

Registered pharmacy inspection report

Pharmacy Name: Reynolds Way Pharmacy, 7 Reynolds Way,
ABINGDON, Oxfordshire, OX14 5JT

Pharmacy reference: 1112205

Type of pharmacy: Community

Date of inspection: 11/12/2019

Pharmacy context

The pharmacy is located in a parade of businesses in a residential area of Abingdon. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, substance misuse and seasonal flu vaccination.

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's working practices are generally safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines in the right way. The pharmacy manages risk and it has written procedures which tell staff how to complete tasks effectively. It mostly keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team keeps people's information secure.

Inspector's evidence

Near misses were recorded and reviewed. 'Lookalike and soundalike' 'LASA' medicines had been separated in the dispensary to minimise risk of picking errors and included prochlorperazine and prednisolone, gabapentin and pregabalin and atenolol and allopurinol. Amlodipine was stored separately with fast moving drugs.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. The pharmacist checked interactions between medicines for the same patient. There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

There was a separate dedicated area where multi-compartment compliance aids were prepared for a number of patients (domiciliary and assisted living) on a rolling basis. A medicines administration record (MAR) chart was provided with compliance aids if requested. Prescription items could be re-ordered via the MAR chart which the pharmacy sent to the doctor's surgery. Prescriptions received were checked against the MAR charts and missing items were chased up. The pharmacy managed prescription re-ordering on behalf of most patients and liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. There were colour coded folders of information relating to compliance aids and each patient had their own polythene sleeve to contain patient records including a sample backing sheet and discharge summaries. Backing sheets were reprinted to reflect changes in medication. Labelling included a description to identify individual medicines and patient information leaflets (PILs) were supplied with each set of compliance aids.

If alendronate was supplied in a compliance aid, it was positioned in a separate compartment. The pharmacy technician who was involved in the preparation of compliance aids explained that the stability of sodium valproate had been checked with the manufacturer prior to supply in a compliance aid. The dates of controlled drug (CD) prescriptions were managed to ensure supply within the 28-day validity of the prescription.

The practice leaflet was not on display and required reprinting. It included details of how to comment or complain. The annual patient questionnaire was being conducted at the time of the visit. There was a set of standard operating procedures (SOPs) with a review date of July 2020. A complaints procedure

was included and responsible pharmacist SOPs but some SOPs required review. The delivery SOP referred to completion of a delivery record book and obtaining a patient signature indicating a safe and effective delivery. In practice, a drop sheet was prepared and a patient signature was not recorded. The delivery persons had not signed to show training in the procedure was complete. Ensuring SOPs reflected actual practice and the pharmacy team were trained so they were clear about their roles and responsibilities was discussed. Following the visit, the pharmacist confirmed that the delivery procedure was being implemented and patient signatures were recorded where possible.

To protect patients receiving services, there was professional indemnity insurance in place provided by Numark expiring 31 Dec 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency and 'specials' supplies were generally complete. Private prescriptions required filing. The patient group direction (PGD) to supply nitrofurantoin to treat a simple urinary tract infection was in date.

The CD and methadone registers were mostly complete, and the balance of CDs was audited but increasing the frequency of audit to detect discrepancies earlier was discussed. A random check of the actual stock of MST 30mg reconciled with the recorded balance in the CD register. Invoice number and name but not always address of the supplier were recorded for receipt of CDs. FP10MDA prescriptions were endorsed at the time of supply. Patient returned CDs were recorded in the destruction register for patient returned CDs. There were some loose pages in the CD registers which should be secured to avoid becoming detached and lost.

The superintendent pharmacist (SI) confirmed there was a folder regarding General Data Protection Regulation (GDPR) and staff were due to train in procedures. A privacy notice was displayed following the visit. Staff had signed confidentiality agreements. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally used their own NHS cards. The pharmacy computer was password protected and backed up regularly. The pharmacist was accredited at level 2 safeguarding training via Centre for Pharmacy Postgraduate Education (CPPE).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained team members to deliver its services safely. They work well together and are comfortable about providing feedback to improve the pharmacy's services.

Inspector's evidence

Staff comprised: one full-time pharmacist, one part-time locum pharmacist, one full-time pharmacy technician, one full-time apprentice (Buttercups) almost completed training, two part-time dispensers, one part-time medicines counter assistant (MCA) enrolled on accredited training.

Staff had protected learning time to train. Children's oral health and risk management training had been undertaken and the SI planned to undertake training such as sepsis for the Pharmacy Quality Scheme (PQS). The SI said staff had had an appraisal in the previous year to monitor staff performance. Staff felt able to provide feedback and had suggested improving how stock was stored so it was tidier. There was a discussion about working in a tidy environment to reduce the risk of errors. The SI said targets and incentives were not set for staff.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of its services. The pharmacy prevents people accessing the premises when it is closed to keep medicines and information safe.

Inspector's evidence

The premises were generally clean and tidy. The dispensary was on the same level as the retail public area. There was additional dispensary space to the back of the pharmacy where compliance aids were prepared. The consultation room was located to one side of the medicines counter and was locked when not in use. It protected patient privacy. There was a gate to restrict access between the retail area and behind the medicines counter. Lavatory facilities were clean and handwashing equipment was provided. There was sufficient lighting and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources to protect people from harm. It makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe to use. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. They make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team members give advice to people about where they can get other support.

Inspector's evidence

There was not wheelchair access, but staff went to the entrance to assist people with mobility issues. Large font labels could be printed to assist visually impaired people. Staff could converse in Portuguese, Urdu and Spanish to assist people whose first language was not English. Patients were signposted to other local services including the doctor, dentist and physiotherapist.

There were no people of child-bearing potential being supplied sodium valproate. The procedure for supply of sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) to be explained was discussed. The intervention was to be recorded on the patient medication record (PMR). The pharmacist was aware of the procedure to supply isotretinoin to people in the at-risk group. The treatment had to be initiated by a consultant and would be supplied following a negative pregnancy test result. The patient would be counselled on PPP and the intervention recorded on the PMR. The prescriber was contacted regarding prescriptions for more than 30 days' supply of a CD as good practice. There was a discussion about ensuring interventions were recorded on the PMR to show checks that medicines were safe for people to take and appropriate counselling was provided to protect patient safety.

Warning stickers were in use to alert staff to high-risk medicines such as fridge items. CD stickers were in use to ensure CDs were not given out after the 28-day validity period. The pharmacist said that when supplying warfarin people were asked for their record of INR along with blood test due dates. INR was not always recorded on the PMR. Advice was given about side effects of bruising and bleeding including internal bleeding. Advice was given about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose and when to take folic acid. Counselling was given to people to seek medical advice if they developed an unexplained fever.

An audit had been conducted to identify people for referral for prescription of a proton pump inhibitor for gastric protection while taking a non-steroidal anti-inflammatory drug (NSAID). The audit regarding repeat prescription of a reliever inhaler but no steroid inhaler for adults had been conducted. To meet quality payments criteria, staff had previously completed children's oral health and risk management training.

Medicines and medical devices were delivered outside the pharmacy. Following the visit, the SI confirmed that the delivery procedure had been reviewed to improve the audit trail indicating effective delivery. Medicines and medical devices were obtained from Alliance, AAH, Phoenix and DE South. Floor areas were mostly clear, and stock was stored on the dispensary shelves. Stock was date checked

and no date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening and medicines were mostly stored in original manufacturer's packaging. Cold chain items were stored in two medical fridges. Uncollected prescriptions were cleared from retrieval every six weeks after the patient had been contacted. CD prescriptions were highlighted with stickers to ensure they were not given out after the 28-day validity period. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts and recalls were printed, actioned and annotated.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

Current reference sources included BNF. The dispensary sink required treatment to remove lime scale. There were stamped glass measures to measure liquids including separate marked measure for methadone. Minimum and maximum fridge temperatures were monitored daily and found to be within the range two to eight Celsius. The CD cabinet was fixed with bolts. Sharps bins for flu vaccination sharps disposal were stored in the back dispensary as the pharmacy had finished the flu vaccination service. There was an in-date adrenaline injection device for use in the event of anaphylaxis. Referring to the manufacturer's hand book regarding when the blood pressure monitor was due for re-calibration or replacement was discussed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally used their own NHS cards. The pharmacy computer was password protected and backed up regularly.

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.