

Registered pharmacy inspection report

Pharmacy Name: Wraybury Village Pharmacy, 58 High Street,
Wraybury, STAINES, Middlesex, TW19 5DB

Pharmacy reference: 1035134

Type of pharmacy: Community

Date of inspection: 21/05/2019

Pharmacy context

This is an independent community pharmacy situated on the high street of a small suburban village, not far from Staines. It has been under the same ownership for more than 20 years. Most people who visit the pharmacy live locally. Retail sales and NHS dispensing are the main activities, but the pharmacy offers some other NHS funded services including Medicine Use Reviews (MURs) and New medicines service (NMS), seasonal flu vaccinations, and supervised consumption.

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 safe and effective. Pharmacy team members usually follow written procedures, to make sure they complete tasks correctly. They record and review their mistakes so that they learn from them. The team understands how it can help to protect the welfare of vulnerable people and it keeps people's private information safe.

Inspector's evidence

The pharmacy had a set of current standard operating procedures (SOPs) which covered the main activities. Most of the team had signed to confirm they had read and agreed them. But some newer team members, including the medicines counter assistant (MCA) and Saturday staff had not, so they might not always work effectively.

There was a clear team structure and SOPs specified individual roles and responsibilities. Team members could explain their role and worked within their remit. A responsible pharmacist (RP) notice was displayed near the counter and there was an electronic log. A check of the log found it was not fully compliant with the regulations as cease times were sometimes missing, the registration number of one of the regular pharmacists was not recorded, and one recent entry had no pharmacist details.

There were some risk management processes in place. The team used baskets to segregate prescriptions during the assembly process, and there was a dispensing audit trail on pharmacy labels. Pharmacists were rarely required to self-check. The pharmacist said they usually discussed errors and any contributing factors. There was an incident reporting process which included a root cause analysis. The team recorded near misses and tried to identify learning points. The pharmacist completed quarterly patient safety reviews. Recent learning had focused on hand-out errors due to similar names and had highlighted issues around data breaches.

Professional indemnity insurance was in place. There was a complaints procedure and the team referred any unresolved concerns or issues to the superintendent (SI). The pharmacy participated in annual patient satisfaction surveys. Results were positive, and these were available on www.NHS.uk website.

The pharmacy used a recognised patient medication record (PMR) system to record prescription supplies, and the pharmacy had all the other records required by law. Controlled Drug (CD) registers were in order and included running balances. There was a dedicated register for recording patient returned CDs and their destruction. Records of supplies of unlicensed medicines captured all the required details. Electronic private prescriptions and emergency supply record captured on the PMR system were properly maintained.

Team members understood about data protection and the importance of patient confidentiality. The team had completed GDPR training, but a privacy notice was not displayed in accordance with requirements. Dispensary staff had individual NHS smartcards and the team shredded confidential paper waste. Confidential material was generally stored securely and out of view of the public.

The pharmacist and accredited checking technician (ACT) were level 2 or 3 safeguarding accredited. Other team members had not completed any formal training but were dementia friends. There was no formal safeguarding formal policy, but the team could access local safeguarding contacts on in the company system if needed. The ACT had raised concerns about and an increasingly confused patient with the pharmacist in the past, and they had subsequently alerted the person's doctor to ensure they were receiving appropriate care and support.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has the right staffing levels and skill mix to meet its business needs. There is an open working culture and pharmacy team members work well together. They complete some basic ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

The SI was the managing director and oversaw the business which comprised of two pharmacies located in adjacent villages.

A regular locum worked as the RP four days a week. Two other regular locums covered the other days, and the SI could provide ad-hoc support if needed. Other permanent team members experienced full-time accredited checking technician, a part-time pharmacy advisor and part-time trainee MCA, who was relatively new to the business. A delivery driver worked four days a week, and there were two Saturday assistants.

At the time of the inspection, the ACT, the dispenser and a counter assistant were supporting the pharmacist. Footfall was steady. The team greeted people promptly and managed the workload without issue during the inspection. The team planned holidays so only one of them was off at any one time. And any absences were usually covered by team members from the other pharmacy. The ACT rarely used her checking skills due to the small dispensary team.

Staff had contracts and there was an induction workbook for new team members. All team members completed accredited training courses relevant to their role. The delivery driver was undertaking and MCA course, so she could assist on the counter if needed. The team said they sometimes completed additional training such as healthy living and GDPR. Training was usually completed during work hours. Some training certificates were available, but there were no comprehensive training records. The SI completed staff appraisals annually.

The team worked well together and talked openly about their work. The technician felt able to make suggestions or raise issues with the pharmacist or SI if needed. A staff handbook covered whistleblowing. Some targets were set in relation to services such as MURs, but the pharmacist did not feel there was any undue pressure to meet these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable and professional environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy was situated in a traditional-style retail unit. It was clean, bright and professional in appearance. The dispensary was compact and open-plan with only two to three metres of bench space, which was quite limited given the volume of dispensing and number of compliance packs. But the team organised their work so packs were assembled during quieter periods.

There was some potential for conversations to be overheard at the counter if more than one patient was present, but the pharmacist was aware of this and the team could offer the use of the consultation room. The room was suitably equipped and accessible from the retail area, and there was a small waiting area with patient seating.

There were staff toilet facilities but no staff rest area or stock room facilities. A lockable container at the rear of the pharmacy was used to store obsolete medicines. There were sinks in the dispensary and consultation room. Air conditioning maintained the ambient room temperature. All areas were reasonably tidy, although the consultation room was cluttered as it was used for storage. This could detract from the overall professional image.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible and generally manages them safely, so people receive appropriate care. The pharmacy team sources, stores and manages medicines appropriately.

Inspector's evidence

There was a single non-automated door and a slight ramp at the entrance, so access was reasonably unrestricted, and staff could help if needed. Signs on the door included signposting information and details of opening times. The pharmacy website provided basic information about the services and contact details. The pharmacy offered a range of health promotion material and there was a display focusing on oral health, in keeping with the current public health campaign.

The team dispensed mainly repeat prescriptions and occasional walk-ins. The local surgery in the next village accounted for the majority of prescriptions, and the team reported a good working relationship with them. They managed some people's repeat prescriptions and there was a clear system in place, so these could be tracked. Dispensed medicines were appropriately labelled, and patient leaflets were routinely supplied.

The pharmacy offered home deliveries and the driver obtained a signature when making a delivery. Deliveries were occasionally left on the doorstep at the patient's request, so there was a potential security risk, but the pharmacist agreed to review their procedures in light of this. A number of people received their medicines in weekly compliance packs. The technician managed these effectively by preparing them in advance according to weekly cycles. Individual patient charts detailed current medication and specific requirements. Packs checked were clearly labelled, but medication descriptions were not included, which could mean people may not have all the information they may need to take their medicines safely.

The team recorded interventions were on the PMR. The pharmacist could access summary care records if people consented. The pharmacist counselled high-risk patients, such as those taking anticoagulants, when medicines when they collected their medicine. Team members were aware of the valproate pregnancy prevention programme. They could not locate any of the relevant patient leaflets or cards but agreed to obtain these from the manufacturer.

The pharmacy proactively offered MURs and NMS. The flu vaccination service had been well received during the previous season. The team offered blood pressure testing according to a protocol. The pharmacist screened results and made referrals if necessary or offered healthy living advice. The pharmacy obtained medicines from a range of licensed wholesalers. Stock medicines were well organised. The pharmacy was working towards complying with the Falsified Medicines Directive but was not currently meeting the requirements of this legislation.

The team completed expiry date checks regularly. A random check of stock found no expired items. The pharmacist's accuracy check included an expiry date check. The team monitored and recorded the fridge temperature to check it was in range and suitable for the storage of medicines. Controlled Drugs were stored in the cabinet, and obsolete CDs were segregated prior to destruction. Other

pharmaceutical waste was stored in designated bins until they were collected by licensed waste contractors.

Pharmacy medicines were stored behind the counter. The medicines counter assistant was familiar with the restrictions on codeine-based medicines when sold over-the-counter. The pharmacist was able to intervene and offered frequent counselling and advice. MHRA alerts and recalls were received by email. The pharmacist explained the action taken in relation to a recent one concerning chloramphenicol. The SI maintained an audit trail of alerts and recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides.

Inspector's evidence

Crown stamped measures were available and the pharmacy had counting equipment for loose tablets and capsules. Disposable medicine containers were stored appropriately. There was a CD cabinet and medical fridge used for storing medicines. A BP meter was used alongside services, it was in working order and replaced regularly.

The pharmacy had suitable reference sources, and access to the internet and the NPA advisory service. The computer terminal was suitably located and PMR system was password protected. A mobile telephone handset enabled calls to be taken out of earshot of the counter if needed.

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.