

# Registered pharmacy inspection report

**Pharmacy Name:** H A McParland (Chemists) Ltd, T/A Home Farm

Pharmacy, 25 Newburgh Place, Home Farm Estate Highworth,  
SWINDON, Wiltshire, SN6 7DN

**Pharmacy reference:** 1038774

**Type of pharmacy:** Community

**Date of inspection:** 22/08/2019

## Pharmacy context

This is a community pharmacy located on a parade of shops in the town of Highworth near 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 seasonal flu vaccinations and supplies medicines in multi-compartment compliance aids for people to use living in their own homes and one assisted living home.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<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 has written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this to learn from their 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 improve services. It manages and protects people's confidential information and it tells people how their private information will be used.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded regularly and records of these were kept in the dispensary. The pharmacist reported that these were reviewed monthly. Near misses would also be sent to head office every three months and analysed and fed back to the pharmacy team. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelves.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Staff demonstrated that dispensing errors were recorded and included an investigation as to why the error had occurred. Dispensing errors were also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. 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 all the dispensary tasks. SOPs had been reviewed within the last year. In answer to scenarios posed, the members of staff were all able to explain their roles and responsibilities. A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract and previous feedback was displayed and was positive.

An indemnity insurance and public liability certificate from NPA was displayed and was valid and in date until the end of June 2020. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out infrequently and the pharmacist agreed to address this. Patient returned and out of date CDs were separated from regular CD stock and labelled appropriately.

Date checking was carried out regularly and records were kept to demonstrate this. There were two fridges but only one was in active use. This was because one of the fridges had been recording a maximum temperature that was above eight degrees. The other fridge was temperature monitored daily but only minimum temperatures were recorded. The pharmacy manager agreed to address this.

A responsible pharmacist (RP) record was retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The private prescription, emergency supply and specials records were retained and were in order. Staff were seen to be following the company information governance policy. Staff signed confidentiality agreements. Confidential waste was separated and shredded intermittently using a cross cut shredder. The computer screens were all facing away from the

public and access to patient confidential records was password protected. Staff had completed a training package on the General Data Protection Regulation.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. The pharmacist demonstrated that he had an NHS application on his phone which gave him access to local contact details for safeguarding referrals, advice and support. But pharmacy staff could not readily access these and the pharmacy manager 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, two dispensing assistants and one medicine counter assistant 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.

Staff meetings would take place on an ad-hoc basis where any significant errors and learning would be discussed with the team.

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 had recently had a discussion about the changes in valproate medicine dispensing to people who may become pregnant. Staff reported that they received time to complete any required training.

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision.

There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

## 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 retail area towards the front and a dispensary area toward the back which was separated from the retail area by a medicines counter to allow for the preparation of prescriptions in private. There were sinks available in the dispensary and consultation room with hot and cold running water with sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner and these were cleaned as date checking was carried out. The consultation room was well soundproofed. Patient confidential information was safeguarded. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is generally appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

### Inspector's evidence

Pharmacy services were detailed on leaflets and posters around the pharmacy. Services were also displayed on a board next to medicines counter. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team dispensed multi-compartment compliance aids devices for 48 people in their homes and one assisted living home. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the device was complete. Descriptions were routinely provided for the medicines contained within the devices. Patient information leaflets 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 and leaflets were available for use during valproate dispensing to all female patients. The pharmacist reported that he 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.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was also available for use. But medroxyprogesterone 100mg tablets were found in the regular designated bin rather than the hazardous waste medicines bin. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacist reported that the pharmacy had the appropriate hardware and software to comply with the European Falsified Medicines Directive (FMD). He also explained that a plan was in place to introduce new SOPs to cover dispensary tasks related to FMD.

Medicines were obtained from suppliers such as AAH, Alliance and Phoenix. Specials were obtained via IPS specials. Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked. But the following expired liquid medicines were found on the dispensary shelf: Dexamethasone 2mg/5ml oral solution expired as of 11 June 2019; Kay-Cee-L syrup expired as of 25 December 2018.

The fridge was in use was in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records and audit trails were kept to demonstrate this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. The pharmacy team occasionally used a Precisa Viscount tablet counter which was calibrated before use and cleaned between uses. 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 online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources. There was one fridge in active use which was temperature monitored daily. 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.