

# Registered pharmacy inspection report

**Pharmacy Name:** Wheatley Pharmacy, London Road, Wheatley,  
Oxford, Oxfordshire, OX33 1YJ

**Pharmacy reference:** 9011669

**Type of pharmacy:** Community

**Date of inspection:** 17/02/2022

## Pharmacy context

The pharmacy has moved into new premises adjacent to a doctor's surgery in Wheatley in Oxfordshire. 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 and vaccinations for seasonal flu. The pharmacy opened during September 2021. 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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | 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 monitors its services to protect patient and public safety. The pharmacy has satisfactory written procedures which tell team members how to manage risks and work safely. And new team members need to read and follow the procedures. Pharmacy team members learn from mistakes they make to help prevent similar mistakes in future. They have introduced new 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 protecting 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. There was a new procedure in use so there were not many records at the time of the visit, but the responsible pharmacist (RP) explained that there was a monthly review of near misses. And generally, the trends identified involved quantity and form of medicines dispensed by the team. The pharmacy team had discussed this and the agreed action to reduce quantity and form mistakes was to double check their work before the pharmacist final check. The RP explained that medicines involved in incidents, or were similar in some way, such as amitriptyline and amlodipine, were generally separated from each other in the dispensary. This reduced the risk of picking errors. The complaints procedure was in a folder with the standard operating procedures (SOPs).

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these were due to be reviewed during March 2022. Members of the pharmacy team were reminded to read and sign the SOPs relevant to their roles as there may be changes in the process following the review. And this would show they understood them and would follow them. There were three newly recruited pharmacy team members who were due to start reading through the SOPs so they were clear about how to complete their tasks and work safely. A new team member explained the over-the-counter (OTC) sales protocol and why she would refer to the RP. Team members knew what they could and couldn't do, what they were responsible for and when they might seek help. 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.

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 highlighted interactions between medicines to the pharmacist. Any interventions were recorded on the patient medication record (PMR). Team members did not hand out completed prescriptions until they were checked by the RP. Team members initialled the dispensing labels to show who had picked and labelled the medicines, and who had completed the clinical and final checks of the prescription before handing them out to people. The

pharmacy had received positive feedback from people and the community although the community pharmacy patient questionnaire results displayed were from the previous year. And pharmacies did not have to take part in the survey due to the pandemic.

The pharmacy displayed a notice that told people who the RP was and it kept a record to show which pharmacist was the RP and when. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. A patient group direction (PGD) to administer flu was in date and signed by the pharmacist. The pharmacy had a controlled drug (CD) register which was up to date. Stock levels recorded in the CD register were checked regularly. So, the pharmacy team could spot mistakes quickly. A random check of the actual stock of two CDs matched the recorded quantity of the CD register. A small number of FP10PCD prescriptions needed to be submitted to the prescription pricing department. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied electronically. And these generally were in order. But ensuring all the required details were correctly recorded was discussed.

The pharmacy had a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. It tried to make sure people's personal information couldn't be seen by other people and was disposed of securely. Computer screens were not visible to unauthorised people. The pharmacy had a safeguarding SOP. And the RP had completed a level 2 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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has recruited new team members to train to deliver its services safely. They work well together to manage the workload. Team members are comfortable about providing feedback to the pharmacist and making suggestions to improve services.

### Inspector's evidence

The pharmacy team consisted of one full-time pharmacist and a part-time pharmacist, three full-time dispensing assistants, two part-time medicines counter assistants and a part-time delivery driver. Newly recruited team members were enrolled on accredited training. One of the newly recruited team members was placing tablets/capsules in the compartments of compliance aids. Although another trained dispensing assistant had picked the medicines and de-blistered them. Ensuring team members had been trained for the tasks they were doing was discussed. And the RP gave an assurance that moving forward team members would be appropriately trained before undertaking tasks in the pharmacy. The pharmacy was signposted to GPhC guidance on training requirements for support staff (Oct 2020). Staff performance and development needs to keep their skills up to date were monitored via annual appraisals.

The RP had undertaken training in line with the pharmacy quality scheme (PQS) and included 'lookalike soundalike' (LASA) medicines, antimicrobial stewardship and weight management for adults. Flu vaccination training had been updated. The team members could study their accredited training material at the pharmacy. But they did not do regular ongoing training at the time of the visit. Members of the pharmacy team worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP was responsible for managing the pharmacy and its team. And supervised the supply of medicines and advice given by the pharmacy team. A new team member described the questions that people needed to be asked when making OTC recommendations. And explained when they should refer requests to a pharmacist. The RP held team meetings to communicate COVID-19 and other updates in services. The team were comfortable about making suggestions on how to improve the pharmacy and had suggested changing the cashing up procedure so it was safer. And where the pharmacy stored its stock of eyedrops so the dispensary was tidier.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is suitable for the provision of healthcare. It effectively protects the privacy of people using its services and prevents unauthorised access to its premises when it is closed. So, it keeps its medicines and people's information safe. The pharmacy's new premises are clean and secure. And the pharmacy team have put measures in place to help protect people from COVID-19 infection.

### Inspector's evidence

The registered pharmacy premises were clean, bright and secure. And steps were taken to make sure the pharmacy and its team didn't get too warm. The pharmacy had a large retail area, a counter, a spacious dispensary, a side room to prepare compliance aids and a storeroom. The pharmacy had a consulting room with a chaperone policy in a prominent position. And another larger room which the RP said may be cleared to provide an additional consulting room. So, people could have a private conversation with a team member. The dispensary had a long work bench and some storage available. Members of the pharmacy team kept the pharmacy's premises clean and tidy on an ongoing basis and a cleaner gave the pharmacy a more thorough clean weekly. To protect people from the risk of infection, the pharmacy had fitted screens and hand sanitiser to be applied and a poster reminding people to cover their faces if possible.

## 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 and manages its medicines appropriately so it can show they are safe to use. The pharmacy team members give people helpful advice about where they can get other support. 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 had an automated door. And its entrance wasn't level with the outside but there was a ramp so people who found it difficult to climb stairs were able to enter the building. The pharmacy team tried to make sure these people could use the pharmacy services. They could print large font labels so people who had difficulty seeing could read how to use their medication. The pharmacy had a notice that told people when it was open. And other notices on display told people other information about the pharmacy's services. The pharmacy had a seating area for people to use if they wanted to wait. And this area was set away from the counter to help people keep apart. Members of the pharmacy team directed people to another provider if a service wasn't available at the pharmacy. The RP signposted people to websites such as Diabetes UK, the nearest hospital for eye conditions and the local COVID-19 vaccination centre.

The pharmacy offered 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 offered a range of COVID-19 tests which people could book online and provide a swab which was enclosed in packaging to be taken via a courier to a laboratory for analysis. The pharmacy used disposable packs for people who received their medicines in compliance aids. The pharmacy team checked whether a medicine was suitable to be re-packaged. The RP was aware of the discharge medicines service but it was not operating yet locally. The pharmacy provided a brief description of each medicine contained within the compliance aids and a patient information leaflet for each medicine. So, people would have the information they needed to make sure they took their medicines safely. Members of the pharmacy team initialled dispensing labels so they knew who prepared a prescription. 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 materials it needed. The RP described counselling people who were supplied warfarin and recording the INR on the PMR. The pharmacy had warning cards to give to people to explain how best to take their high-risk medicines. The pharmacy had healthy living status. It received community pharmacist consultation service (CPCS) referrals from NHS

111 via PharmOutcomes. The RP had updated flu vaccination training and reported a good uptake of the flu vaccination service this winter.

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 twice a year. And no expired medicines were found on the shelves amongst the stock. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs securely. The pharmacy had procedures for handling the unwanted medicines people returned to it. And these medicines were kept separate from stock 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 RP described the actions they took and records they kept when the pharmacy received a concern about a product. Sometimes, they had to contact people who had been supplied an item that was affected by the alert.



## 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. And it could contact the National Pharmacy Association to ask for information and guidance. The pharmacy had a plastic screen on its counter and hand sanitiser for people to use. And team members wore personal protective equipment. The pharmacy had a few glass measures for use with liquids, and some were marked for use only with CD liquids. The pharmacy had a fridge to store cold chain medicines and the RP checked the maximum and minimum temperatures were between two and eight Celsius. 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. The adrenaline ampoules in the anaphylaxis kit were in date and there was a sharps bin so the team could dispose of flu vaccination sharps.

### 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.  |