

Registered pharmacy inspection report

Pharmacy Name: Rose Street Pharmacy, Wokingham Medical Centre, 23 Rose Street, WOKINGHAM, Berkshire, RG40 1XS

Pharmacy reference: 1121486

Type of pharmacy: Community

Date of inspection: 27/01/2020

Pharmacy context

A 100-hour pharmacy located in a medical centre in Wokingham. The pharmacy is owned by the surgery but due to be taken over by a large independent company in February 2020. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines at home. The pharmacy provides a supervised consumption service and a local 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's working practices are safe and effective. The pharmacy team identifies and manages risks in the pharmacy appropriately and team members record their errors and learn from them to stop them happening again. The pharmacy had written instructions in place to help with this which are reviewed regularly. The pharmacy keeps up-to-date records as required by the law and it keeps people's private information safe. Team members know how to protect the safety of vulnerable people.

Inspector's evidence

Near misses were recorded in a log held in the dispensary. The pharmacist explained that any near misses were highlighted to the team member who made the error, and they would then be asked to look at it again, change it and then record it. However, the team did not have many near misses for their item number as 95% of their workload was automated dispensing via the robot. The team explained that if they made an error with the prescription entry, the robot would not provide an item and so they would be forced to look at the prescription again. Errors that left the premises were recorded on incident report forms held in the pharmacy and shared with the team. The pharmacist explained that the team held a meeting every month to discuss all the incidents recorded in the near miss log and any dispensing errors as well as any other issues. Most errors were for items such as creams which were not stored in the robot so the team had changed the way they stored the creams to try and reduce picking errors.

There was a clear and logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different work benches. Multicompartiment compliance aids were prepared on a dedicated bench at the back of the dispensary to prevent distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years with the next update due in April 2021. The team members had all 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 and valid until the 9th of September 2020. 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) and the results of the 2019 survey were positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Tranquilyn 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register and the patient returned CD register was maintained electronically using CD Rx, and the pharmacy checked the running balance weekly. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. 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 held electronically, and the specials records were complete with the required information documented.

The five computer terminals 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 collected in confidential waste bins and removed by an external contractor for safe destruction. The team had an information governance policy in place which they had signed, and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection Toolkit. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children. Team members explained that they were aware of things to look out for which may suggest a safeguarding issue. They were happy to refer to the pharmacist if they suspected a safeguarding incident and had a poster displayed listing the contact details of the local safeguarding authorities. The pharmacist gave examples of when he had referred to the safeguarding authorities to protect patients. The team members were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are in training to ensure they can safely complete 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, who worked until 3pm, two trainee dispensers who said they were completing the NPA's NVQ Level 2 course and two medicines counter assistants, one of who was still in training. After 6.30pm, the pharmacist and one counter assistant were left to run the pharmacy as the pharmacy's walk-in trade reduced in the evening.

The team did not have a formal on-going training programme, but they were updated regularly by the Superintendent pharmacist and they received regular training updates from C+D and Pharmacy magazine which they would read. The team explained that when they would be taken over by the new company at the end of the week, they would start on new training courses and new on-going training programmes.

The trainee medicines counter assistant was observed using an appropriate questioning technique to ask for more information when a patient presented at the counter with a persistent dry cough. However, before she recommended any products, she asked the pharmacist for advice and he went to speak to the patient. The pharmacy team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would 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 met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of a health centre and included a retail area, medicine counter, dispensary with a robot, consultation room and an office area. The pharmacy shared a staff room and bathroom with the surgery. The pharmacy was bright, modern and well presented. The dispensary was large enough for the workload in the pharmacy and work benches were kept clean and tidy. The team explained that they worked in a systematic way and kept the dispensary tidy and clutter-free to reduce the likelihood of mistakes occurring.

The pharmacy was professional in appearance and clean. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were mostly stored in the robot and the staff were observed emptying the deliveries onto the robot's conveyor belt to be sorted.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was signposted as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room included seating, a computer with the PMR and a table.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may 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.

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 in the consultation room. There was step-free access into the pharmacy via an electric door. There was also seating available should someone 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 and they were supplied with patient information leaflets (PILs) on the first supply and with any subsequent changes. The pharmacist explained that the 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 the team had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that he would check with patients taking warfarin if they were aware of their dose and they were having regular blood tests, but the team did not routinely document any blood test results on the PMR. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription. Deliveries are made to patients and a delivery note is attached. This is returned to the pharmacy and then is scanned out to record that the delivery has been made. Pink slips are also attached to the delivery bag which are used to inform patients of any additional information.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD) but they explained that processes for FMD would be introduced when the new owners took over the pharmacy. The pharmacy obtained medicinal stock from Sigma, AAH, Phoenix, Coloroma, and Alliance. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with coloured stickers. 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 fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and secured well to the walls of the dispensary 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 recalls for ranitidine and Zapain 30mg/500mg tablets. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure its equipment is kept clean.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 500ml, 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. 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 going on 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.