. After obtaining people's consent for the NMS, subsequent conversations generally took place by telephone. There had been limited uptake with flu vaccines at the point of inspection. The RP wore PPE, the consultation room was used, the service was explained to people, risk assessments were conducted, and they were asked to wait afterwards. This helped monitor them in case of an allergic reaction to the vaccine. To help limit the spread of infection, the RP described completing the full flu vaccination service for one person (from filling in their details to them waiting afterwards) before booking or offering this to another person. This also reduced the amount of time people spent inside the pharmacy.

The pharmacy provided multi-compartment compliance packs to people who struggled to manage their medicines. The RP largely identified this and liaised with the person's GP to set this up for them. When the prescriptions arrived at the pharmacy, details on them were cross-checked against specific records that the pharmacy team kept for this purpose. This helped identify any changes or missing items. Any queries were checked with the prescriber and the records were updated accordingly. Medicines were delivered to people and the pharmacy kept records about this service. Due to COVID-19, people's signatures were not currently being obtained once they received their medicines. Failed deliveries were brought back to the pharmacy and medicines were not left unattended.

On receiving prescriptions and after staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used this facility as part of their audit trail. The pharmacy was not yet compliant with the decommissioning process under the European Falsified Medicines Directive (FMD). Medicines were obtained from licensed wholesalers such as AAH, Alliance Healthcare, Phoenix and Colorama. Invoices and delivery drivers were seen to verify this. Short-dated medicines were identified. The team previously date-checked medicines for expiry every month but had fallen behind with this process due to the pandemic. Staff and the RP were checking expiry dates during the dispensing process and the final accuracy check and this helped ensure date-expired medicines were not supplied. There were no out-of-date medicines seen. The odd mixed batch and loose blister were present. This was discussed at the time.

CDs were stored under safe custody and medicines had been stored appropriately in the fridge. The team stored medicines received from members of the public, that needed disposing of inside separate designated containers once they had been quarantined for 72 hours. This section could have been more

organised. Drug alerts and information about product recalls were received by email and the team then took appropriate action. Electronic records were seen and some documented records were present to verify this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean and well maintained.

### Inspector's evidence

The pharmacy held the necessary equipment and facilities it needed to provide its services. This included current reference sources, a range of standardised, conical measures, counting triangles and a dispensary sink for reconstituting medicines. There was hot and cold running water available. The CD cabinet was legally compliant, and fridges were functioning appropriately. The pharmacy's equipment was clean. Its computers were password protected and positioned in a way that prevented unauthorised access. Cordless phones were available to help conversations 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.