

Registered pharmacy inspection report

Pharmacy Name: Willow Pharmacy, Shop 2, Willow Parade, Langley,
SLOUGH, SL3 8HN

Pharmacy reference: 1126305

Type of pharmacy: Community

Date of inspection: 18/09/2019

Pharmacy context

This is an independent community pharmacy located alongside other local shops in a residential suburb of Slough. It has been under the current owners since end of 2017 and it is open extended hours over seven days. The pharmacy mainly supplies NHS prescriptions and sells a range of over-the-counter (OTC) medicines and health and beauty products. The pharmacy supplies medicines to local care homes and some people receive their medicines in multi-compartment compliance packs to help make sure they take them at the correct time. It offers a home delivery service and a range of other NHS services including Medicines Use Reviews (MURs), the New Medicine Service (NMS), Urgent Medicine Supply Advanced Service (NUMSAS), emergency hormonal contraception, substance misuse and needle exchange. And it also provides flu and travel vaccinations.

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 keeps the records it needs to by law and it protects people's private information. It manages its services reasonably well, but team members do not necessarily follow written procedures, so they might not always work effectively. The pharmacy takes the right action when an error is made, but it could do more to make sure the team learns from its mistakes.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the operational tasks and activities. Some SOPs had been reviewed in June in 2018, but others were undated, so it was unclear when they had been implemented or reviewed. Team members had signed a matrix indicating they had read the SOPs, but this did not specify which SOPs were relevant to their role. And some SOPs were not consistently followed in practice, for example in relation to date checking.

The pharmacy had some basic risk management processes in place in relation to its dispensing operation. Baskets were used to separate prescriptions during the assembly process to prevent them becoming mixed up. Dispensing labels were initialled by team members involved in the assembly and checking process, which assisted with investigating and managing any mistakes. The pharmacist explained how they recorded near misses and how team members usually corrected their own errors, to make sure they learnt from them. Dispensing incidents were recorded, and some examples were seen which identified contributing factors and learning points. A recent incident had been dealt with properly, but it had not been documented and shared with the wider team, and patient safety reviews were not conducted regularly. So additional learning opportunities might be missed.

A notice was displayed in the retail area explaining how people could provide feedback. The pharmacy owners dealt with any issues directly. The team had received positive feedback in the last patient satisfaction survey which was available on www.NHS.uk.

The pharmacy had current professional indemnity insurance arranged with the NPA. A responsible pharmacist (RP) notice was displayed although this was not easily visible from the counter. An RP log was maintained appropriately. Team members did not wear identity badges, so roles were not immediately apparent, but they could explain their role and worked within their remit. The team maintained all the other records required by law including private prescription and emergency supply records, controlled drugs (CD) registers and specials records. Records checked were generally in order, although private prescription records were not in chronological order. The pharmacist admitted they were not always made at the time of supply, contrary to legal requirements, and agreed to remedy this. CD registers included running balances and these were checked periodically. A balance checked was found to match the amount held in stock. The pharmacy had a patient returns CD register.

Team members understood the principles of data protection and confidentiality and had signed a confidentiality agreement. Pharmacists used individual NHS smartcards to access the electronic prescription service. Patients provided signed consent for services such as MURs and vaccinations. Confidential paper waste was segregated and collected by a suitable contractor for disposal. Confidential material was not directly accessible to the public, but paperwork kept in the consultation

room was not always stored securely.

The pharmacists had completed level 2 safeguarding training and were aware of potential issues and the signs to look for. Local safeguarding contacts were accessible. Other team members had not completed any formal safeguarding training, so they may be less confident identifying potential issues or concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has undergone some recent staff changes and some team members are new and relatively inexperienced. The team members work under supervision and can access appropriate training. But the lack of structured staff management processes could mean the pharmacy might not always identify and support gaps in their skills and knowledge.

Inspector's evidence

At the time of the inspection the two pharmacist owners, one of whom was the superintendent, were working with a pharmacy undergraduate. A delivery driver also attended during the inspection. The pharmacy also employed an evening dispenser, two healthcare assistants, and a pre-registration student, but they were not working at the time of the inspection. A regular locum covered extra hours and Sundays. Pharmacists usually worked split shifts as working days were long.

During the inspection people were greeted promptly and the team reported that there was no significant backlog of work. The pharmacy had recently experienced some team changes as a pharmacy technician and a trainee dispenser had left the business within the last three months. This had created some additional pressure whilst vacancies were filled, and the pharmacy was currently reliant on three pharmacy undergraduates and pharmacists working extra hours. An NVQ3 qualified dispenser was due to commence employment the following month.

The pre-reg was enrolled on a recognised training programme and the dispenser had been enrolled on a dispensary assistant's course. Healthcare assistants were completing accredited training. There was a new starter checklist but there were no other formal staff management processes, such as appraisal process or whistleblowing policy. But these were due to be introduced along with Avicenna training modules, so team members could keep their skills updated. Commercial targets were not set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. But the pharmacy lacks storage space and some areas are cluttered and untidy which impacts on the efficiency of the working environment and detracts from the overall professional image.

Inspector's evidence

The pharmacy was situated in a standard retail unit. It was compact but bright and reasonably professional in appearance. Fittings were suitably maintained. Air conditioning could be used to control the room temperature. There was a small retail area, counter and open-plan dispensary. Bench space was limited considering the volume and nature of the work.

There was a spacious suitably equipped consultation room which was accessible from the retail area. The pharmacy did not have a dedicated stock room or staff rest area. Staff WC facilities were accessible from the retail area. Work areas were generally clear, but other areas were cluttered, untidy and less well organised.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a wide range of services which are easy to access. Services are suitably managed to help make sure that people receive appropriate care. The pharmacy obtains medicines from licensed suppliers and the team generally manages these appropriately to make sure they are suitable to supply.

Inspector's evidence

The pharmacy was open extended hours 7.30am-10.30pm Monday- Friday, 9.30am-8pm Saturday and 10am-10pm on Sunday. There was a push button automated door at the entrance. Signage in the window provided details of opening times and the services which were offered. And the pharmacy website www.willowpharmacy.co.uk provided further information. Staff were able to signpost people to other services in the locality. Pharmacists were multi-lingual which was sometimes helpful when counselling customers.

Deliveries were recorded to provide an audit trail. The recipient was usually asked to sign for deliveries. Failed deliveries were returned to the pharmacy and the team contacted the patient to rearrange a second delivery. The team managed some people's repeat prescriptions and reported a good relationship with the nearby surgery. Pharmacists were able to access summary care record if needed provided patients had consented, and pharmacists reported they often used this when making NUMSAS supplies.

Dispensed medicines were appropriately labelled, and these were bagged, and the prescription form or token was kept for reference when handing the medicine out. Prescriptions were stamped if they included high-risk items or if extra checks or counselling was required. The pharmacists were aware of the risks associated with the use of valproate during pregnancy. They were aware of one person potentially in the at-risk group who had been provided with the relevant patient literature. But their PMR record had not been annotated accordingly, and the warning stickers and cards could not be located at the time of the inspection.

The pharmacy supplied medicines in multi-compartment compliance packs for about 75 people. Patients were usually initiated at their doctor's request. Occasionally patients who were not taking their medicines were flagged to their doctor, and two patients had recently been changed onto an automatic timer system to help them take their medicines at the right time. The pharmacy had records for each patient and details of their care arrangements. Patient information leaflets (PILs) were supplied each month. Packs were clearly labelled and included medication descriptions, but some standard warnings were missing off backing sheets, so they did not technically comply with the labelling requirement, however the pharmacists agreed to resolve this issue.

The pharmacy supplied medicines to a 30-bed dementia care home. Medicines were supplied on racking systems with administration charts. One of the pharmacists visited the home each month so they could help resolve any queries. The pharmacy also supplied medicines to people living in a couple of small mental health assisted living units.

Substance misuse patients were managed by the pharmacist using an instalment programme on the

PMR. Concerns or missed doses were reported to the prescriber.

Both pharmacists were accredited to provide a range of medicines under Voyager PGDs, including lifestyle medicines and a range of travel vaccinations. They also provided NHS and private flu vaccinations. Travel consultations were provided on an appointment basis when both pharmacists were working so this did not impact on other services. PGD supplies were suitably documented and patients were provided with appropriate advice.

The pharmacy obtained its medicines from licensed wholesalers and suppliers. The pharmacy was not currently compliant with the Falsified Medicines Directive, although the it was registered with SecurMed and had identified a software provider.

Stock medicines were stored on open shelves. These were tightly packed and sometimes untidy. Bulk and split packs used for compliance pack dispensing were not stored in an orderly manner, which increases the risk of things going wrong. The pharmacist said expiry date checks were carried out regularly but there was no documentation confirming recent checks. A random sample of stock was checked, and no expired medicine were found on the shelves except a couple of open liquid medicines with a limited expiry which had not been dated. There were dedicated pharmaceutical waste bins including a cytotoxic waste and sharps bins.

There were two medical fridges in the consultation room. The fridge maximum and minimum temperatures were recorded daily, and records showed they were within the required range. Controlled drugs were appropriately stored in the cabinet. Obsolete CDs were segregated but these had accumulated, and a destruction was needed. Drug and device alerts were received by email and some documentation was seen that alerts had been actioned. But there was no comprehensive audit trail showing these were systematically dealt with.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And the team uses these in a way that protects privacy.

Inspector's evidence

The pharmacy team had access to the internet and other reference sources, including the BNF Glass crown-stamped measures were available for measuring liquids. Separate measures were marked for use with CDs. Counting triangles were available for counting loose tablets. Gloves were used for handling medicines when preparing compliance packs. Disposable medicine containers were available for dispensing purposes and these were stored appropriately. The pharmacy had a standard CD cabinet which was quite small considering the volume of stock.

Two medical fridges were used to store cold chain medicines. Computer systems were password protected and screens were located out of public view. Telephone calls could be taken out of earshot of the counter if needed. Electrical equipment appeared to be in working order.

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. |