

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: 19/06/2024

Pharmacy context

This is a community pharmacy situated in a residential area of Ascot. It is part of a small independent chain of pharmacies. The pharmacy mainly supplies NHS prescriptions, and it sells a small range of over-the-counter (OTC) medicines and other retail products. It provides some other NHS funded services including the New Medicines Service (NMS) and the Pharmacy First Service. And it offers seasonal covid and flu vaccinations.

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

Overall, the pharmacy manages the risks associated with the services it provides. It keeps the records it needs to by law, and it protects people's personal information. The team members understand their responsibilities in safeguarding children and vulnerable people. And the pharmacy has written procedures to make sure the team members know what is expected of them. But the pharmacy's procedures are not always effectively utilised to make sure its team members always work in a safe and effective manner. And the pharmacy team does not always record and review its mistakes, so team members may miss additional opportunities to learn and improve.

Inspector's evidence

The pharmacy team followed company issued standard operating procedures (SOPs) which were available in a folder as paper versions. The SOPs covered the pharmacy's main activities and working processes. Most of the SOPs had been prepared in 2019 and there was no indication that they had been reviewed since then. This meant SOPs might not contain the most up to date information. For example, the SOP about supplying valproate containing medicines had not been updated to reflect to most recent requirements. Most of the team members had signed and dated signature sheets associated with each SOP to show they had read and agreed them. But the delivery driver and Saturday staff had not signed the SOPs relevant to their roles. SOPs were not always followed in practice. For example, the delivery SOP. This could mean the pharmacy team might find it harder to explain what happened if there was a problem or query.

Team members could explain their roles and they worked under the supervision of the pharmacist. A responsible pharmacist (RP) notice identified the pharmacist on duty. A copy of a current certificate of professional indemnity insurance was displayed in the dispensary.

There were some risk management processes in place in relation to the dispensing processes. Baskets were used to separate 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 members usually discussed errors and tried to identify any contributing factors. There were systems for recording near miss errors and dispensing incidents, but the pharmacist admitted that mistakes were not consistently recorded. She explained how a recent dispensing error had been effectively resolved, but it had not been documented. The pharmacy had a complaints procedure. People could raise a concern directly with the pharmacy team or report a concern to head office via the company's website. The pharmacist explained that team members usually resolved any issues that were within their control themselves, but head office responded to any formal complaints.

The pharmacy used a recognised patient medication record (PMR) system to record prescription supplies. The team maintained all the required records, including RP logs, controlled drugs (CD) registers, private prescriptions, emergency supply records, and specials records. Private prescriptions were filed and retained. Private CD prescriptions had not been sent to the appropriate authorities for auditing, but the pharmacist agreed to make sure these were submitted at the end of the month. CD registers were generally in order although details of the person collecting were not always accurately recorded. CD running balances were maintained and some balance checks were completed. But not all

register CD register balances were regularly audited which could lead to delays in identifying discrepancies. A couple of CD balances checked were found to match the quantity in stock. Patient group direction (PGD) consultations and services were recorded appropriately.

Team members understood the principles of data protection. A privacy notice was displayed in the retail area. The medicines counter assistant (MCA) confirmed that she completed e-learning on the General Data Protection Regulation annually. Dispensary staff had individual NHS smartcards. Other team members sometimes used another person's card to check prescription information, but the pharmacist agreed to review this practice moving forward. Confidential paper waste was separated and shredded. Confidential material was generally stored out of public view. The pharmacist was level 2 safeguarding accredited. There was a safeguarding information and an SOP explaining how concerns should be dealt with. Team members said they would report any concerns to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide the services that it offers, and the team works well together. The team are working under some pressure, so they do not always have enough time to complete non urgent and administrative tasks. And the pharmacy does not proactively support its team members to complete essential training. This means team members may delay developing the skills needed for their roles.

Inspector's evidence

The staff present included the RP who was the pharmacy manager, a dispenser, and an MCA, who all worked full-time. A pharmacy undergraduate was undertaking work experience. The pharmacy also employed a part-time counter assistant, a part-time delivery driver and two counter assistants who worked on Saturdays. The pharmacy had a trainee pharmacist who was due to leave in the coming weeks. The pharmacist said a trainee dispensing assistant was due to start work the following week as the pharmacy did not have a trainee pharmacist next year. Holidays were planned and the team members contacted head office if they needed extra cover. Relief or locum pharmacists covered the pharmacy manager's days off.

The pharmacy was busy and there was a steady stream of people presenting to buy medicines and collect their dispensed prescriptions. The team worked well together to manage the workload and they had a good rapport with people who visited the pharmacy. Team members spoke openly about their work, and they felt able to make suggestions or raise issues with the pharmacist, and they could contact head office directly if needed. Whilst the team clearly prioritised the delivery of the services, the pharmacist said they sometimes found it difficult to find time to complete less urgent tasks such as management activities, CD audits and staff training.

The pharmacist and dispenser had worked at the pharmacy for several years so there was good continuity. The dispenser and MCA were both qualified and their certificates were displayed. The part-time counter assistant was completing their probationary period. The delivery driver and team members who worked on Saturdays had not completed any formal training. The pharmacist agreed to contact head office and ensure that these team members were enrolled on suitable training programmes.

Team members explained that they completed eLearning modules occasionally to help to keep their knowledge up to date, and they had access to other training materials such as pharmaceutical publications. The pharmacy provided structured learning for the trainee pharmacist, but it did not provide regular training time or have a structured personal development programme for other team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is a suitable size for the services it provides. But the generally worn appearance detracts from the professional image. And the poor layout and lack of space in the dispensary makes the working environment challenging.

Inspector's evidence

The pharmacy had a retail area, and a small dispensary and stock rooms to the rear. Fixtures and fittings were old and worn in places, and the general décor needed updating. The pharmacy did not have air conditioning to control the room temperature, but heaters and fans were available.

The retail area was reasonably tidy. But the dispensary was less well organised due to the lack of space and poor layout. It had less than three metres of workbench, and the design was not conducive to the flow of work. Space was not effectively utilised. For example, the upper shelves in the dispensary were not within easy reach and so they were not used for storage, and obsolete paperwork was stored in the dispensary further reducing the amount of available space. Work benches were cluttered and untidy in places, but the team members made best use of the limited space available. Baskets of prescriptions needing an accuracy check were stacked and stored in totes on the dispensary floor due to the lack of bench space, which could be a trip hazard. The sink in the dispensary was stained and it appeared unclean, and the surrounding worktop was damaged. The area surrounding the sink was used for assembling prescriptions, so it was not kept clear. Several dispensary drawers were broken, and the flooring was worn.

A consultation room was situated at the front of the premises. It was accessible from the retail area. The room was spacious, and basically equipped with a desk, storage cupboards and seating. There was a sink, but it had been decommissioned and hand sanitiser was available. The room could not be locked when not in use and equipment, including syringes and needles, were not properly secured. The pharmacist agreed to consider how this issue could be resolved.

There were two stock rooms located behind the dispensary. The main stock room was reasonably tidy. The second room was less well organised. It was used as staff rest area and to store multi-compartment compliance packs, paperwork and other paraphernalia. Basic staff toilet facilities were available.

Information about the pharmacy was included on the company's website www.hamcparland.co.uk. The website also contained details about the superintendent pharmacist and head office contact details.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are suitably managed, so people receive appropriate care. It obtains its medicines from licensed suppliers and stores them appropriately. And it carries out checks to make sure they are safe to people to use. The team does not follow the correct procedure when completing some activities, which means it is not always working in the most effective manner.

Inspector's evidence

The pharmacy had a level threshold and non-automated door at the entrance. Staff could offer assistance if needed. There was a small amount of health promotion material in the retail area.

The team dispensed of mixture of walk-in and repeat electronic prescriptions. The pharmacy managed repeat prescriptions for some people and kept records of requests so these could be followed up if needed. Dispensed medicines were appropriately labelled, and patient leaflets were routinely supplied. Interventions were usually recorded on the PMR. Around 10 people received their medicines in weekly compliance packs. Each person had a record showing how packs should be assembled and noting medication changes and preferences. Packs were suitably labelled. The team members were aware of the Pregnancy Prevention Programme for people at risk taking valproate containing medicines and the associated dispensing requirements. The pharmacy kept paper records of deliveries. And a note was left for the person if a delivery attempt was unsuccessful. But the time of delivery was not recorded, and signatures were not obtained as proof of receipt as stated in the SOP. This could make it harder to explain what had happened in the event of a query.

The pharmacist was accredited to provide the NHS services including the Pharmacy First service. A folder with the different protocols and patient group directions was available for reference. The pharmacy also offered the first stage of the NHS hypertension case finding service and the New Medicine Service if appropriate.

Generic medicines were sourced and distributed from the company's central warehouse. Other items were obtained from licensed wholesalers. The pharmacy had a large stock holding and shelves were a little untidy in places. Expiry date checks were completed periodically and recorded. A stock stake was taking place during the inspection. Waste medicines were separated in designated bins kept in the stock room. CDs were stored in the cabinet, but this was full to capacity. Because of this, a large amount of patient returned CDs were not being stored in keeping with the Safe Custody regulations. There was a book to record the receipt and destruction of patient returned CDs, but records of receipt did not correspond to the contents of the trolley. The pharmacist agreed to arrange a destruction at the earliest opportunity.

Pharmacy medicines were stored behind the counter. The MCA understood what questions to ask and when to refer to the pharmacist. She was aware of the restrictions on codeine containing medicines and what medicines were considered higher risk. Cold chain medicines were stored in a fridge. Drug and device alerts and recalls were received by email and actioned by the pharmacist. A record was kept showing these had been actioned, however a couple of recent alerts had not been recorded although the pharmacist said the team had checked for any affected stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. The team members maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy team had access to the internet and appropriate reference sources. Some old paper versions of the British National Formulary were found in the dispensary, but the pharmacist said they referred to the online version for the most up to date information. Disposable medicines containers were used. Clean triangles were available for counting tablets and cylinder measures were available for dispensing liquids. But the cylinders were made of plastic, and they did not appear to be standardised measures. The pharmacist agreed to replace these with appropriate glass British Standard approved measures.

Equipment for provision of additional services was available including a blood pressure meter and vaccination equipment. The pharmacy's computer systems were password protected. There was a single PMR terminal in the dispensary for dispensing purposes. The system could also be accessed from a terminal on the medicines counter and in the consultation room. All electrical equipment appeared to be in working order.

The temperature of the domestic fridge used to store medicines was monitored and recorded to check it was in a suitable range. There was a second medical fridge available in the consultation room, but this was not being used to store medicines. A standard CD cabinet was in use. 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.