

Registered pharmacy inspection report

Pharmacy Name: Oatlands Park Pharmacy, 126 Oatlands Drive,
Oatlands Park, WEYBRIDGE, Surrey, KT13 9HL

Pharmacy reference: 1036860

Type of pharmacy: Community

Date of inspection: 09/06/2021

Pharmacy context

This is an NHS community pharmacy set on a row of businesses in a residential area on the outskirts of Weybridge. The pharmacy opens six days a week. It sells a small range of health and beauty products, including over-the-counter medicines. It dispenses people's prescriptions. And people can collect coronavirus (COVID-19) home-testing kits from its premises. The pharmacy provides multi-compartment compliance packs (compliance packs) to some people who need help managing their medicines. And it delivers medicines to people who can't attend its premises in person. This inspection took place during the COVID-19 pandemic.

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 generally manages its risks well. It has procedures to help make sure its team works safely. It mostly keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong. People using the pharmacy can provide feedback to help improve its services. Members of the pharmacy team review the mistakes they make and learn from them to try and stop them happening again. They can explain what they do, what they're responsible for and when they might seek help. They know how to protect vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. And these have been reviewed and strengthened during the pandemic. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. The pharmacy had risk assessed the impact of COVID-19 upon its services and the people who used it. And, as a result, it adapted its delivery process and the way it took people's blood pressure to keep people safe. The pharmacy had completed occupational COVID-19 risk assessments for each team member. Members of the pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. They were self-testing for COVID-19 twice weekly. They wore fluid resistant face masks to help reduce the risks associated with the virus. And they washed their hands regularly and used hand sanitising gel when they needed to.

The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they shared any learning from these reviews with each other. So, they could try to stop the same types of mistakes happening again. And, for example, they moved some look-alike and sound-alike drugs to keep them apart on the dispensary shelves following a mistake when the wrong product was picked.

The pharmacy displayed a notice that told people who the RP was. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products to a pharmacist. Their roles and responsibilities were described within the SOPs and in their job descriptions. The pharmacy had a complaints procedure. It had received positive feedback from people online. And it had a notice next to its counter that told people how they could provide feedback about it. The pharmacy team hadn't asked people to complete a satisfaction survey so far this year due to the pandemic. But it asked people for their views and suggestions on how to do things better. And, for example, it tried to keep people's preferred makes of prescription-medicines in stock when asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy kept a record to show which pharmacist was the RP and when. The pharmacy had a controlled drug (CD) register, which was mostly kept in order. And its team regularly checked the stock levels recorded in the CD register. The pharmacy kept records for the supplies of unlicensed medicinal products it made. But it didn't always record when it had received one of these products. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied electronically. And these generally were in order. But the prescriber's details were sometimes incomplete or incorrect in the private prescription records.

The pharmacy had arrangements in place to make sure confidential waste was collected and disposed of securely. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. And its team members needed to read and sign an agreement saying that they would keep people's private information safe. People using the pharmacy couldn't see any other people's personal information. The pharmacy had a safeguarding policy. And the RP had completed a level 2 safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. And they had the contacts they needed if they wanted to raise a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. They work well together and use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They 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 team consisted of a full-time pharmacist (the RP), a part-time pharmacist, two part-time dispensing assistants, a part-time trainee medicines counter assistant (MCA) and two part-time delivery drivers. The RP, both dispensing assistants and the MCA were working at the time of the inspection. The pharmacy relied upon its team members to cover any absences or provide additional support when the pharmacy was busy. Members of the pharmacy team worked well together. So, people were served promptly, and their prescriptions were processed safely. The RP was the superintendent pharmacist. He was responsible for managing the pharmacy and its team. And he supervised and oversaw the supply of medicines and advice given by the pharmacy team. A team member described the questions they would ask when making over-the-counter recommendations. They explained that they would refer requests for treatments for animals, babies or young children, people who were pregnant or breastfeeding, people who were old and people with long-term health conditions to the RP.

Members of the pharmacy team needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period. They discussed their performance and development needs with their manager when they could. They were encouraged to ask questions and familiarise themselves with new products. They were also asked to complete training to make sure their knowledge was up to date. And they could train while they were at work when the pharmacy wasn't busy. But they could choose to train in their own time too. The pharmacy held meetings and one-to-one discussions to update its team and share learning from mistakes or concerns.

The pharmacy didn't set targets for its team. And it didn't incentivise its services. Members of the pharmacy team felt able to make professional decisions to ensure people were kept safe. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to an improved filing system.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate environment to deliver its services from. Its premises are clean and secure. And people can receive services in private when they need to.

Inspector's evidence

The pharmacy had a website. This told people about the pharmacy, who its superintendent pharmacist was and what services it offered. The pharmacy didn't sell or supply medicines through its website. The registered pharmacy premises were bright, clean and secure. And a portable air-conditioning unit and window blinds were used to make sure the pharmacy and its team didn't get too hot. The pharmacy had a retail area, a counter, a dispensary, a small storeroom, a toilet and a consulting room. And a counselling practice was located on the first floor of the premises. The dispensary was enlarged following feedback from the inspector after the previous inspection. So, the pharmacy had the workbench and storage space it needed for its current workload. The consulting room could be used when people wanted to talk to a team member in private. It was located to the rear of the property and it had its own entrance. And this entrance was also used to access the counselling practice. The pharmacy had some sinks. And it had a supply of hot and cold water. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy. They cleaned the pharmacy on most days it was open. And they regularly wiped and disinfected the surfaces they and other people touched.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access. Its working practices are safe and effective. Its team members are helpful. And they make sure that people have all the information they need. So, they can use their medicines safely. The pharmacy delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources. And it stores them appropriately and securely. Members of the pharmacy team dispose of people's unwanted medicines properly. And they carry out the checks they need to. So, they can make sure the pharmacy's medicines are safe and fit for purpose.

Inspector's evidence

The pharmacy didn't have an automated door. And its main entrance wasn't level with the outside pavement. But it had a portable ramp its team could use to help people who had trouble climbing stairs, such as someone who used a wheelchair, enter the building. And the entrance used to access the consulting room was almost level with the outside pavement. The pharmacy had a notice that told people when it was open. And its website also told people about its opening times and the services it provided. The pharmacy had a small seating area for people to use when they wanted to wait in the pharmacy. This was set away from the counter to help people keep apart. Members of the pharmacy team were helpful. They took the time to listen to people. So, they could advise and help them. And they signposted people to another provider if a service wasn't available at the pharmacy.

The pharmacy offered a repeat prescription collection service. And people could order their prescriptions through the pharmacy's website. The pharmacy provided a delivery service to people who couldn't attend its premises in person. And it kept an audit trail for each delivery to show that the right medicine was delivered to the right person. The pharmacy supplied COVID-19 rapid lateral flow tests that people could use at home. This was to help find cases in people who may have no symptoms but are still infectious and can give the virus to others. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance packs. It kept an audit trail of the person who had assembled and checked each prescription. And patient information leaflets were supplied. So, people had the information they needed to make sure they took their medicines safely. The pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting, such as a high-risk medicine, or if other items, such as a CD or a refrigerated product, 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. The pharmacy had the valproate educational materials it needed.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals. It recorded when it had done these checks. And it marked products which were soon to expire to reduce the chances of it giving people out-of-date medicines by mistake. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody

requirements, securely. The pharmacy kept its out-of-date, and patient-returned, CDs separate from in-date stock. And its team kept a record of the destruction of CDs people returned to it. The pharmacy had procedures for handling the unwanted medicines people returned to it. These medicines were kept separate from stock and were placed in an appropriate pharmaceutical waste bin. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a plastic screen on its counter. It had markings on its floor to help people keep apart. And its team could restrict the number of people it allowed in the premises at a time if needed. The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had a range of clean glass measures for use with liquids. And it had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure they cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy team had access to up-to-date reference sources. And it could contact Numark to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the maximum and minimum temperatures of this refrigerator. The pharmacy occasionally took a person's blood pressure. The monitor used to do this was recently replaced. And its cuff was sanitised before and after it was used. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The pharmacy had a cordless telephone system. So, its team could have confidential conversations with people when necessary. Most of the team members responsible for the dispensing process had their own NHS smartcard. And they made sure their card was stored securely when they weren't working.

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.