

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: 29/09/2020

Pharmacy context

This is a community pharmacy located in a residential area in the centre of High Wycombe in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. It also offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), multi-compartment compliance packs for people who find it difficult to manage their medicines at home, supervised consumption and a delivery service.

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 is operating safely. It has suitable systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Trained members of the pharmacy team understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. But the pharmacy doesn't always maintain all its records as it should. This could mean that its team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy was organised, clean and tidy. It had a range of documented standard operating procedures (SOPs) that had been updated. They provided guidance for the team to carry out tasks correctly. Team members knew their roles, responsibilities and limitations. They had designated tasks. And some members of staff had also taken on responsibility for training other members of the team (see Principle 2). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. This included limiting the spread of infection from COVID-19. The premises and the pharmacy's way of working had been modified (see Principle 3). A poster was on display asking people to wear a mask upon entering and where they should wait to be served. Only two people at a time could enter the premises. Staff explained that if people didn't have a mask, they were asked to use the side hatch to be served instead of entering the pharmacy. The team had been provided with personal protective equipment (PPE) and staff were wearing masks or visors at the time of the inspection. Team members also used their own marked and designated pens to help prevent cross-contamination. Hand sanitisers were present in the dispensary for staff to use. And posters were displayed to educate the team about effective hand washing. The pharmacy was cleaned regularly. Risk assessments for COVID-19, including occupational ones for the team had been completed. The responsible pharmacist (RP) was aware of the requirement to report any cases of staff contracting COVID-19 during work. Information about coronavirus was also on display.

Staff explained that they usually routinely recorded their near miss mistakes. They were reviewed every few months and discussions were held with the team. Medicines that had been involved in errors, were similar in packaging or name were identified, highlighted and separated. The RP explained that the number of mistakes being made were low because medicines were stored within individual and named sections with dividers. This helped to identify them more easily. The last records for the near miss mistakes however, were from earlier in the year. The lack of current recording was described as due to the pandemic. The accuracy checking technician (ACT) usually reviewed the mistakes and fed back the results to the team.

The pharmacy had policies to protect people's confidential information and for safeguarding vulnerable people. Trained members of staff had read and signed them. They had been trained on both areas and could recognise signs of concern. Staff knew who to refer to in the event of a concern. The RP and ACT had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Newer members of the team were still in the process of reading through and being trained on this.

Confidential information was protected. There were no sensitive details that could be seen from the retail space. The pharmacy displayed details about how people's private information was protected. Confidential material was stored and disposed of appropriately. This included confidential waste which was shredded. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were largely compliant with statutory and best practice requirements. This included a sample of electronic registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Appropriate professional indemnity insurance arrangements were in place. Records verifying that fridge temperatures had remained within the required range had been completed. However, there were gaps within the electronic RP record where pharmacists had not always recorded the time that their responsibility ceased, and incorrect details being documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. They work well together. Some members of the team support others and encourage them to learn. And the pharmacy provides the team with ongoing training material. This helps keep the team's knowledge and skills current.

Inspector's evidence

The pharmacy's staffing profile included the regular RP and two other pharmacists who worked different shifts during the day, an ACT who was not working in this capacity but had taken on managerial and a supportive role for others, a recently trained pharmacy technician, a dispensing assistant and two apprentices. The latter had only started within the last two months and were currently undertaking limited tasks. They were being supervised appropriately. There was also a pre-registration trainee who had recently started. They were not present at the time of the inspection. The team was up to date with the workload and the pharmacy had enough staff to manage its volume of dispensing.

Staff knew which activities could take place in the absence of the RP and they referred appropriately. They asked relevant questions before selling medicines or products. Team members were observed to work well together and required little direction from the RP. The RP explained that several members of the team had been unwell during the pandemic. Locums and pharmacists had been used with part-time staff covering. The staff were now well. They liked working at the pharmacy and felt supported. The ACT encouraged team members and supported them during their training. She helped identify training needs and ways that these could be met. Staff were also provided with opportunities and resources for ongoing training through a pharmaceutical manufacturing company. Weekly meetings were usually held, and regular discussions took place to keep everyone informed. The team's performance was being monitored regularly.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver healthcare services. The pharmacy has introduced measures to help reduce the spread of COVID-19 inside its premises. Its team members keep the premises very clean. And it has separate spaces where confidential conversations or services can take place.

Inspector's evidence

The pharmacy's premises were professional in appearance with modern fixtures and fittings. The pharmacy was clean, bright and well ventilated. It was very clean. The pharmacy's retail space was somewhat smaller than the dispensary, but the latter had plenty of space to carry out dispensing tasks safely. There were designated workstations for different activities to take place. A signposted consultation room was present in the retail space. This was organised, clear of clutter and of a suitable size for its intended purpose. However, another larger, better equipped consultation room was present at the back of the adjacent premises which the RP explained would have been used to provide services. This retail space was a beauty salon, under the same ownership as the pharmacy and registered with the GPhC as part of the pharmacy. The two had a linked entrance.

The premises had been adapted to help ensure social distancing. Notices were on the door about how many people could enter at any one time and where people should stand to be served. The hatch which was normally used out of hours was now being used for people to collect their repeat prescriptions from. This reduced the need for people to enter the premises which in turn, reduced the spread of infection within a closed space. Staff explained that this section had initially been closed during the early stages of the pandemic but had been re-opened and its use changed to help deal with queues in winter. Details were also on display to provide information about coronavirus.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It keeps suitable records for its services. This ensures its services are organised, managed well and delivered effectively. People can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. And it generally stores as well as manages its medicines appropriately.

Inspector's evidence

People could enter the premises from the street. This meant people with wheelchairs or restricted mobility from entering the pharmacy. Seats were available for people waiting for their prescriptions and a car park was located at the rear of the premises. Some people's medicines were supplied inside compliance packs once the RP had identified a need and liaised with the person's GP about this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. The pharmacy's driver delivered people's medicines to them and the team kept records about this service. Contactless deliveries were being made due to COVID-19 and the driver signed on people's behalf once they had successfully delivered their medicines to them. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space was used to assemble and store compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Phoenix, Colorama, Trident, Sigma and Doncaster to obtain medicines and medical devices. The pharmacy was not yet set up to comply with the decommissioning process under the European Falsified Medicines Directive (FMD). The team date-checked medicines for expiry regularly and kept a schedule of when this had happened. Short-dated medicines were identified. Clear bags were used to store dispensed CDs and fridge items so that the contents could be easily identified upon hand-out. There were no date-expired medicines seen but the odd poorly labelled container and mixed batches were present. Staff were currently in the process of rearranging medicines and cleaning shelves. This was therefore being addressed. Medicines returned for disposal, were accepted by staff and stored within designated containers. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And generally used appropriately to protect people's private information.

Inspector's evidence

The pharmacy had a suitable range of equipment and facilities. This included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, legally compliant CD cabinets and appropriately operating pharmacy fridges. The dispensary sink for reconstituting medicines was clean. Computer terminals were positioned in a manner that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and a shredder to dispose of confidential waste. Some members of the team however, had left their NHS smart cards inside computer terminals and they were not present during the inspection. Storing NHS smart cards appropriately was discussed at the time.

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.