

# 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:** 16/08/2023

## Pharmacy context

This is a community pharmacy which is based on a parade of shops in Bath. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance packs for people to use while living in their own homes.

## 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 has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It generally manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near miss mistakes were generally recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. But there had not been any near miss recording completed recently and the pharmacy team agreed to start doing this again during the inspection. Dispensing incidents were recorded and this included a root cause analysis as part of the error investigation. Following previous errors, different strengths of co-codamol had been separated on the dispensary shelf.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. 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 the services provided. The SOPs were due to be reviewed at the time of the inspection. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on a regular basis by encouraging people to submit comments via Google reviews. A certificate of public liability and indemnity insurance was held and was valid and in date until the end of September 2023.

Records of controlled drugs (CD) and patient-returned CDs were seen to be retained. CD balances were checked weekly. Patient returned CDs were stored and labelled separately to dispensary CD stock. A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. Short-dated stock was marked for with stickers. The private prescription, emergency supply and specials records were retained and in order.

Confidential waste was collected separately to normal waste and shredded using a cross-cut shredder. An information governance policy (IG) was in place and the healthcare team was required to complete training in IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding children and vulnerable adults e-learning program on the company training

website which all the members of staff were required to complete. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Local contact details to raise safeguarding concerns were kept in the dispensary and the pharmacy team knew how to locate these if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members 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, one dispensing assistant and one medicines counter assistant present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles. The pharmacy manager was new in post at the time of the inspection. She planned to complete performance reviews for all the pharmacy team every six months.

The staff reported that they had completed training and had regular updates to their knowledge and understanding of the services and medicinal products provided. There was an accuracy checking technician present during the inspection. He had recently completed his accuracy checking qualification. He had regular meetings with his mentor who helped him complete the course and felt well supported. The pharmacist was in the process of completing training on smoking cessation services so she could offer this service to the local patient population.

The pharmacy team reported that the pharmacy team would hold patient safety meetings monthly and advise all staff of any relevant learning. Staff explained that they felt comfortable with raising any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure on questioning. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises provide a safe and appropriate environment for the provision of pharmacy services. The pharmacy suitably protects people's private information. And it keeps its premises secure and safeguarded from unauthorised access.

### Inspector's evidence

The pharmacy was clean, bright, and presented in a professional manner. The dispensary areas were separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a sink available in the pharmacy with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. There was a consultation room in use at the pharmacy and patient 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

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

### Inspector's evidence

Information about the services provided was detailed on posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team had been doing blood pressure checks. This was aimed at identifying people with high blood pressure who were over 40 years old. The pharmacist regularly completed blood pressure checks on people. If the patient's initial blood pressure reading was elevated, they could be offered 24-hour ambulatory blood pressure monitoring (ABPM). The pharmacy team was still waiting for the ABPM equipment to arrive at the time of the inspection.

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

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via Colorama specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available.

Medicines and medical devices were stored in an organised fashion 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 fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But the pharmacy team did not keep audit trails to verify 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. Facilities are used in a way that suitably protects people's confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle and a capsule counter were 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 in the dispensary and the consultation room, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store 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.