

Registered pharmacy inspection report

Pharmacy Name: C.J. McKendrick, 123 Commercial Road, SWINDON,
Wiltshire, SN1 5PL

Pharmacy reference: 1038758

Type of pharmacy: Community

Date of inspection: 09/12/2019

Pharmacy context

This is a community pharmacy located on the high street in Swindon. It serves its local population which is mixed in age range and background. The pharmacy opens five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccination services and supplies medicines in multi-compartment medicine devices for people to use 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 has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen. But the pharmacy team do not always look into detail about why errors have happened which may mean that opportunities for learning are missed. 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 generally 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.

Inspector's evidence

Some processes were in place for identifying and managing risks. There were some historical near misses recorded, but none had been recorded in recent months. The pharmacist reported that any errors would be discussed with staff and coaching and advice would be provided. Error logs were reviewed on an ad-hoc basis to and learning points were analysed and discussed. Based on previous errors, different forms of Epilim had been separated on the dispensary shelf.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded but generally were not subject to a detailed root cause analysis to find out why the error had happened and to elucidate any points of learning. These were also reported to the superintendent.

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 new ones had been rolled out which staff were in the process of signing. When questioned, the healthcare team understood what their roles and responsibilities were. 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.

Records of controlled drugs (CD) and patient returned controlled drugs were retained. The address that a CD was received from was often omitted from the records. 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 inconsistently and the pharmacist agreed to address this.

The responsible pharmacist (RP) record was retained. The RP notice was displayed where the public could see it clearly. There was one fridge in use and temperatures were recorded daily and were within the appropriate temperature range of two to eight degrees Celsius. The pharmacist reported that date checking was carried out regularly but a date checking matrix was not kept to demonstrate this (see also principle 4). There was evidence that some short dated stock had been highlighted with yellow

stickers. 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. Staff signed confidentiality agreements. The computer screens were all facing away from the public and were password protected. Confidential waste was regularly shredded by staff using a cross cut shredder.

The pharmacist had completed a CPPE package on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. But contact details for local safeguarding advice, referral and support were not readily available to staff and the pharmacist agreed to address this.

Principle 2 - Staffing ✓ Standards met

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 and two dispensing assistants present during the inspection. They were all seen to be working well together. 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. The pharmacist had completed safeguarding CPPE training and reported that this had helped him become more aware of the issues around vulnerable adults and children. Staff reported that they received time on an ad-hoc basis to complete their training. Staff meetings would take place on an ad-hoc where any significant errors and learning would be discussed with the team.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place in the pharmacy.

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 based on a busy high street. 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. The fixtures and fittings had not been upgraded in some time. There was a small dispensary at the front of the pharmacy and another room at the back for dispensing multi-compartment compliance aids. The pharmacy was generally clean, tidy and presented professionally.

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. It was kept locked from public access and patient confidential information was safeguarded. 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. The pharmacy team do not always take expired medicines off dispensary shelves in a timely manner which may increase the risk of these medicines being dispensed.

Inspector's evidence

Access to the pharmacy was step free. There was seating for patients or customers waiting for services. Services were displayed on leaflets and posters around the pharmacy. There was large label printing available for people with sight difficulties.

The pharmacy team had been offering the flu vaccination service since September and had completed around 200 vaccinations at the time of the inspection. Staff explained how this service had increased accessibility to patients who find it difficult to attend limited GP appointments. The pharmacist had completed recent anaphylaxis and resuscitation training. The private flu vaccination patient group direction was examined and was appropriately signed, valid and in date.

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 he would check that 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, Lexon and Doncaster. Specials were ordered from Lexon specials. The superintendent pharmacist reported that the pharmacy was compliant with the European Falsified Medicines Directive (FMD). The pharmacy team had the hardware and software and were rolling out procedures incorporating FMD into their dispensing processes.

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

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. The pharmacist reported that pharmaceutical stock was subject to date checks but these were not documented. Short dated stock was marked with yellow stickers. The following out of date medicines were found on the dispensary shelf:

Cefixime 200mg tablets out of date as of June 2019

Diazepam 10mg tablets out of date as of October 2019 (nine containers)

Eplerenone 50mg tablets out of date as of August 2019

Isosorbide mononitrate 60mg tablets out of date as of September 2019 (two containers)

Promethazine 25mg tablets out of date as of September 2019

Propranolol 15mg tablets out of date as of October 2019

Mebendazole 100mg tablets out of date as of October 2019

The fridge was 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.

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 was one fridge used for the storage of thermolabile medicines which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designed 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.