

Registered pharmacy inspection report

Pharmacy Name: Q2 Pharmacy, 51 Hughenden Road, HIGH
WYCOMBE, Buckinghamshire, HP13 5HS

Pharmacy reference: 1110411

Type of pharmacy: Community

Date of inspection: 15/01/2020

Pharmacy context

An independent pharmacy located in a residential area in the centre of High Wycombe. 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), a New Medicine Service (NMS), multi-compartment compliance aids for patients in their own homes, supervised consumption and a delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	3.1	Standard not met	The consultation room is excessively cluttered and contains hazards which may be exposed to the public.
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 operates in a satisfactory manner. Members of the pharmacy team generally deal with their mistakes responsibly, and they know to protect people's private information. It has written instructions to help with this. But the pharmacy cannot show that these have been updated recently. This could mean that the procedures are not in line with current practice. The pharmacy doesn't keep some of its other records sufficiently up to date. So they may not have enough information available if problems or queries arise in the future.

Inspector's evidence

Near misses were recorded on a near miss log displayed in the dispensary and when near misses or errors occurred, the technician explained that the team would have a discussion to identify why the incident had occurred and what they could do to prevent a recurrence. The pharmacist explained that near misses would be reviewed every three months as part of the Pharmacy Quality Scheme (PQS).

Standard operating procedures (SOPs) were in place for the dispensing tasks. However, it was not clear when some of the SOPs had been created or when they had been reviewed but the latest staff signatures in the SOPs were from 2012. 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 but was valid until 9th December 2019. The pharmacist explained that it had been renewed, but the new certificate had not been displayed yet. 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 community pharmacy patient questionnaire (CPPQ) but the results from the 2019 survey were not displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Zomorph 30mg capsules was checked for record accuracy and was seen to be correct. The controlled drug register was maintained electronically using CD Smart, and the pharmacy checked the running balance every week. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. However, on entry into the pharmacy, the pharmacist was not present, and the absence had not been recorded in the register. 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 completed electronically, and the specials records were complete with the required information documented.

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 shredded regularly. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacy had also completed the NHS Data Security and Protection (DSP) Toolkit. The pharmacist and the trainee ACT had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members explained that they were aware of things to look out for which may suggest a safeguarding issue. The contact details for the local safeguarding authorities were available to the team online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there was one pharmacist, one trainee accredited checking technician and one trainee dispenser. Certificates of completed training were displayed held in a staff training folder. The staff were seen to be working well together.

One of the technicians was observed using an appropriate questioning technique to find out more information when someone presented in the pharmacy asking for ibuprofen. She did this before counselling the patient effectively. The team did not have a formal on-going training programme, but they received regular training information from various sources and there was also a representative from Perrigo who came in every month to train them on new products.

The team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed could improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy keeps its consultation room in an unsatisfactory way that is inappropriate for the professional use of that space. And, the team is storing some pharmacy-only medicines by the public spaces. This increases the risk of self-selecting medicines that require controlled sales. But, the rest of pharmacy's premises are generally suitable for the services it delivers.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, dispensary, a stock area, consultation room and a staff bathroom. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy. Next door to the pharmacy, was a beauty salon owned by the same company which was also registered as part of the pharmacy. The pharmacist explained that this was due to plans to start advanced aesthetic procedures at the salon. The pharmacy was modern and bright. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. However, some pharmacy-only medicines, for example Feminax Ultra (Naproxen 250mg) were exposed on the medicines counter and could be liable to self-selection or theft. The consultation room was not locked and inside there were open sharps bins. The consultation room was very cluttered with paper work and stock, and was not professional in appearance.

The team explained that they cleaned the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of services. Medicines were stored on the shelves in a suitable manner and the shelves were cleaned when the date checking was carried out. The dispensary was screened to allow for the preparation of prescriptions in private.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally delivers its services in a safe and effective manner, and people with a range of needs can access them. Team members identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take. However, the pharmacy does not always store or manage medicines safely and so cannot ensure that the medicines it supplies are fit for purpose.

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 by the medicines counter and in the consultation room. There was step-free access into the pharmacy. There was also seating available should people require it when waiting for services.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside, but they were not always supplied with patient information leaflets (PILs). The pharmacy team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and they had checked the PMR to see if they had any patients in the at-risk group. There was an information pack about the risks of valproates in the dispensary which the team would use when dispensing prescriptions for valproates to patients in the at-risk group. The pharmacist explained that he would ask patients taking warfarin if they were aware of their dose and whether they were having regular blood tests, and the team documented the information from the blood tests on the PMR. Dispensing labels were signed to indicate who had dispensed and who had checked a prescription. Medicines were mostly stored appropriately. However, several amber bottles with loose medicines were found on the shelves and did not include the expiry date and the batch number.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD), but they were registered with SecureMed and were working on implementing a system in the pharmacy. The pharmacy obtained medicinal stock from AAH, Alliance, Phoenix, Colorama, Trident, OTC, Sigma and Doncaster. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and correctly secured to the wall of the pharmacy in accordance with regulations. 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 ranitidine 150mg and 300mg tablets. The recall notices were printed off in the pharmacy and annotated to show the action taken. The team also kept a record of all the recalls electronically on PharmSmart.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities it needs to provide its services safely. Its equipment is clean and well maintained.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. The technician explained that the Methameasure was calibrated every morning prior to dispensing. Up-to-date reference sources were available such as a BNF and a BNF for Children 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 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.