

Registered pharmacy inspection report

Pharmacy Name: The John Preddy Co. Ltd., Preston Grove, YEOVIL,
Somerset, BA20 2BQ

Pharmacy reference: 1036390

Type of pharmacy: Community

Date of inspection: 15/08/2019

Pharmacy context

The pharmacy is in Yeovil, adjacent to a GP practice. It serves a mixed population and is close to a school. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS) and services for substance misusers. It also supplies medicines in multi-compartment compliance aids to people 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
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 identifies and manages risks appropriately. It reviews its practices to make them safer and more efficient. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has appropriate insurance for its services. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had adequate processes in place to monitor and reduce risks. Near misses were recorded on a paper log and contained details of the error, a brief reflection on the cause and the learning points. Following labelling errors resulting in near misses, the accuracy checking technician (ACT) had adapted the order that drugs were displayed on the patient medication record (PMR) system to ensure the most commonly dispensed were at the top of the screen. Dispensing incidents were reported to the company head office with an analysis of the cause. The responsible pharmacist (RP) said that when errors were identified, they were discussed as a team to identify the potential contributing factors. Following an incident where the incorrect strength of tablet had been dispensed, flash notes had been placed on the persons PMR and stock had been separated. The two strengths had also been separated on the PMR to prevent a reoccurrence of the labelling error that had been a contributing factor.

A monthly patient safety report was completed which contained a review of all near misses and dispensing incidents and led to the generation of an action plan to reduce errors. The action plans generated through the patient safety report were shared with all team members through a team huddle and through individual briefings. Following a recent review, the pharmacy team had rearranged the storage arrangements for completed prescriptions to create more space. Bags were now store in a retrieval system rather than alphabetically to try and reduce the chance of handout errors.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the regular RP. Staff had signed the SOPs to show that they had read and understood them. Review dates were set and were stored in a book. SOPs covering RP legislation were in order and had been read by staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

The RP described how, before implementing a new service such as flu vaccinations, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. 91% of people completing the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. Following feedback about the comfort and convenience of the waiting area, the pharmacy team had sourced additional chairs with arms. This allowed people waiting to stand from the

chairs more easily. A complaints procedure was displayed in the retail area.

Professional indemnity and public liability insurances were provided by the NPA with an expiry of 30 September 2019.

RP records were maintained appropriately in a log. The incorrect RP certificate was displayed when the inspector entered the pharmacy. This was promptly rectified when highlighted to the RP. Records of emergency supplies and private prescriptions were held in a book and were in order. Records of the supply of unlicensed special medicines were kept and certificates of conformity contained the details of to whom the product had been supplied. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A random stock balance check of Palexia 50mg tablets was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technicians had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had read the safeguarding SOP. Local contacts for the escalation of concerns were available on an app downloaded by all team members. Staff were aware of the signs requiring referral and gave examples of when they had made appropriate referrals.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are well trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection and consisted of the RP, three pharmacy technicians, two of whom were trained as accuracy checkers, and an NVQ2 level dispenser. The superintendent pharmacist (SI) also arrived during the inspection. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they were allocated protected time to learn during working hours. Resources accessed Numark training modules, CPPE packages and revised SOPs. A technician described that she had recently completed learning about the flu vaccinations service. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Staff were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The staff felt able to raise concerns and give feedback to the RP and the SI, both of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP described that she felt supported superintendent pharmacist and by other pharmacists working in nearby pharmacies in the group. The RP said that no targets were set and that she was able to use her professional judgement to make decisions. She said that she would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located adjacent to a GP practice. A spacious retail area led to a healthcare counter, and through to an appropriately sized dispensary. To the rear of the dispensary was a room housing small kitchen, office space and two CD cabinets. A consultation room was available on the shop floor. The room was soundproof and conversations could not be overheard. The consultation room was locked when not in use but no confidential information was stored in the consultation room. A large basement room was used to store excess stock and consumables such as dispensing bottles and boxes. It was also fitted out with a dispensing bench to allow for the preparation of multi-compartment compliance aids. There was also a staff room and a lavatory in the basement.

The main dispensary was of an adequate size with enough bench space for the assembly of prescriptions. There was a dedicated area for checking. Medicines were stored on the shelves in a generic and alphabetical manner. Shelves would be cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services. Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The benches were generally clear of clutter, although the office space was a little untidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It makes a record of this additional advice to demonstrate that it has been given. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. The pharmacy deals with medicines returned by people appropriately.

Inspector's evidence

The pharmacy had step-free access. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. Services provided by the pharmacy were advertised in the pharmacy and the RP was accredited to provide all promoted services.

A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. A pharmacy technician described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Details of local agencies and support networks were accessed online through the NHS website.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs. Prescriptions containing high-risk medicines or medicines requiring additional advice from the pharmacist were also highlighted with stickers. The RP described that she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were made on the patient medication record (PMR), as were details of significant interventions. Substance misuse services were provided for four people. The RP described how he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had taken place with affected people and notes were placed on the PMR. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 40 people based in the community. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor was aware of what could and could not be placed in

trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process. The inspector noted that prescriptions were clinically checked by the RP after the dispensing had occurred. She proffered guidance that this should be completed prior to their preparation to allow discrepancies or clinical issues to be identified and corrected at an appropriate time.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. Spot checks revealed no date expired stock or mixed batches. Several loose strips of tablets, including mebeverine tablets and dioctyl capsules, were found on the shelves which did not contain the expiry date or batch number. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AHH. Specials were obtained from Alliance Specials. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

The pharmacy team were scanning all medicines when they were dispensed to check that they were not falsified, in line with the Falsified Medicines Directive. Visual checks were also made on boxes sealed with anti-tampering devices. The pharmacist also scanned aggregate bag labels twice a day to decommission medicines given to people.

CDs were stored in accordance with legal requirements in approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate. Prescriptions for items out for delivery were kept in a folder until delivery confirmation was obtained.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication. A hazardous waste bin available for the disposal of cytotoxic and cytostatic medicines. The pharmacy could arrange for additional collections of returned medicines as needed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible and were in date. The dispensary sinks were clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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.