

Registered pharmacy inspection report

Pharmacy Name: Priestwood Pharmacy, 7 Priestwood Square,
BRACKNELL, Berkshire, RG42 1UD

Pharmacy reference: 1109805

Type of pharmacy: Community

Date of inspection: 25/08/2022

Pharmacy context

This independent community pharmacy is situated alongside other local shops in a residential area of Bracknell. It mainly supplies NHS prescriptions to people in the local area. The pharmacy provides multi-compartment compliance packs to some people who need assistance in managing their medicines and it offers a home delivery service one day a week. The pharmacy also provides some other NHS services such as the New Medicines Service, the Discharge Medicines Service, the Community Pharmacist Consultation Service and seasonal flu vaccinations

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 identifies and manages the risks associated with its services. It has policies and procedures to help make sure that its team members work safely, and it has appropriate insurance for the services it provides. Pharmacy team members keep people's private information safe, and they understand their role in protecting and supporting vulnerable people. The team keeps all the records it needs to by law, but records are not always up to date which could make it more difficult for the team members to show what has happened if a query arises.

Inspector's evidence

The superintendent pharmacist worked as the regular responsible pharmacist (RP). A notice in the retail area identified the RP on duty. The pharmacy team members worked under the supervision of the RP and referred more complex queries to him. The pharmacy had standard operating procedures covering the main activities and tasks undertaken by the team. The SOPs were last reviewed in 2019. Most of the team members had signed the SOPs relevant to their role to show they had read and agreed to follow them. But a new medicines counter assistant and the delivery driver had not. The superintendent explained he was in the process of reviewing and updating the SOPs and he would make sure all team members received training on these.

The pharmacy had procedures to help identify and manage the risks involved in the dispensing process. Dispensed and checked boxes were included on dispensing labels identifying the team members involved in the supply of prescription medicines. The pharmacy team used a book to record near miss incidents and it contained some recent entries. The superintendent explained how he asked team members to spot and rectify their own errors, so they learnt from them. The team discussed any common errors and learning points when they happened and made changes if needed, for example separating stock of look-alike-sound-alike medicines on the dispensary shelves to prevent picking errors. The superintendent confirmed he recorded dispensing errors and he also used the national reporting system. But there was no evidence of periodic reviews to identify trends, so the team might miss further opportunities to learn and improve. The superintendent explained that he personally handled any complaints, and these were usually resolved at the time they occurred. A 'complaints and feedback' notice was displayed in the retail area explaining how people could raise a concern.

The superintendent provided details of the pharmacy's indemnity insurance. The pharmacy used a recognised patient medication record system (PMR). The team was in the process of implementing electronic private prescription records using the facility in the PMR, but this was not yet in place and paper records were not up to date. Controlled drugs (CD) registers included running balances and these were audited periodically. A random check of a CD item showed that the quantity of stock matched the recorded balance. A separate register was used to record patient returned CDs. RP logs were held electronically and appeared to be accurately maintained although the time the RP ceased duty was not always clear. The pharmacy supplied some unlicensed medicines and kept the certificates of conformity, but it did not have up to date specials records showing an audit trail from source to supply.

No confidential information was visible from the public area and the team used a shredder to dispose of

confidential paper waste. A privacy notice was displayed. The pharmacy did not have a confidentiality agreement, but members of the pharmacy team were given guidance about protecting people's private information and this was covered in their employment contracts. The superintendent and pharmacy technician (PT) used their own NHS smartcards to access electronic prescriptions and Summary Care Records (SCR). There was a safeguarding SOP and the superintendent and PT had completed level 2 safeguarding training, so they understood the main principles and how to support vulnerable people. The pharmacy displayed local contact details for reporting child safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to deliver its services safely. The team members work well together, and they have access to appropriate training. But the pharmacy does not always have a structured approach to training which means team members might delay developing the skills and knowledge needed for their roles.

Inspector's evidence

The pharmacy team consisted of the pharmacist (superintendent), a full-time PT, two part time trainee dispensers and two part time MCAs. A delivery driver worked one day a week. The superintendent and two trainee dispensers were present during the inspection. The team worked well together. The foot fall was fairly low, and the workload was manageable. Repeat prescriptions were usually ready in advance of people collecting them and the team processed walk-in prescriptions promptly.

The superintendent was the sole director of the company which owned the pharmacy. He worked as the RP six days a week and used locum pharmacists to cover his occasional days off. Holidays were planned so only one team member was off at a time and they worked flexibly to cover each other's absences.

The PT was a long-standing experienced team member. The dispenser was a trainee and the superintendent confirmed she was enrolled on an accredited course. Another trainee was helping prepare compliance packs. She was completing her MCA course and was not enrolled on a dispensing assistant course. The superintendent agreed to make sure she only undertook non dispensary tasks whilst she was completing course. One of the MCAs had completed training and was due to be enrolled on a dispensary assistant course. The other MCA had only recently started working at the pharmacy and was due to be enrolled on an accredited course once she had completed her induction. The delivery driver had been given guidance, but he had not received any formal training. The superintendent agreed to follow this up to make sure his knowledge was up to date. The team members had access to some online training modules on topical issues, but the pharmacy did not have a structured ongoing training programme.

The trainee dispenser felt supported and comfortable discussing issues with the pharmacist, but she was unsure if the pharmacy had a whistleblowing policy and was unsure about how to raise concerns externally. The superintendent explained a policy was included with the SOPs and he would make sure the team members were aware of it.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has consultation facilities which are used for some services such as vaccinations, and so the pharmacy team members can speak to people in private.

Inspector's evidence

The pharmacy occupied a small shop unit. There was a retail area, counter and dispensary to the rear. A compact consultation room was accessible from the retail area.

The pharmacy was clean, and reasonably tidy and well organised. Lighting was sufficient and the room temperature was controlled. The dispensary fixtures and fittings were suitably maintained, and the pharmacy was secured overnight.

The pharmacy did not have a stock room or much additional storage space, so some areas were cluttered. For example, the consultation room was used to store sundries such as cartons and dispensing bags, and the staff toilet contained pharmaceutical waste. Due to the lack of space, there was no staff rest area.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's working practices are safe and effective, so people receive appropriate care. It gets its medicines from reputable suppliers, and it stores them securely. The pharmacy team members make some checks and manage medicines to make sure they are fit for purpose and suitable to supply.

Inspector's evidence

The pharmacy had a single door and a slightly sloped entrance, so access was reasonably unrestricted. The retail area was clear and there was adequate space to accommodate a wheelchair or a buggy. The pharmacy's displayed some of its services in the front window. Healthcare information and local signposting information was available in the retail area and leaflets, including a practice leaflet, were displayed in the consultation room. Most people collected their own prescriptions. Home deliveries were offered one day a week. The superintendent explained how the delivery driver kept an audit trail of deliveries and most people signed to confirm receipt of their medicines, but evidence of this was not seen.

The dispensing workflow was organised. The team used baskets during the dispensing process to prioritise the workload and minimise the risk of prescriptions getting mixed up. The RP checked all prescriptions before they were bagged or handed out. A third check was completed by a team member when prescriptions were bagged. Assembled prescriptions were stored in an organised manner and there was a retrieval system. Notes could be added to prescriptions to highlight if counselling was needed. The superintendent was aware of the risks of taking valproate and the pregnancy prevention programme. Interventions were not routinely recorded on the PMR. For example, the pharmacy had dispensed a private prescription issued by an EU prescriber. The superintendent had taken some steps to verify its authenticity, but he had not recorded an intervention with the action he had taken, so he could not easily show that the supply of medicines was safe and legal.

The pharmacy supplied around 20 people with compliance packs. Most people were referred by their doctor, but the pharmacy had assessed a couple of people to determine if compliance packs were the most suitable option. The team had made some adaptations such as providing larger print labels and Braille packaging for a partially sighted person. The team kept records for each compliance pack patient. Assembled multi-compartment compliance packs were labelled with a description of the medicines inside. But a small sample checked found the labelling contained insufficient details to enable people or their carers identify each medicine. The pharmacy sometimes supplied patient information leaflets to people receiving compliance packs. The superintendent explained that some people had requested not to receive these although this was not documented on their records

The RP could intervene and supervise sales of over-the-counter medicines. Pharmacy medicines were stored behind the counter, so people had to ask to purchase these. The superintendent was aware of the risks associated with codeine containing painkillers, codeine linctus and Phenergan Elixir.

The pharmacy had a substantial stock holding. Stock medicines were sourced from licensed wholesalers, and these were stored in an organised manner on dispensary shelves. Medicines were

date checked at regular intervals. No date-expired medicines were found with stock medicines. Obsolete medicines were placed in pharmaceutical waste bins, so they were kept separate from stock. A few boxes of patient returned medicines including gabapentin capsules were found in an unsealed pharmaceutical bin in the staff toilet. Gabapentin is a CD and should be denatured prior to disposal. The superintendent removed the capsules and agreed to make sure unsealed bins were not stored in the toilet and to remind the team of this requirements for managing patient return medicines safely. The CD cabinet was large enough for the amount of stock. Obsolete CDs requiring safe custody were segregated in the cabinet. The team had recently completed a CD destruction authorised by the CD accountable officer.

Medicines requiring cold storage were kept in a fridge. The team monitored the maximum and minimum fridge temperatures daily, and records showed it was in range between 2 and 8 degrees Celsius. Some assembled prescriptions containing fridge lines had recently been transferred to a second fridge to make space for an expected delivery of flu vaccines. This fridge temperature was not being monitored, but the superintendent subsequently confirmed he had ordered a thermometer and that the fridge was being monitored. The pharmacy received MHRA safety alerts and medicine recalls by email and some examples of alerts that had been actioned were seen in a file.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services safely. Equipment is appropriately maintained and used in a way which protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and appropriate reference sources including the latest versions of the British National Formularies (BNF). The dispensary sink had hot and cold running water, but the sink was severely stained with limescale which made it look unclean. The pharmacy had glass liquid measures used to prepare medicines, and equipment for counting loose tablets and capsules as well as disposable containers for dispensing medicines.

The pharmacy had two computer terminals in the dispensary so sufficient for the volume and nature of the services. Computer screens could not be viewed by members of the public. Access to computer systems was password protected. All electrical equipment appeared to be in working order. Conversations and telephone calls in the dispensary could be potentially overheard from the retail area but the superintendent was aware of thi

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. |