

Registered pharmacy inspection report

Pharmacy Name: H.A. McParland Ltd t/a David Pharmacy, 24 New Road, ASCOT, Berkshire, SL5 8QQ

Pharmacy reference: 1028898

Type of pharmacy: Community

Date of inspection: 26/06/2019

Pharmacy context

This is a community pharmacy situated in a residential area of Ascot. It is part of a small family-run chain of pharmacies. Most people who visit the pharmacy live locally. Retail sales and NHS dispensing are the main activities, but the pharmacy offers some other NHS funded services including Medicines Use Reviews (MURs), New Medicines Service (NMS) and NHS Urgent Medicine Advanced Supply Service (NUMSAS).

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.2	Standard not met	Some team members have not received accredited training for their role.
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's working practices are generally safe and effective. Pharmacy team members record and review their mistakes so that they learn from them, and they make changes to prevent them happening again. They understand what safeguarding means and they know how to keep people's information safe.

Inspector's evidence

The pharmacy had company issued standard operating procedures (SOPs) which covered all aspects of the business. They had been re-issued in March 2019, but they did not include the author's details, so it was unclear who had authorised them. Most of the team had signed to indicate they had read and agreed them, but the part-time counter assistant and Saturday staff had not. And SOPs were not always consistently followed in practice, so the team might not always work effectively.

A responsible pharmacist (RP) notice was displayed. Team members could explain their role and worked under supervision. There were some risk management processes in place in relation to the dispensing process. Baskets were used to segregate prescriptions during the assembly process. Dispensing labels were initialled by team members involved in the assembly and checking process, so there was a dispensing audit trail. The team usually discussed errors and tried to identify any contributing factors.

There was a dispensing error reporting process, and these were escalated to head office. A chart was used to record near misses recorded which identified learning points. These were reviewed on a monthly basis and sent to head office. The company's clinical governance team circulated any collated learning and conducted occasional audits to monitor compliance with company procedures.

There was a complaints procedure. Any concerns were referred to the pharmacy manager in the first instance but could be escalated to head office for a formal response if needed. The pharmacy participated in annual patient satisfaction surveys.

Professional indemnity insurance was provided by the NPA and a certificate was available. The pharmacy used a recognised patient medication record (PMR) system to record prescription supplies. And the team maintained all the required records, including RP logs, controlled drug (CD) registers, private prescriptions and emergency supplies records, and specials records. Records checked were generally in order. Private prescriptions were filed in chronological order. Private CD prescriptions (FP10PCD) were not routinely submitted to the NHS for auditing purposes as required by law, however the pharmacist agreed to do this moving forward.

CD running balances were maintained, and these were checked periodically. Patient returned CDs and their destruction were recorded in a dedicated register, although one return found in the cabinet had not been entered, so these might not always be properly auditable.

Team members had been briefed on data protection and understood the importance of maintaining patient confidentiality, and this was explained in the staff handbook. Pharmacists had individual NHS smartcards, and these were used correctly. Confidential paper waste was segregated and shredded.

Other confidential material was stored out of public view.

The pharmacist was level 2 safeguarding accredited and had access to local safeguarding contacts. There was a safeguarding SOP explaining how concerns should be dealt with. The dispenser had completed dementia friends training and said she would report any concerns about patients to the pharmacist.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough staff to cope with its workload and members of the team work well together. But some team members have not received formal training for their role. Which means they may not have all the knowledge and skills they need to do their jobs effectively and this could affect how well they care for people.

Inspector's evidence

The staff profile included a full-time pharmacy manager who worked as the regular responsible pharmacist. The pharmacy also employed a full-time dispenser, a pre-registration student and a full-time counter assistant. In addition, the pharmacy employed a part-time counter assistant who worked on Saturdays and provided ad-hoc cover when needed and two Saturday staff. A company driver undertook deliveries four days a week.

The pharmacy manager and dispenser had worked at the pharmacy for several years, so were experienced. Holidays were planned, and any absences could be covered by other team members working extra hours. The company clinical governance pharmacist was providing extra cover during the inspection as the pre-reg was absent. The team managed the steady workload and footfall during the inspection without any major issues.

The dispenser had completed accredited training and her certificates were displayed. Other support staff had not completed accredited training despite having worked at the pharmacy for more than three months. They were routinely involved in selling and/or handling medicines, completing tasks such as putting dispensary stock away and sorting waste medicines.

Staff had access to occasional training material, such as information on new products, and attended company training events. But there was no formal appraisal process.

The team worked well together and talked openly about their work. They felt able to make suggestions or raise issues with the pharmacists and could contact head office directly if needed. No specific targets were set for the team and the pharmacist did not feel under undue pressure to meet the annual MUR target as this was generally achievable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides. But the generally worn appearance and lack of organisation detracts from the overall professional image.

Inspector's evidence

The pharmacy was situated in an older retail unit. There was a retail area and small dispensary to the rear with less than three metres of bench space, so quite limited considering the volume of work. The layout of the dispensary was not conducive to the work flow. A basically equipped consultation room was accessible from the retail area. There were two stock rooms and staff toilet facilities to the rear of the dispensary. There was no staff rest area.

The retail area was reasonably tidy. But fixtures and fittings were old and worn, and the general décor needed updating. The dispensary sink and the desk in the consultation room were stained. The lack of space hampered general organisation in the dispensary and some areas were cluttered. There was no air conditioning and lighting in rear stock areas was poor. The general presentation detracted from the overall professional image.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services safely. It obtains medicines from licensed suppliers and it carries out some checks to make sure that they are in good condition.

Inspector's evidence

Opening times were displayed. There was a single non-automated door at the entrance. Staff could offer assistance if needed. There was no signage explaining which services were available and a limited amount of health promotion material was displayed, so people might not realise the full extent of the pharmacy's services.

The team dispensed a mixture of walk-in and repeat prescriptions. They reported a good working relationship with the local surgery which accounted for the majority of their prescriptions. They managed repeat prescriptions for some patients and audit trails were in place, so these could be tracked. Home deliveries were signed for so auditable.

A few people received their medicines in weekly multi-compartment compliance packs. The team managed these appropriately. Any medication changes were queried to ensure they were appropriate. Packs were suitably labelled.

Interventions were recorded on the PMR. There were SOPs on high-risk medicines and the pharmacist said they counselled high-risk patients such as those taking anticoagulants or methotrexate. She was aware of the valproate pregnancy prevention programme, and they had the relevant manufacturer's literature. The pharmacist was able to access summary care records and completed regular MURs, NMS and made NUMSAS supplies.

Medicines were sourced from the company's central warehouse which had a wholesale licence. Short lines were obtained from other licensed wholesalers. The pharmacy had a large stock holding and shelves were untidy in places. A recent stock take had been completed. Stock rooms were not temperature controlled and room temperatures were not monitored, however the temperature appeared suitable for the storage of medicines. Expiry date checks were completed periodically but these were not documented. So there was no record to show when stock had last been checked or whether any had been missed. A random check found no expired items although some items were short dated. The pharmacy had the necessary hardware but was not complying with the Falsified Medicines Directive.

Pharmacy medicines were stored behind the counter, so sales could be supervised. Counter assistants understood what questions to ask and when to refer to the pharmacist. They were aware of the restrictions on codeine containing medicines.

Fridge temperatures were monitored and recorded. Controlled drugs were stored in the cabinet, and obsolete CDs were segregated prior to destruction. Designated bins were used to segregate other pharmaceutical waste prior to collection by licensed waste contractors. But there was no hazardous waste bin or list of hazardous substances, so these items might not always be properly segregated and disposed of. The pharmacist agreed to obtain these post inspection.

MHRA alerts and recalls were received by email, and there was a clear audit trail showing recent ones had been received and actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services.

Inspector's evidence

The pharmacy used disposable medicine containers and it had approved measuring and counting equipment for preparing medicines. The team had access to the internet and suitable reference sources including the British National Formularies and Drug Tariff.

Computer terminals were suitably located and the PMR system was password protected. Electrical equipment appeared to be in working order. There was a single CD cabinet and a large domestic fridge used for storing medicines. CD denaturing kits were available.

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.