

Registered pharmacy inspection report

Pharmacy Name: H A McParland Ltd, T/A Wash Common Pharmacy,
Monks Lane, NEWBURY, Berkshire, RG14 7RW

Pharmacy reference: 1087285

Type of pharmacy: Community

Date of inspection: 19/06/2019

Pharmacy context

A pharmacy located next to a surgery in Newbury. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and they process a high volume of batch prescriptions. The pharmacy provides a supervised consumption service and a local delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	3.3	Standard not met	Stock is stored in an unorganised manner in areas of the pharmacy which causes it to fall off the shelves and may lead to contamination.
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

Overall, the pharmacy's working practices are safe and effective. Team members record and their mistakes but do not always review them formally. This could mean that the pharmacy misses opportunities to spot patterns or trends and chances to reduce risks. Pharmacy team members have not all signed the written procedures. This could mean that they are not always following the current procedures. The pharmacy keeps all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

A near miss log was displayed in the dispensary and was seen to be used by the team. The team did not record a lot of detail to explain why each error had occurred. The pharmacist explained that he reviews the near misses verbally with each member, highlighting their own errors, but they would not complete a formal review nor highlight any trends as a team. The team would fax the near misses to the Professional Services Manager for the company who would collate the near misses across all branches and send this information back to the pharmacy. The pharmacist explained that this information would be shared, and the team would be aware of all the errors which occurred across the company.

The pharmacist explained that if the team made a dispensing error, an incident report form would be submitted to the Superintendent and this would be passed on to the Professional Standards Manager. The incident would be discussed with the team depending on its nature. The pharmacist explained that an error occurred where cyclizine was supplied instead of colchicine and so the two drugs were separated, and the staff were all made aware of it. The team had also highlighted all the nationally agreed 'Look Alike, Sound Alike' (LASA) drugs on the shelves of the dispensary. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The team would order stock and label Repeat (batch) prescriptions at the back of the pharmacy to reduce distractions.

SOPs were in place for the dispensing tasks. Not all the team members had signed the current SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs and they were reviewed regularly. The team explained that they were in the process of moving to electronic SOPs and when this had been completed, the team would read them again.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual CPPQ survey and the results of the latest one were seen to be very positive and displayed on the nhs.uk website.

A certificate of public liability and indemnity insurance from the NPA was on display in the dispensary and was valid until the end of June 2019. Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of Sevredol 10mg tablets was checked for record accuracy and was seen to be correct.

The responsible pharmacist record was seen as being held electronically and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were seen to always be in the 2 to

8 degrees Celsius range. The private prescription records were seen to be completed electronically appropriately. The specials records were all seen to be complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. There were cordless telephones available for use and confidential waste paper was collected in baskets on the workbenches and later shredded. However, there were very large quantities of confidential waste in the baskets which had not been destroyed yet.

The pharmacist and technicians had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may indicate a safeguarding issue. The team were happy to refer to the pharmacist if they suspected a safeguarding incident. The pharmacy team were all Dementia Friends and had completed this learning online. The team displayed the safeguarding policy in the dispensary and held a list of the local safeguarding contacts in the pharmacy which they could refer to if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. But team members don't have formal training plans which could affect how well they care for people and the advice they give. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there were two pharmacists, two registered technicians, one dispenser and three medicines counter assistants. The staff were seen to be working well together and supporting one another. The team also had a pre-registration pharmacist who was completing the ProPharmace training programme and would attend regular study days tailored around clinical areas in preparation for the pre-registration exam.

The team would completed GPhC accredited training courses and would receive the Counter Skills training books from Alliance and reading material around any new products or health campaigns. The team explained that they had recent completed training on children's oral health which was part of the new national health promotion campaign.

The pharmacy team explained that they were always happy to raise anything with one another whether it was something which was bothering them or anything which they believed would improve service provision. There were no targets in place and the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy is generally suitable for services. But the pharmacy is very cluttered and there may be a risk of contamination. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, stock room and staff bathrooms. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. The medicine counter was protected from the public by a barrier. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy was professional in appearance and clean from the public view. The team explained they would clean the pharmacy between themselves every day in the morning and a cleaning rota was available. The pharmacist explained that the shelves would be cleaned when the date checking was carried out.

However, the dispensary was very cluttered. Areas of the shelving had stock stored in a messy fashion, and the work tops and floors were not kept clear. The team kept large tote boxes on the floor which held prescriptions that had not been collected and there was a tote box where the team stored prescriptions which had queries on them. The team kept coffee mugs they were drinking from in the dispensary and one mug was seen to have had a box of methotrexate 2.5mg tablets floating in the coffee which had fallen from a shelf above. The pharmacist explained a refit had been discussed, but nothing was confirmed.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard and the consultation room included seating and a sharps bin. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy services are accessible to people with different needs. The pharmacy team provides safe services and provides people with information to help them use their medicines. However, some people on high risk medicines may not always be identified. This means it may be difficult for the pharmacy to show supplies are safe. The pharmacy gets medicines from reputable sources, and mostly stores them properly. The pharmacy team knows what to do if medicines are not fit for purpose.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room.

There was step free access into the pharmacy and the team explained that they would provide a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services.

The pharmacy team prepared MDS trays for domiciliary patients in a four-week cycle. The trays were seen to include accurate descriptions of the medicines inside and Patient Information Leaflets (PILs) were seen to be supplied every month.

The team explained they had a lot of batch dispensing which they would have dispensed off-site with the same company. They explained that they would label the prescriptions and the driver would deliver them to their Maidenhead hub for dispensing. When this was complete, the drivers would deliver them back and any prescriptions which had queries on them would be highlighted.

The team members explained that they were aware of the requirements for women who may become pregnant to be on a pregnancy prevention programme if they were on valproates and they had identified several patients who were affected by this. The pharmacist had spoken to the affected patients and they had worked with the clinical pharmacist in the surgery next door to ensure the patients were fully informed of the risks. The team explained that they would use valproate information cards and leaflets every time they dispense valproates.

The pharmacist explained that if she handed out a warfarin prescription, she would check with any patients on warfarin to ensure they were aware of their dosages and they were having regular blood. However, this information was not recorded unless during an MUR. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The team were compliant with the EU Falsified Medicines Directive (FMD) and the pharmacist demonstrated how they were using this to decommission medicines. The pharmacy obtained medicinal stock from Alliance, AAH, Doncaster, Phoenix, Colorama, Sigma and Berkshire Wholesale (company owned). Invoices were seen to demonstrate this.

Medicines were mostly stored appropriately, but some medicines were found in their foil strips on the

shelves without any batch numbers. This was highlighted to the team and they were disposed of during the inspection. Date checking was carried out every 3 months and the team highlighted items due to expire with coloured stickers.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste and a list of hazardous waste medicines was available in the SOPs.

The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. However, on entry to the pharmacy, there were posters on the CD cupboard indicating CDs were stored inside and which CDs were stored in each cupboard. This security risks and legality of this was highlighted to the pharmacist and the posters were removed during the inspection.

MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for co-amoxiclav suspension. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure that it works.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation could not be overheard.

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.