

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: 13/08/2020

Pharmacy context

This is a community pharmacy located alongside other local shops on the outskirts of Slough. It is part of an independent family owned group of pharmacies based mainly in the South East of England. Most people who visit the pharmacy live locally. The pharmacy mainly supplies NHS prescriptions and sells over-the-counter (OTC) medicines. The inspection was undertaken during the COVID-19 pandemic.

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

The pharmacy suitably manages the risks associated with its services. It keeps the records it needs to by law and people can make a complaint or provide feedback about the services. The pharmacy has procedures to learn from its mistakes so it can continually improve the safety of its services. And the pharmacy team keeps people's personal information safe and team members understand how to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which covered the main operational tasks and activities. SOPs were produced and updated by head office and they had been reviewed in March 2019. Team members understood the purpose of SOPs and had signed to indicate they had read and agreed them. The SOPs generally reflected current practice.

Initially during the inspection, two responsible pharmacist (RP) notices were displayed. This was rectified during the visit so only the relevant RP notice was visible in order to avoid any confusion. Support staff worked under constant supervision and suitably referred to the pharmacist during the inspection. Individual roles were not immediately apparent, but team members could explain their role and responsibilities.

Individual COVID staff risk assessments had been completed for all team members. Templates and related guidance were available on the intranet. Pharmacy team members had access to personal protective equipment (PPE) but they chose not to wear it. During the inspection, team members worked at separate workstations which meant they could socially distance most of the time. But they hadn't considered that sharing of equipment such as the telephone handset might carry a risk.

There were some risk management processes in place in relation to dispensing procedures. There was plenty of bench space and work areas were kept clear. Baskets were used to segregate prescriptions during the assembly process. Dispensing labels were initialled to indicate who was responsible for each supply. There was an incident reporting process, and these were escalated to head office for review. The team gave an example of a change they had adopted in response to a dispensing error to prevent further mistakes. The dispenser said the pharmacist usually asked her to spot her own errors identified at the final check to make sure she learnt from them. Near misses were documented and reported to head office on a monthly basis, and the learning from common errors was shared across the company.

There was a complaint procedure and a notice promoting this was displayed in the retail area. The team said they would try to deal with any concerns themselves, but would refer any unresolved matters to head office to be dealt with formally.

The pharmacy had professional indemnity insurance with the NPA, and a copy of the current insurance certificate was displayed in the dispensary. The pharmacy 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 very occasionally the

time the pharmacist ceased undertaking the RP responsibility was not captured in the RP log. Patient returned CDs and their destruction were documented. CD running balances were maintained and these were checked against the actual stock intermittently. Emergency supply records were not checked at the time of the inspection as the pharmacist was unsure how to access these on the PMR, but she explained the process. And completed private prescriptions could be not located in the absence of the pharmacy manager.

Team members understood about data protection and had received some training on the General Data Protection Regulation. Pharmacists used individual NHS smartcards for accessing the NHS data. Confidential paper waste was segregated and shredded, and any confidential material was stored out of public view.

The pharmacist was level 2 safeguarding accredited. The other team members were Dementia Friends, so they had some understanding of how to support people living with this condition. They had received some guidance on safeguarding of vulnerable people and the pharmacist knew how to escalate concerns to the appropriate authorities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. The team work well together and there is a clear open culture. Team members work under supervision, and they have access to appropriate training courses. But the pharmacy sometimes delays providing team members with accredited training so there might 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 with a dispenser and a medicines counter assistant (MCA). The team managed the workload without any issues during the inspection. The pharmacist said prescriptions were generally received and processed on the same day.

The pharmacy employed two other medicines counter assistants who worked in the morning, and two other assistants worked on Saturdays only. A company delivery driver was shared with two of the company's other pharmacies and they undertook daily deliveries on weekdays. All staff worked part-time so they could work flexibly to cover any absences. Holidays were planned so only one person was off at one time, and the team could request additional support from head office if needed.

Both the MCA and the dispenser had completed accredited training course relevant to their role and showed their certificates. A training certificate for one of the MCAs who worked in the morning was also seen. But there was no certificate for the other MCA, although she had completed a RSPH Level 2 in Understanding Health Improvement. It was unclear if Saturday staff were formally trained. After the inspection, the pharmacy manager confirmed the MCA had been enrolled on an NPA medicines counter assistant course and that this would be completed within the next few months. He also confirmed that the Saturday assistants' roles were confined to duties such as cleaning and general sales, rather than pharmacy activity.

All team members had access to a staff handbook. They 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 company's HR lead was visiting the pharmacy once a week to check everyone was coping during the pandemic. The pharmacist said the company were not actively setting targets during the pandemic as they were not able to offer some of their additional non-dispensing services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are bright, clean and professional in appearance. The design and layout are suitable for the services that the pharmacy provides, and it has consultation facilities, so people can receive healthcare services and have a conversation in private.

Inspector's evidence

The pharmacy was bright clean and maintained to a suitable standard throughout. The pharmacy had been refitted since the last inspection and it was modern and professional in appearance. The external fascia had not been updated and was less well presented.

The open plan dispensary was a suitable size for the services provided with plenty of bench and storage space. The design enabled the pharmacist to supervise the counter whilst working in the dispensary. The dispensary was clean and tidy; there was a sink with hot and cold water. Extra hygiene measures had been introduced during the pandemic; the team members said they wiped down work areas with sanitiser regularly.

The retail area was spacious markers on the floor and a Perspex screen fitted to the counter during the pandemic to help with infection control. There was some seating in the retail area for people waiting. And a spacious purpose-built consultation room was accessible from the retail area. It was used for services such as flu vaccinations and if people wanted to have confidential conversations with pharmacy staff.

The weather was unusually warm on the day of the inspection. There was no air conditioning. The pharmacy was reasonably well-ventilated using fans, but the room temperature was not routinely monitored to ensure it was within a suitable range for the storage of medicines. The pharmacy was suitably secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely to help make sure that people receive appropriate care. The pharmacy obtains its medicines from licensed suppliers, and the team stores them safely and manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy entrance had double doors and a slight step at the threshold. Team members could see people entering the pharmacy and offer assistance if needed. The pharmacy was open Monday to Saturday and opening times were displayed. Signs reminded people of the symptoms of Coronavirus and what to do if they felt unwell. Notices also informed people to socially distance and ear face covering when entering. The staff said the pharmacy manager was multi-lingual which was often helpful as the local community was diverse and English was often not their first language.

The pharmacy team was mainly focused on managing the dispensing and retail activities as most of the other services had reduced during the pandemic. The pharmacy continued to offer supervised consumption for people receiving substance misuse treatment. The service was managed by the pharmacist and any concerns were reported to the prescriber. The pharmacist occasionally continued to target people for the New Medicine Service, but they were not routinely offering additional face -to-face services such as blood pressure checks although people still requested them.

The staff said they worked closely with the local surgeries. Electronic repeat dispensing had been rolled out in the local area during April which had made it much easier to manage people on repeat medications. Surgeries were also receptive to email requests which meant these could easily be audited. They used a company standardised template to notify surgeries when items were out of stock such as hormone replacement therapy, and these had proved useful. Dispensed medicines were appropriately labelled, and these were bagged, and prescription forms or token were referenced when handing the medicine out. Addresses or dates of birth were checked to make sure it was the correct recipient. Pharmacists were able to access summary care record if needed and the pharmacist felt this was useful when resolving issues. The pharmacist was aware of the risks associated with the use of valproate during pregnancy and that counselling a relevant literature should be provided to those in the at-risk group. She said the PMR system generated extra labels and reminders when valproate was dispensed.

Some people received their regular medication in compliance packs. The dispenser said this was usually following referral from their doctor, but the pharmacist undertook his own assessment to check it was the most suitable option. The team had records for each person receiving a compliance pack and there were clear audit trails for each stage of the process. Packs were prepared in advance and they were clearly labelled. Disposable packs were used and there was a separate area for assembly. Gloves were not always worn when preparing packs, but hand sanitiser was used regularly. Medication descriptions were included on the packs and patient information leaflets (PILs) were supplied each month. The team had experienced an increased demand for home deliveries during the pandemic which their own driver had managed to cope with. Deliveries were recorded to provide an audit trail.

The counter assistant understood what questions to ask when selling medicines over the counter. She was aware of the restrictions when selling codeine base medicines over-the-counter, and when to refer to the pharmacist. She could recall one occasion when the pharmacy manager has intervened when someone was requesting codeine-based pain killers too frequently.

The pharmacy ordered generic stock from a centralised warehouse and it obtained any other medicines from licensed wholesalers and suppliers. The pharmacy was not compliant with the Falsified Medicines Directive. It had scanners so collection of prescriptions could be tracked, but the team was not routinely decommissioning medicines when they were supplied. Stock was well organised and stored in manufacturer's packaging. A random sample of stock was checked, and no expired medicines were found. There was a date checking system and short dated packs were removed from the shelves in advance of their expiry. The dispenser showed the date checking matrix they used to make sure all stock was checked periodically. There were dedicated bins so waste medicines could be segregated, and bins were collected periodically by a specialist waste contractor.

The fridge in the dispensary was equipped with a thermometer. The fridge maximum and minimum temperatures were recorded daily, and records showed they were within the required range. Controlled drugs were appropriately stored in the cabinet. Obsolete CDs were segregated. Drug and device alerts were received by email and these were checked on a daily basis. Confirmation was sent to head office when alerts had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. The pharmacy team stores and uses these in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and pharmaceutical reference sources. Glass calibrated measures were available for measuring liquids when dispensing. Separate measures were marked for use with CDs. Counting triangles were available for counting loose tablets. Hand sanitiser, extra cleaning materials and PPE, including disposable face masks and gloves were available for staff to use to help with infection control during the Covid pandemic.

The pharmacy had disposable medicine containers for dispensing purposes, and these were stored appropriately. The small CD cabinet which was large enough for the volume of stock. Electrical equipment appeared to be in working order. A large medical fridge was used to store cold chain medicines. Computer systems were password protected and screens were located out of public view. Telephone calls could be taken out of earshot of the counter if needed.

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.