

Registered pharmacy inspection report

Pharmacy Name: Townsends Pharmacy, 1 Western Parade,
Woodhatch, REIGATE, Surrey, RH2 8AU

Pharmacy reference: 1036740

Type of pharmacy: Community

Date of inspection: 29/08/2019

Pharmacy context

A community pharmacy set in a row of shops serving the residential area of Woodhatch on the outskirts of Reigate. The pharmacy opens six days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It supplies medicines to several care homes and provides multi-compartment compliance packs to help people take their medicines. It delivers medicines to people who can't attend its premises in person. And it offers winter influenza (flu) vaccinations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.8	Good practice	Staff have access to a range of information to help them recognise, support and protect vulnerable people.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team receive set aside time to train and to keep their knowledge up to date. And they learn from their own and other people's mistakes.
		2.4	Good practice	Staff work effectively together as a team and have a work culture of openness, honesty and learning.
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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They record the mistakes they make and learn from them to try and stop them happening again. They keep people's private information safe. And they have access to a range of information to help them recognise, support and protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) and a business continuity plan in place for the services it provided. And these have been reviewed recently. The pharmacy's team members were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's staff discussed and recorded individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they highlighted look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. And its staff were required to wear name badges which identified their roles within the pharmacy. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, a member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. Details about how people could provide feedback on the pharmacy were displayed at its counter and were included in its practice leaflet. The results of last year's patient satisfaction survey were published online. People's feedback led to changes in the way the pharmacy team managed its dispensing workload. And it offered to deliver medicines to people if it was going to take a long time to assemble their prescriptions.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's controlled drug (CD) register and its RP records were adequately maintained. The pharmacy team checked the CD register's running balance regularly. The nature of the emergency within the pharmacy's electronic records for emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The prescriber's details weren't always correctly recorded in the pharmacy's electronic private prescription records. The date a 'specials' line was obtained at the pharmacy, and sometimes when it was supplied, weren't included in the pharmacy's 'specials' records.

An information governance policy was in place and staff were required to read and sign a confidentiality agreement. A notice was displayed at the pharmacy's counter to tell people how their personal data was used and kept. Arrangements were in place for confidential waste to be shredded on-site or collected then sent to a centralised point for secure destruction. The pharmacy team tried to store prescriptions in such a way to prevent people's details being visible to the public.

Safeguarding procedures were in place. And contact details for the relevant safeguarding authorities were available. Members of the pharmacy team were encouraged to complete safeguarding training relevant to their roles; for example, dementia friends training and CPPE safeguarding training. Staff knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. They knew their patients well and if a patient, who was due to collect their prescription, or their representative did not attend the pharmacy or if the delivery driver could not deliver to them this was followed up to ensure the patient was okay. Staff were vigilant, and the pharmacy's culture supported them when they raised a safeguarding concern.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough suitably qualified team members to provide safe and effective care. And it encourages its team members to give feedback. Staff work effectively together as a team and have a work culture of openness, honesty and learning. They receive set aside time to train and to keep their knowledge up to date. And they learn from their own and other people's mistakes. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 49 hours a week and it dispensed about 11,000 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a part-time pharmacy technician, a full-time dispensing assistant, five part-time dispensing assistants, a full-time trainee dispensing assistant, two part-time trainee dispensing assistants and six part-time delivery drivers. The RP managed the pharmacy. The pharmacy was reliant upon its team, staff from one of the company's other pharmacies and locum pharmacists to cover absences. The RP, the pharmacy technician and six dispensing assistants were working at the time of the inspection.

The pharmacy had an induction training programme for its team. And newer team members were mentored by more experienced staff. The pharmacy's team members needed to complete mandatory training during their employment. And they were required to complete or undertake accredited training relevant to their roles after completing a probationary period. The pharmacy technician and one of the dispensing assistants were accredited accuracy checkers. And they helped the RP manage the pharmacy's care home business. Some members of the pharmacy team were trained healthy living champions.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. And he ensured prescriptions, which he had clinically screened and deemed appropriate for one of the accuracy checkers to check, were appropriately marked. A sales of medicines protocol was in place which the pharmacy team needed to follow. A member of the pharmacy team described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant, elderly people or people with long-term health conditions.

Staff performance and development needs were discussed informally throughout the year and at annual appraisals. The pharmacy's team members were encouraged to ask the RP questions, familiarise themselves with new products, attend training events and complete their accredited training or additional training to ensure their knowledge was up to date. They received set aside time to train. They were also encouraged to learn from their mistakes and share any learning outcomes with their colleagues. And they received updates from head office on professional matters.

Team meetings were held to update staff and promote a work culture of openness, honesty and learning. Staff unable to attend the meetings were updated during one-to-one discussions. Members of the pharmacy team felt comfortable in providing suggestions about the pharmacy with their colleagues

and their line manager. And they knew how to raise a concern with the company if they had one. Their feedback led to changes to the pharmacy's prescription retrieval process and to the layout of its main dispensary.

Staff sometimes felt the targets set for the pharmacy could be challenging. But they didn't feel their professional judgement or patient safety were affected by these. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate environment for people to receive healthcare. But its care home dispensary is small. So, its staff don't always have the space they need to work in when it's busy.

Inspector's evidence

The pharmacy was air-conditioned, bright and appropriately presented. The pharmacy team was responsible for keeping the premises clean and tidy. A consultation room was available if people needed to speak to a team member in private. And it was locked when not in use to ensure its contents were kept secure. The sinks in the consultation room and the dispensary were clean. And the premises had a supply of hot and cold water. Antibacterial hand wash and alcoholic hand sanitisers were also available.

The pharmacy's main dispensary had just enough storage space and workbench for its current workload. But its care home dispensary had limited workspace available. So, dispensed prescriptions and bulky items, which couldn't be accommodated on the shelves, were often stored in boxes on the floor and in the consultation room or rarely in the passageway between the two dispensaries. This restricted the amount of space the team had to work in.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy tries to make sure its services are accessible to people. It gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they dispose of people's waste medicines safely. But they don't always make sure people have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy didn't have step-free access nor an assistance bell. So, its team needed to make reasonable adjustments so some people, such as mobility scooter users or wheelchair users, could access the pharmacy's services. It had a portable ramp for these people to use so they could enter the building. And it provided a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery and people were asked to sign a delivery record to say they had received their medicines. The pharmacy offered a winter flu vaccination service. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy provided about 25 MURs, but very few NMS consultations, a month. People were required to provide their consent when recruited for these services.

The pharmacy provided a dispensing service to residents at several local care homes. And its team had carefully considered what the commencement date for each care home should be. So, it could evenly distribute and manage its workload. The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. An audit trail was maintained of the person who had assembled each compliance pack and who had checked it. A brief description of each medicine contained within the compliance packs was provided. But patient information leaflets weren't always supplied as required by the pharmacy's SOPs. So, people sometimes didn't have all the information they needed to take their medicines safely.

Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare, Sangers and Phoenix, to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It also kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and products nearing their expiry dates were appropriately marked.

The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock. Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. And they were decommissioning stock at the time of the inspection as the

pharmacy had the appropriate equipment and computer software to do so. The pharmacy's SOPs had been revised to reflect the changes FMD brought to the pharmacy's processes.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Suitable pharmaceutical waste receptacles were available and in use. A process was in place for dealing with recalls and concerns about medicines and medical devices. Drug and device alerts were retained, actioned and annotated following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to the NPA's information department. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too. The pharmacy had three medical refrigerators to store pharmaceutical stock requiring refrigeration. And their maximum and minimum temperatures were checked and recorded regularly.

The diagnostic equipment used by the pharmacy team needed to be replaced or checked regularly. The pharmacy wasn't offering a blood pressure (BP) monitoring service at the time of the inspection as its BP monitor was broken. It had also suspended its stop smoking service as the monitor its team used hadn't been calibrated for some time.

The pharmacy had a cordless telephone system to allow its staff to have confidential conversations with people when necessary. Access to the pharmacy computers and the patient medication record system was restricted to authorised personnel and password protected. The computer screens were out of view of the public.

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.