

Registered pharmacy inspection report

Pharmacy Name: Taw Hill Pharmacy, 24 Aiken Road, Taw Hill,
SWINDON, Wiltshire, SN25 1UH

Pharmacy reference: 1090585

Type of pharmacy: Community

Date of inspection: 18/12/2019

Pharmacy context

This is a community pharmacy located in a small shopping park in the Taw Hill area of 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 vaccinations, offers treatment for a variety of minor ailments 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

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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	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	4.1	Good practice	The pharmacy team widen access to the treatment of minor ailments to their local patient population.
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 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

Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary and this was used to record near miss incidents regularly. The pharmacist reported that this was reviewed regularly and any learning points were analysed and discussed. There was a poster in the dispensary warning staff to look out for medicines with similar sounding names and packaging. '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 were subject to a root cause analysis to find out why the error had happened. There were some dispensing incidents that did not have a robust root cause analysis recorded and so some learning opportunities could be missed. Dispensing errors 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 electronic ones had recently been rolled out which were being signed by staff. On questioning, the pharmacy team understood what their roles and responsibilities were. The pharmacist reported that SOPs were reviewed approximately every two years.

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 held and was valid and in date until 1st Jan 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 every four to five weeks. Expired CDs were stored away from regular CD stock and labelled appropriately.

An electronic responsible pharmacist (RP) record was retained but often omitted the time that the

pharmacist signed out. 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. Date checking was carried out regularly and a date checking matrix was displayed in the dispensary. Short dated stock was highlighted. The private prescription and specials records were retained and were in order. The emergency supply records were recorded on the 'PharmOutcomes' remuneration system rather than in the pharmacy. The pharmacist agreed to address this.

Staff were aware of their responsibilities around protecting patient confidential information. 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 pharmacy team signed confidentiality agreements.

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 ✓ 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, one accuracy checking technician, 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 performance was monitored and reviewed annually. In these reviews, staff performance and development would be discussed. Staff would also be given the opportunity to give feedback.

The staff reported that they kept their knowledge up to date by reading and discussing articles in pharmacy magazines. They would then ask the pharmacist if they had any queries. The pharmacy team reported that they had recently discussed the off-label uses of steroid inhalers for tongue fissures when encountering a specialist prescription from an ear, nose and throat doctor. Staff reported that they received time to complete their training.

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 team demonstrated that these were documented with the main points being noted for staff who did not attend the meeting.

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 generally 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 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 was equipped with modern fixtures and fittings and was presented in a clean, tidy and professional manner. There was minor water damage to the ceiling tiles in the dispensary. There were sinks available in the dispensary and consultation room with running water to allow for hand washing and the preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner.

During the inspection, a cat kept gaining access to the pharmacy through the front door and entering the dispensary. In a back room behind the main dispensary, there was a cat bed and cat food. The inspector raised the potential hygiene risks of this with the pharmacist. The pharmacist agreed to remove all of the cat paraphernalia and to give an assurance that any animals were to be kept out of the pharmacy in future.

There was one consultation in use which was kept clean and tidy. It was well soundproofed and patient confidential 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. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

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. There was large label printing available for people with sight difficulties. There was a hearing loop for patients with hearing difficulties.

The pharmacist was an independent prescriber and reported that he prescribed within his competence for a range of minor ailments such as non-complicated urinary tract infections, upper respiratory tract infections and dermatological infections. He did an average of 10 consultations per week and charged a fee of £10 per consultation. The pharmacist had previously had access to the GP 'SystemOne' patient medical record (PMR) software to view the clinical history of each patient, but explained that access to the system was now limited. Instead, the pharmacist would verbally ask patients for a list of medicines that they were taking, their family and social histories and whether they have had any previous adverse reactions or allergies to medicines. If possible, the pharmacist would corroborate the information he had received from the patient using their Summary Care Record (SCR). But the pharmacist admitted that this was not always as up-to-date or in depth as the GP PMR system and would endeavour to liaise with local GPs in order to gain access to 'SystemOne'. The pharmacist kept paper copies of detailed clinical notes about each consultation, including what the differential diagnosis was and the prescribing rationale for each patient. But these were not always passed on to the patient's GP and the pharmacist agreed to address this.

The pharmacy team had been offering the flu vaccination service since September and had completed around 350 vaccinations. 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 relevant PGD was printed and signed by the pharmacist during the inspection.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not 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, Sigma and Colorama. Specials were ordered from Colorama specials. The superintendent pharmacist was aware of the European Falsified Medicines Directive (FMD). He explained that he had the scanning equipment as well as the software which would go live in January 2020. He confirmed that procedures and staff training

were also being developed.

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 bin for the disposal of hazardous waste medicines was not available during the inspection and the pharmacist agreed to address this.

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 were 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 and audit trails were kept to demonstrate that these alerts had been actioned.

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 one 100ml and one 250ml crown stamped measures available for use. There were 10ml, 25ml, 50ml and 100ml plastic measures which were not crown stamped and these were removed during the inspection. The pharmacist agreed to order a range of crown stamped measures. 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 and the maximum and minimum temperatures were recorded daily and were seen to always 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.