

Registered pharmacy inspection report

Pharmacy Name: Touchwood Pharmacy, 199 Upper College Ride,
Camberley, Surrey, GU15 4HE

Pharmacy reference: 9010288

Type of pharmacy: Community

Date of inspection: 11/02/2020

Pharmacy context

A community pharmacy set next to a convenience store in a residential area of Camberley. The pharmacy opens six days a week. And most people who use it live close by. The pharmacy sells a range of over-the-counter medicines and some health and beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. The pharmacy provides winter influenza (flu), and travel, vaccinations. And it offers a needle exchange service and substance misuse treatments. The pharmacy can also supply a range of medicines without a prescription, such as, medicines to relieve pain and reduce inflammation, malaria prevention medicines, men's health treatments, the morning-after pill, sore throat and ear treatments, and salbutamol inhalers, through its paid-for patient group directions (PGDs).

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 has procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. And they try to stop mistakes happening. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had electronic standard operating procedures (SOPs) and a business continuity plan in place for the services it provided. And these were reviewed centrally by the pharmacy's head office every two years. The pharmacy's team members were required to read and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They highlighted some look-alike and sound-alike drugs to help reduce the risks of them picking the wrong medicine from the dispensary shelves. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team recorded their mistakes. And they discussed and reviewed them periodically with their colleagues to learn from them. They didn't always record the learning points from their reviews. But they tried to stop mistakes happening again. For example, they've reviewed their dispensing process following a recent mistake when a prescription was labelled under the wrong name.

The pharmacy displayed a notice that identified the RP on duty. The roles and responsibilities of the pharmacy team were mostly described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. They 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 to a pharmacist. A complaints procedure was in place. Patient satisfaction surveys were done every year. And the pharmacy team asked people for their views. The results of a recent satisfaction survey were available online. The pharmacy's practice leaflet and at notice next to the counter told people how they could provide feedback about the pharmacy. People's feedback led to the pharmacy reviewing the stock it held to reduce the number of partly dispensed prescriptions.

The pharmacy had insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The address from whom a controlled drug (CD) was received from wasn't always recorded in the CD register. A second register section for a CD liquid was mistakenly opened and used for a few days at the end of last year and the start of this year. The RP annotated and closed this register section during the inspection to make sure it wasn't used anymore. The CD register's running balance was checked every month as required by the SOPs. The nature of the emergency within the records for emergency supplies made at the request of patients sometimes didn't provide enough detail for why a supply was made. The time at which a pharmacist stopped being the RP wasn't always

included in the RP records. The prescriber details were incomplete within some of the private prescription records. The date an unlicensed medicinal product was obtained wasn't always included in the pharmacy's 'specials' records.

The pharmacy had an information governance policy in place. And its team members were required to read and sign a confidentiality agreement. A privacy notice was displayed within the pharmacy to tell people how it and its team gathered, used and shared personal information. The pharmacy had arrangements to make sure its confidential waste was collected and then sent to a centralised point for secure destruction. Its team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members to deliver safe and effective care. Members of the pharmacy team are undergoing training for the jobs they do. They work well together and make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy and its services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 48½ hours a week. It dispensed about 6,100 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time pre-registration pharmacy technician trainee, a trainee dispensing assistant, two part-time trainee medicines counter assistants (MCAs) and a part-time delivery driver. The RP managed the pharmacy and its team. The RP, the pre-registration pharmacy technician trainee, the trainee dispensing assistant and one of the trainee MCAs were working at the time of the inspection. The pharmacy relied upon its team, team members from one of the company's other pharmacies and locum pharmacists to cover absences. The superintendent pharmacist confirmed after the inspection that the company was looking to recruit an additional team member for the pharmacy.

The pharmacy's team members needed to complete accredited training relevant to their roles after completing a probationary period. They were relatively inexperienced. But they were undergoing appropriate training. And they worked well together and supported each other. So, prescriptions were processed quickly, but safely, and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist. For example, requests for treatments for animals, infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions. The RP declined to sell an antihistamine over-the-counter to a customer wanting it for their pet as the product wasn't licensed for use in animals. The RP signposted the customer to a vet.

The pharmacy's team members discussed their performance and development needs throughout the year and at their appraisals. They were encouraged to train while at work. But they were sometimes too busy dealing with people or helping manage the workload to do so. So, they occasionally trained in their own time. Team meetings were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Its team felt comfortable about making suggestions on how to improve the pharmacy and its services. Staff knew how to raise a concern if they had one. And their feedback identified a need to change the dispensary's layout. Members of the pharmacy team sometimes found it challenging to do all the things they were expected to do. But they didn't feel their professional judgement or patient safety were affected by targets. And, for example, Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was partly air-conditioned, bright, secure and appropriately presented. It had the workbench and storage space it needed for its current workload. But several baskets, containing assembled prescriptions that needed to be checked by the RP, took up some of the dispensing workbench. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. The consultation room was locked when it wasn't being used. So, its contents were kept secure. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. But they didn't always get time to do so. The pharmacy had several sinks. And it had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services people can access. Its working practices are generally safe and effective. It offers vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team are helpful. They generally dispose of people's waste medicines properly. And they mostly carry out the checks they need to. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy didn't have an automated door. But it had a ramp leading to its entrance. And team members would open the door when necessary. So, people with mobility difficulties, such as wheelchair users, could enter the building. The pharmacy advertised some of its services in-store and in its practice leaflet. Its team was helpful, and people were signposted to another provider if a service wasn't available at the pharmacy. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines.

The pharmacy had appropriate anaphylaxis resources in place for its vaccination services. And the RP was appropriately trained to vaccinate people. People made appointments for vaccinations. So, the pharmacy team and the RP could manage their workload. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated and their consent, an audit trail of who vaccinated them and the details of the vaccine used. But the RP didn't always get another team member to check that the vaccine he selected was the correct one before administering it. The pharmacy team made sure the sharps bin was kept securely when not in use. The pharmacy had valid, and up-to-date, PGDs for its vaccination services and for the supply of some prescription-medicines to treat specific conditions. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be repackaged. It generally provided a brief description of each medicine contained within the compliance packs. And patient information leaflets were supplied once every four weeks. The pharmacy provided a limited fulfilment service for prescriptions written electronically by an independent pharmacist prescriber based at the pharmacy's head office. The range of medicines prescribed was small and didn't include medicines liable to abuse, overuse or misuse, or with a narrow therapeutic index, or non-surgical cosmetic medicinal products. The pharmacy sent these medicines to people using a tracked postal service. The RP and the superintendent pharmacist were made aware of the GPhC's published guidance for pharmacist prescribers and its guidance for registered pharmacies providing pharmacy services at a distance, including on the internet. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. But prescriptions for CDs weren't routinely marked with the date the 28-day legal limit would be reached to help the team make sure supplies were made lawfully. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which

needed to be refrigerated, appropriately between two and eight degrees Celsius. It also kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. But out-of-date CDs have been allowed to build up and needed to be destroyed in the presence of an authorised witness. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). But they weren't decommissioning stock at the time of the inspection. And they didn't know when the pharmacy would become FMD compliant. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. And needle exchange clients were asked to return their spent syringes and needles in an appropriate sharps bin and deposit these within a designated waste receptacle when attending the pharmacy. People attempting to return prohibited items, such as household chemicals, were appropriately signposted. The pharmacy had a few pharmaceutical waste bins. But it didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take 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 the facilities it needs to provide its services safely. Its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of glass measures. It had equipment for counting loose tablets and capsules too. And team members made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.