

Registered pharmacy inspection report

Pharmacy Name: H A McParland (Chemists) Ltd, T/A Ashington Way Pharmacy, Ashington Way, Westlea, SWINDON, Wiltshire, SN5 7XT

Pharmacy reference: 1038747

Type of pharmacy: Community

Date of inspection: 21/01/2020

Pharmacy context

This is a community pharmacy located next to a doctor's surgery in the Westlea suburb of Swindon. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides a minor ailment service, supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

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	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
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 has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law.

Inspector's evidence

Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary and this was used by staff to record near miss incidents regularly. The pharmacy team reported that this was reviewed regularly and any learning points were analysed and discussed. Near misses were then submitted to the company head office for analysis and feedback. Based on previous errors, different strengths of gabapentin capsules had been separated on the dispensary shelf. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelf.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and most were subject to a root cause analysis to find out why the error had happened. These were also reported to the superintendent. There were some dispensing incidents that did not have a robust root cause analysis recorded and so some learning opportunities could be missed.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were reviewed regularly. Staff were in the process of signing these. The healthcare team understood what their roles and responsibilities were and these were defined within the SOPs.

There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy carried out a Community Pharmacy Patient Questionnaire annually as part of their NHS contract. A certificate of public liability and indemnity insurance from NPA was displayed and was valid and in date until June 2020.

Records of controlled drugs (CD) and patient returned controlled drugs were retained. A sample of a random CD was checked for record accuracy and the balance was correct at the time of the inspection. The CD balance was checked regularly. Patient returned and expired CDs were separated from regular CD stock and labelled appropriately.

The responsible pharmacist (RP) record was retained. The RP notice was displayed where the public

could see it clearly. There were two fridges in use. One of the fridges was not regularly temperature monitored but the pharmacy manager rectified this. Going forward, the pharmacy team would temperature monitor both fridges daily and record that these were within the appropriate temperature range of two to eight degrees Celsius. Date checking was carried out regularly and a date checking matrix was displayed in the dispensary. Short dated stock was highlighted. The private prescription, emergency supply and specials records were retained and were in order.

The pharmacy team were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separately from regular waste and disposed of by the company head office regularly.

The pharmacy team reported that they had been trained on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were available and clearly displayed in the dispensary.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, one accuracy checking technician, one pre-registration pharmacist, two dispensing assistants and one medicine counter assistant present during the inspection. They were all seen to be working well together. The accuracy checking technician reported that she was increasing her hours from part time to full time because the team had recently lost a full time dispensing assistant. Staffing levels were seen to be sufficient for the level of the services provided during the inspection.

The staff reported that they kept their knowledge up to date by reading third party materials and would ask the pharmacist if they had any queries. Staff gave an example of having recently completed the CPPE packages on 'look alike' and 'sound alike' medicines. They explained that this had helped them become more aware of potential selection errors. Staff reported that they received time to complete their training.

The pre-registration pharmacist explained that she had recently had her 13 week meeting and that she felt supported in her training. The pharmacy manager was her tutor and they would meet regularly to discuss her progress with meeting her performance outcomes. She would attend regular meetings run by the NPA where she would discuss various clinical topics, as well as practising pharmaceutical calculations, with other pre-registration pharmacists.

Staff meetings would take place on a regular basis where any significant errors, learning and business issues would be discussed with the team. The pharmacy also read and discussed regular information bulletins which were released from their company head office.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were targets in place but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was located next to a GP surgery. It had a retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. It had been recently refitted. Fixtures and fittings were modern and the pharmacy was clean, tidy and presented in a professional manner.

There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner. There was one small consultation in use. There was some water damage on the ceiling tiles. The consultation room was kept locked and was well soundproofed. Confidential patient information was stored securely.

The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Access to the pharmacy was step free. There was seating for patients or customers waiting for services. There was a range of leaflets and posters available to the public about services on offer in the pharmacy.

The pharmacy team supplied multi-compartment compliance packs for around 100 patients for use in their own homes. The compliance packs were dispensed at an off-site assembly facility in Maidenhead, Berkshire. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked it was complete. Descriptions were provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to all female patients. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from suppliers such as AAH, Alliance, Doncaster and NWOS. Specials were ordered from IPS specials. The pharmacy team were aware of the European Falsified Medicines Directive (FMD). They had access to the appropriate hardware and software. The superintendent pharmacist confirmed that FMD procedures and staff training was being developed.

There were destruction kits for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen as being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste medicines was also available.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. The fridges appeared to be in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the team electronically through their email system. Records to demonstrate this were complete and contained audit trails to denote what action was taken and when.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were seen to be capped when stored and there was a counting triangle. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources. There were two fridges used for the storage of thermolabile medicines which were in good working order. One fridge was not temperature monitored and this was subsequently rectified by the pharmacy manager. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.