

Registered pharmacy inspection report

Pharmacy Name: The John Preddy Co. Ltd., 41-42 Moorland Road,
BATH, Avon, BA2 3PN

Pharmacy reference: 1028560

Type of pharmacy: Community

Date of inspection: 04/04/2019

Pharmacy context

This is a community pharmacy located on a busy high street in a suburb of Bath. It serves its local population which is mixed in age range and background and includes students and tourists. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions, supplies medicines in multi-compartment medicine devices for people to use living in their own homes and provides flu vaccination services.

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 has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this to learn from their mistakes. But not all mistakes are investigated thoroughly which may mean some opportunities for learning are missed. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to improve services. It generally manages and protects people's confidential information well and it tells people how their private information will be used. The pharmacy generally maintains all the records that it must keep by law. However, some details were missing from its records. This means the pharmacy may not have a complete audit trail or be able to show exactly what has happened if any problems arise.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded regularly and records of these were kept in the dispensary. The pharmacist reported that these were reviewed monthly. Based on previous near misses, different strengths of furosemide were separated on the dispensary shelf.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Staff demonstrated that dispensing errors were routinely recorded but could not demonstrate evidence of robust root cause analysis to discover why these errors had happened. The inspector proffered advice about this. Dispensing errors were also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks. SOPs were reviewed every two years. On questioning, the members of staff were all able to explain their roles and responsibilities.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract and previous feedback was displayed and was positive.

An indemnity insurance and public liability certificate from NPA was displayed and was valid and in date until the end of September 2019. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. The address that a CD was received from was often omitted from the examined records. Patient returned and out-of-date CDs were separated from regular CD stock and labelled appropriately.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were always in the two to eight degrees Celsius range. An electronic responsible pharmacist (RP) record was retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The time that the RP ceased responsibility was

occasionally omitted.

The private prescription and emergency supply records were retained and were in order. Specials records were retained but often omitted the prescriber's details. Staff were seen to be following the company information governance policy. Confidential waste was separated and shredded intermittently using a cross cut shredder. The computer screens were all facing away from the public and access to patient confidential records was password protected.

Assembled bags of prescriptions were stored close to the retail area of the pharmacy. Staff were aware of the risk of patient confidential information being visible and the superintendent pharmacist confirmed that work was planned to include a partition so that this risk would be mitigated.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, one accuracy checking technician, two dispensing assistants and two medicine counter assistants present during the inspection. They were all seen to be working well together. Staffing levels were seen to be sufficient for the level of the services provided during the inspection.

Staff performance was monitored and reviewed formally annually. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff meetings would take place regularly where any significant errors and learning would be discussed with the team. Staff would attend local practice committee meetings in their area and use this for their learning.

The staff reported that they kept their knowledge up to date by reading third party materials and would ask the pharmacist if they had any queries. The accuracy checking technician gave an example of having recently learnt about mometasone nasal spray which was to be made available over the counter.

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide a safe and appropriate environment for the provision of pharmacy services. Patient confidentiality is protected and the premises can be secured and safeguarded from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing.

Medicines were generally organised in a generic and alphabetical manner and staff reported that the shelves would be cleaned when the date checking was carried out. Boxes of stock were stored on the floor in the dispensary and the inspector proffered advice that this may increase the risk of trip hazards to staff.

Conversations inside the consultation room could not be easily overheard. Patient confidential information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action and maintain audit trails to demonstrate this. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

Pharmacy services were detailed in a practice leaflet available in the pharmacy. Access to the pharmacy was via a small step and a ramp was available if required. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting. Large print labels were available for patients with sight difficulties.

The pharmacy team dispensed MDS trays for 120 patients. One MDS tray was examined and an audit trail to demonstrate who dispensed and checked the tray was complete. Complete descriptions were provided for the medicines contained within the MDS trays. Audit trails to demonstrate who had dispensed and checked the tray were present on the examined tray. Patient information leaflets were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing to valproate to all female patients. The pharmacist reported that she would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was Falsified Medicines Directive (FMD) compliant. The relevant equipment was in place and the pharmacy was using 'EMIS' software. Medicines were obtained from suppliers such as AAH, Alliance, Phoenix, DE Midlands and Colorama. Specials were obtained via suppliers such as the Specials Laboratory.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked.

The fridge was in good working order and the stock inside was stored in an orderly manner. There were two CD cabinets in the pharmacy which were fixed to the dispensary appropriately.

MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Audit trails were kept to demonstrate this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles and a capsule counter available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There was one fridge which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Doop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.