

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: 10/03/2022

Pharmacy context

The pharmacy is in a parade of shops in a residential area of Abingdon. It dispenses NHS prescriptions 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 delivery, supervised consumption, treatment for simple urinary tract infection and vaccinations for seasonal flu. The inspection took place during the COVID-19 pandemic. All aspects of the pharmacy were not inspected.

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. It has satisfactory written procedures which tell team members how to manage risks and work safely. But some members need to read the procedures so they know how to complete tasks in the right way. Pharmacy team members record and review their mistakes, but some records do not have a lot of detail. So they may not spot patterns to stop the same things happening again. They have introduced ways of working to help protect people against COVID-19 infection. The pharmacy mostly keeps the records it needs to by law so it can show it is providing safe services. And it enables people to give their views on how it can improve its services. Members of the pharmacy team understand their role in safeguarding the welfare of vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chances of them happening again. But they didn't always record them or the lessons they learnt from them. So, they could be missing opportunities to spot patterns or trends with the mistakes they made. One of the pharmacy team explained that medicines involved in incidents, or were similar in some way, such as risperidone and ropinirole were generally separated from each other in the dispensary. Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP).

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these had been reviewed since the last inspection. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. But some training records were not signed, so the pharmacy manager gave an assurance that team members, including the delivery persons, would complete reading and signing the SOPs. The SOP for dispensing and checking prescriptions by suitably trained team members was being updated but the accuracy checking dispensing assistant (ACD) explained how the responsible pharmacist (RP) identified and endorsed prescriptions she could accuracy check. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they should seek help. Their roles and responsibilities were described in the SOPs. A team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist. The pharmacy had a complaints procedure and generally any issues were dealt with locally by the RP or else the person was given the contact details to get in touch with the pharmacy's head office. The pharmacy displayed a leaflet at the till and it asked people for their views and suggestions on how it could do things better.

The pharmacy had risk-assessed the impact of COVID-19 upon its services and the people who used it. To help protect people against COVID-19 infection it had fitted screens at the medicines counter and

there was hand sanitising gel to apply. A written occupational COVID-19 risk assessment for each team member had been completed. Members of the pharmacy team knew that any work-related infections needed to be reported to the appropriate authority. They were self-testing for COVID-19 regularly. They wore fluid resistant face masks to help reduce the risks associated with the virus. And they washed their hands regularly and used hand sanitising gel.

The pharmacy displayed a notice that told people who the RP was. It had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy kept a record to show which pharmacist was the RP and when. The pharmacy had a controlled drug (CD) register. And its team made sure the CD register was kept up to date. But the stock levels recorded in the CD register were not checked weekly in line with the SOP. So, the pharmacy team may have missed opportunities to spot mistakes quickly. A random check of the actual stock of one CD did not match the recorded amount. The RP notified the inspector following the inspection to confirm that the entries in the CD register were now up to date. The flu vaccination was administered to people via a patient group direction (PGD) and recorded on PharmOutcomes so their regular doctor's surgery was informed. Records were seen for administration to individual people. The pharmacy regularly made supplies of a treatment for simple uncomplicated urinary tract infection via a PGD. It kept records for the supplies of the unlicensed medicinal products it made and when one of these products was received, who it was supplied to and when. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied electronically. And individual records were seen to be complete, but the team member was unsure how to display the electronic record of all the private prescriptions it processed.

The pharmacy was registered with the Information Commissioner's Office. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. Its team tried to make sure people's personal information couldn't be seen by other people and was disposed of securely. The pharmacy computer system was password protected and screens were not visible to members of the public. The data safety and protection (DSP) toolkit was due to be submitted soon. One of the team described the procedure for making sure the bagged prescription items were handed out to the right person. And what they would do if the prescription was given to another person with a similar name. The pharmacy had a safeguarding SOP. And the RP had completed a safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. The pharmacy team had administered flu vaccinations to some people at local schools. The pharmacy manager confirmed the people involved were vetted and there were safeguarding procedures in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together to manage the workload and deliver services. They have access to a range of training resources and time at work to study to improve their skills. Team members are comfortable providing feedback to improve services.

Inspector's evidence

The pharmacy team consisted of the current regular pharmacist, two full-time dispensing assistants (one accredited as an ACD), two part-time dispensing assistants (one accredited and one in training), one part-time medicines counter assistant (MCAs) and two part-time delivery drivers. The pharmacy team also included a locum accuracy checking technician (ACT) one day a week and a locum dispenser who was there several days each week.

Members of the pharmacy team were allocated protected learning time for ongoing training and they took it in turn to study online topics or SOPs in the consultation room. There was a 'new starter checklist' that the pharmacy manager completed and training requirements included risk assessments, SOPs, information governance, business continuity data and cyber security. A 'staff awareness questionnaire' on data sharing and protection with scores was completed by team members.

One staff member was healthy living champion for the pharmacy. In line with the pharmacy quality scheme (PQS), members of the team had completed topics such as: dealing with 'lookalike and soundalike' (LASA) medicines, risk assessment, inhaler technique, remote consultation, infection prevention and control, antimicrobial stewardship and health inequalities.

The team worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP was observed supervising and overseeing the supply of medicines and advice given by the pharmacy team. One team member explained the sales protocol and described the questions they needed to ask people when making OTC recommendations and when to refer requests to a pharmacist or the person's doctor. The pharmacy's team members had annual appraisals to monitor their performance and identify training needs. They had regular team meetings to discuss near misses, incidents or COVID updates. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback led to installing an additional workbench with storage underneath in the compliance aid room. The RP was signposted to the GPhC Knowledge Hub

Principle 3 - Premises ✓ Standards met

Summary findings

The registered pharmacy is generally clean, secure and suitable for the provision of healthcare. And it protects the privacy of people who use its services. The pharmacy prevents people accessing the premises when it is closed so it keeps its medicines and people's information safe. The pharmacy team has put measures in place to help protect people from COVID-19 infection.

Inspector's evidence

The registered pharmacy's premises were generally bright, clean and secure. And steps were taken to make sure the pharmacy and its team didn't get too hot. The pharmacy had a retail area, a counter, a dispensary and a compliance aid preparation area in a storeroom at the back of its premises. The pharmacy had a consultation room which was clearly labelled. And people could have a private conversation with a team member. The dispensary had designated checking and dispensing areas. Floor areas behind the pharmacy counter were clear. The compliance aids preparation area was tidy and in a separate area away from the dispensing activity and medicines counter. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

People with a variety of needs can easily access the pharmacy's services. The pharmacy's working practices are generally safe and effective. It obtains its medicines from reputable suppliers, and stores them securely at the right temperature so it can show they are fit for purpose and safe to use. The pharmacy team members give people helpful advice and they make sure people have all the information they need to use their medicines safely. Members of the pharmacy team know what to do if any medicines or devices need to be returned to the suppliers.

Inspector's evidence

The pharmacy did not have an automated door but its entrance was level with the outside pavement. This was helpful to people who found it difficult to climb stairs to enter the building. The pharmacy team tried to make sure people could use the pharmacy's services. It had a notice that told people when it was open. And other health-related notices told people about wearing a mask when in the pharmacy if possible and services the pharmacy offered. The pharmacy had a small seating area for people to use if they wanted to wait. Members of the pharmacy team were helpful. And they signposted people to another provider if a service wasn't available at the pharmacy. The pharmacy had a healthy living champion and the pharmacy team had completed training in line with the PQS. They had undertaken new medicines service consultations with follow up checks. Audits were planned or completed to monitor inhaler technique and anti-coagulants which people were taking.

The pharmacy provided a delivery service to people who couldn't attend its premises in person. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The pharmacy supplied COVID-19 rapid lateral flow tests that people could use at home. This was to help find cases in people who didn't have symptoms but were still infectious. The pharmacy used disposable compliance packs for people who received their medicines in this way. The pharmacy team checked whether a medicine was suitable to be re-packaged. It included a brief description of each medicine contained within the compliance packs and it provided patient information leaflets. So, people had the information they needed to make sure they took their medicines safely. The preparation area was well organised and looked clean and tidy. Members of the pharmacy team initialled the dispensing labels so they could identify who prepared a prescription. They had a process for dealing with outstanding medicines and they marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting. They were aware of the valproate pregnancy prevention programme. And they knew that girls or women in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy had the valproate information leaflets it needed to give to people. And there were warning cards to give to people who were taking high-risk medicines. Interventions were mostly recorded on the patient medication record (PMR).

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer's packaging. The dispensary was generally tidy. The pharmacy team checked the expiry dates of medicines and highlighted short-dated

items. No expired medicines were found on the shelves amongst in-date stock. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs, in line with safe custody requirements. Waste medicines were kept separate from stock or were placed in one of its pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the pharmacy manager described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

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 in a way that keeps people's private information safe.

Inspector's evidence

The pharmacy team had access to up-to-date reference sources. The pharmacy stored pharmaceutical stock requiring refrigeration at two to eight Celsius. And its team regularly checked the maximum and minimum temperatures of the refrigerator. The pharmacy collected confidential wastepaper for shredding. The pharmacy restricted access to its computers and PMR system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members were using their own NHS smartcards.

The pharmacy had a plastic screen on its counter and hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had a few glass measures for use with liquids, and some were used only with certain liquids.

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.