

Registered pharmacy inspection report

Pharmacy Name: Markand Pharmacy, 122 Henley Road, Caversham,
READING, Berkshire, RG4 6DH

Pharmacy reference: 1085264

Type of pharmacy: Community

Date of inspection: 29/07/2019

Pharmacy context

An independent pharmacy located on a parade of shops, serving a diverse community. It is a family run business and has been owned by the regular pharmacist for over 30 years. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance packs (MDS trays or packs) for patients in their own home, seasonal flu vaccinations and substance misuse services.

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

Overall, the pharmacy manages its risks well. The pharmacy records its near misses and errors. But it does not review them regularly and so may be missing opportunities to prevent similar mistakes happening in future. The pharmacy keeps all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

The pharmacist explained that near misses were recorded electronically. The near misses would be highlighted to the team and the pharmacist would ask them to look at it again, change it and then would record the incident electronically. Errors that leave the premises were also reported electronically and entered on the NHS National Reporting and Learning Service (NRLS) website. 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.

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. Multicompartment compliance packs (MDS trays) 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. 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 the NPA was on display in the dispensary and was valid until the 31st October 2019.

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.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample MST 5mg tablets of was checked for record accuracy and was seen to be correct. The controlled drug register was maintained electronically, and the running balance was checked every few months by the pharmacist. 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 fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were seen to be completed appropriately. 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 bins and later shredded.

The pharmacist had completed the Community Pharmacy Post-Graduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and another member of the team had completed the level 2 training in her previous job. The team members explained that they were

aware of things to look out for which may suggest there is a safeguarding issue. 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.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to formal training initially, but not to ongoing training which could affect how well they care for people and the advice they give. Pharmacy team members feel able to make decisions and regularly use their professional judgement to help people. They can raise concerns to help keep the pharmacy safe.

Inspector's evidence

During the inspection, there was one pharmacist and one dispenser. The pharmacist explained that they also had two more dispensers who were completing the NVQ level 2 training with Buttercups. The staff were seen to be working well together and supporting one another.

The team did not have a formal on-going training programme, but the pharmacist explained that he would often update the team on any professional changes such as CD changes or POM to P switches and he would encourage them to attend any local training events held by the Local Pharmaceutical Committee (LPC). The pharmacist also explained that they would regularly receive pharmacy journals and magazines in the post and the team would read them during their breaks and complete the quizzes in them.

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 pharmacist explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for some conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, large dispensary, large stock room and staff rest rooms. The team explained that they had recently extended the dispensary and stock room which had allowed them to take on more work due to other local pharmacies closing. 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. The consultation room could be locked and included seating, a computer with the PMR system, a sink for the provision of services and locked storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs and its team members source, store and generally manage medicines appropriately. However, some people on high-risk medicines may not always be identified. This means it may be difficult for the pharmacy to show that some of those supplies are safe.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. 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 was step-free access into the pharmacy and the team 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 packs for domiciliary patients. The packs were seen to include accurate descriptions of the medicines inside. The team explained that they would provide Patient Information Leaflets on the first supply of packs and if there were any new medicines or changed to the packs. The pharmacist 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 they had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that he would not routinely ask regular patients on warfarin for their blood test results, but he would ask any new patients and would ensure he counselled them well to ensure they were taking their warfarin safely, that they were aware of the risks and having regular blood tests.

Dispensing labels were not routinely signed to indicate who had dispensed and who had checked a prescription. The pharmacist explained that he had previously worked on his own and did not sign the labels, but as there were now three dispensers, he was planning on ensuring everyone knew about signing the 'dispensed by' and 'checked by' boxes on the dispensing labels.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and the pharmacist demonstrated how they were using this to decommission medicines on the PharmaScanner program. The pharmacy obtained medicinal stock from AAH, Alliance, Colorama, B&S, Sigma, Beta pharmaceuticals. Invoices were seen to verify this. Date checking was carried out every six months and the team highlighted items due to expire with coloured stickers.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and secured well to the wall of the dispensary. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for Emerade. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure that it works properly.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. 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 NPA 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.