

# Registered pharmacy inspection report

**Pharmacy Name:** H.A. McParland Ltd., 226 Farnham Road, SLOUGH, Berkshire, SL1 4XE

**Pharmacy reference:** 1029021

**Type of pharmacy:** Community

**Date of inspection:** 24/10/2019

## Pharmacy context

This is a community pharmacy located alongside other local shops in a residential area on the outskirts of Slough. It is part of an independent family owned group of pharmacies based in the South East. Most people who visit the pharmacy live or work locally. The pharmacy mainly supplies NHS prescriptions and sells over the counter (OTC) medicines. The pharmacy offers a home delivery service and other NHS services such as Medicines Use Reviews (MURs), New Medicine Service (NMS), NHS Urgent Medicine Supply Advanced Service (NUMSAS), substance misuse treatment and flu vaccinations.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	Team members do not always receive appropriate accredited training for the role they undertake.
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The lack of suitable consultation facilities means the pharmacy administers vaccinations in an environment that is unhygienic and lacks the necessary facilities for appropriate healthcare provision.
<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 reasonably safe and effective. It keeps the records it needs to by law and people are able to give feedback and make a complaint about the services. The team members follow written instructions to make sure they work safely. They understand how to protect people's private information and they have a basic knowledge of how to safeguard and support vulnerable people.

### Inspector's evidence

The pharmacy had comprehensive standard operating procedures (SOPs) which covered the main tasks and activities. These were produced by head office and had recently been reviewed. Team members had signed to indicate they had read and agreed them, and they generally reflected current practice.

An RP notice was displayed so it was visible from the retail area. Support staff could explain their roles and responsibilities. They wore uniforms, so they could be easily identified. They worked under constant supervision and suitably referred to the pharmacist during the inspection.

There were some basic risk management processes in place in relation to dispensing processes. Bench space was limited but the area was kept clear and baskets were used to segregate prescriptions during the assembly process. The pharmacist usually self-checked but explained how they separated the assembly and checking processes in order to minimise the possibility of errors. Dispensing labels were initialled to indicate who was responsible for each supply. There was an incident reporting process and some examples were seen which included some reflection and learning. There was a near miss chart, but none had been recorded, so it was unclear how effectively these were used to promote additional learning opportunities.

There was a complaint procedure and a notice was displayed in the retail area promoting its availability. The team said they would try to deal with any concerns themselves in conjunction with the pharmacy manager in the first instance but would refer any unresolved matters to head office. The pharmacy participated in annual NHS patient satisfaction surveys and the most recent results were generally positive.

The pharmacy was indemnified by the NPA and a current insurance certificate was displayed in the dispensary.

It used a recognised patient medication record (PMR) system to document prescription supplies and the team maintained all the records required by law, including RP logs, controlled drug (CD) registers, specials records, and private prescription and emergency supply records. Records checked were generally in order, although occasionally the time the pharmacist ceased undertaking the RP responsibility was not captured in the RP log, which could cause ambiguity. Patient returned CDs and their destruction were documented. CD running balances were maintained and these were checked against the actual stock intermittently.

Team members understood about data protection and had received training on the General Data Protection Regulation. Pharmacists used individual NHS smartcards for accessing the NHS data. A

privacy notice was displayed and there was a patient leaflet explaining how the pharmacy used and safeguarded people's personal information. Confidential paper waste was shredded. Confidential material was generally stored out of public view. People were required to walk through the dispensary when accessing the area where flu vaccinations were administered. The team explained how they made sure people were escorted and prescriptions were stored so people's personal information was not visible.

The pharmacist was level 2 safeguarding accredited. There were some safeguarding SOPs and the team had access to relevant local social services contacts. Other team members were Dementia Friends, so they had some understanding how to support people living with this condition. But they had not completed any formal safeguarding training. They said they would report any concerns about patients to the pharmacist.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough staff to provide its services. Pharmacy professionals can act in the best interests of the people who use the pharmacy, and this is not affected by any targets. Team members work under supervision and can raise concerns if needed. But the unstructured approach to staff training means that some team members might not always acquire all the skills relevant to their role, and there may be gaps in their knowledge.

### Inspector's evidence

The regular pharmacist manager worked full-time at the pharmacy but was on leave at the time of the inspection, so a company relief pharmacist was working alongside two counter assistants. The team greeted customers promptly and managed the workload without any issues. The pharmacist said prescriptions were generally received and processed on the same day. Walk-ins were supplied without a significant wait.

The pharmacy also employed two other counter assistants who covered the afternoons, and two other assistants worked on Saturdays only. As all staff worked part time they worked flexibly to cover any absences. Holidays were planned so only one person was off at one time. The team could request additional support from head office if needed.

The pharmacy did not have comprehensive records or documentation relating to staff training. Of the two team members present, one was enrolled on a Counterskills course and provided her training folder. The other assistant had worked at the pharmacy for around eight months and had received some informal training, but it was unclear if she was enrolled on an accredited course. One of the absent team members had completed a medicines counter assistant course and their certificate was displayed. Staff said the other assistant had only recently commenced employment, but they thought she had completed accredited training elsewhere. It was unclear if Saturday staff were formally trained although the counter assistants thought one was studying pharmacy at university.

All team members had contracts and had completed a basic Induction process and had access to a staff handbook. Team members spoke openly about their work and felt confident raising issues with the pharmacist. They could contact head office independently if they wanted to and there was a list of relevant contact numbers in the dispensary. The pharmacist said the company encouraged everyone to provide services and they set targets for NMS. Achievement was monitored but there was no significant pressure to meet targets, so they felt able to exercise their professional judgement in people's best interests.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy is suitably secure and it has enough space for the delivery of its services. But its generally worn appearance and poorly maintained décor detracts from the overall professional image. It does not have a consultation room which means the pharmacy offers vaccination services in an environment that is unhygienic and lacks the necessary facilities.

### Inspector's evidence

The pharmacy was situated in a standard unit. There was a medicines counter situated at the rear of the retail area next to a small open plan dispensary. It had less than two metres of bench space, so it was quite cramped. The pharmacy was tired in appearance and the décor and fittings in all areas were worn and tired looking.

The pharmacy did not have a dedicated consultation room. A corridor behind the dispensary was used for administering flu vaccinations. The area was accessed via steps through the dispensary, so it was not accessible to those with mobility difficulties. There was a single chair but no other facilities such as a desk or work surface. Space was restricted should somebody faint and need to be put in the recovery position. The area was also used as a kitchen area and to access the staff toilet. The area was poorly maintained and shabby. The sink, which was also used to prepare medicines, was stained, discoloured and looked unhygienic. So this area did not project a professional image in keeping with healthcare provision.

Toilet facilities were basic. The retail area was reasonably tidy, but the dispensary and rear areas were less well organised, and the floor was littered in places. The pharmacy did not have air conditioning. Staff reported they used portable fans or heaters to control the room temperature, but it could get hot in the summer and cold in the winter.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy suitably manages its services and it supplies some medicines in weekly multi-compartment compliance packs to support people who may forget to take them. The pharmacy team sources medicines appropriately, but stock medicines are not always well organised and or managed as effectively as they could be.

### Inspector's evidence

There were non-automated double doors at the entrance and a small step. Staff could offer assistance if needed. Opening times were displayed and some of the pharmacy's services were promoted using posters in the window. The pharmacy offered daily home deliveries on weekdays and these were undertaken by a company driver, and audit trails enabled these to be tracked.

The pharmacist dispensed and checked all prescription medication. The pharmacy processed a mixture of walk-in and repeat prescriptions as there were several surgeries in the locality. The team ordered repeat prescriptions on behalf of patients and kept clear audit trails, so these could be chased up if necessary. The team explained how they checked people's details before handing out prescription medication and there was a bar code scanning system so the patient's PMR indicated when they had collected their medication. Methadone instalments were prepared by the pharmacist. Concerns about patients or more than three missed doses were reported to the key worker or prescriber.

Some people received their medicines in weekly multi-compartment compliance packs. The pharmacy had records with details of each patient's regular medication and preferences. This assisted in making sure packs were assembled correctly, and so any unexpected changes could be identified and queried. Packs were suitably labelled and included medication descriptions, and patient information leaflets were routinely supplied.

The pharmacist explained how they would provide extra counselling for high-risk medicines such as methotrexate and they were aware of the risks of the supplying of valproate-based medicines to people who may become pregnant. But the appropriate patient literature could not be located, which meant it may not be possible to supply the necessary information if valproate was dispensed. The pharmacy manager was accredited to provide MURs, but the pharmacist on the day was newly qualified and had not yet completed their training or have Summary Care Record access.

The pharmacy offered both private and NHS flu vaccinations under PGDs. The manager and the relief pharmacist were accredited to administer these although the relief pharmacist did not have a copy of both the signed PGDs at the time. Around 2-3 flu vaccinations were being administered each day. This was done in accordance with the protocols and associated records were properly maintained. The pharmacist explained how they had referred patients to their doctor if they were not feeling fit and well or did not fulfil other criteria.

The counter assistants described the questions they would ask when selling over the counter medicines and how they would ask the pharmacist if they were unsure about anything. The pharmacist could easily supervise and intervene as the dispensary and counter were in close proximity.

Stock medicines were sourced through a range of licenced wholesalers via a company buying system. There was no clear stock control system and the pharmacy was not currently fully compliant with requirements of the European Falsified Medicines Directive (FMD). Stock medicines were stored on open shelves which were untidy in places. There was evidence of date checking. Some short-dated medicines were highlighted with stickers and records indicated the last check had been completed in September.

The pharmacy fridge was fitted with a maximum and minimum thermometer and the temperature was checked on a daily basis. Records were kept, and these were generally in range, although there were several occasions when the maximum reading was slightly higher than expected. And it was unclear if the pharmacist had been informed of this or if any action had been taken to address this.

CDs were stored in the cabinet, but this was small and hard to access, and stock was not stored in an organised manner. Open bottles of methadone and temazepam which have a limited expiry had not been dated. Other expired, patient returned medicines and used sharps were placed in appropriate designated waste containers, prior to collection by waste contractors. Alerts and recalls for faulty medicines and medical devices were received via email. These were checked by the pharmacist. These were printed, and confirmation was sent to head office indicating what action had been taken. Alerts were then filed for reference.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to provide its services and the team uses the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had disposable medicine containers, calibrated glass measures and counting equipment for dispensing medicines. The team could access the internet and suitable reference sources such as the British National Formulaires and Drug Tariff.

Computer terminals were suitably located so they were not visible to the public and the PMR system was password protected. Telephone calls could be taken out of earshot of the counter if needed. There was a small CD cabinet and a medical fridge used for storing medicines. Anaphylaxis equipment for use alongside vaccinations was 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.