General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Krish Chemist, 650 Hitchin Road, Jansel House, Stopsely Green, LUTON, Bedfordshire, LU2 7XH

Pharmacy reference: 1028870

Type of pharmacy: Community

Date of inspection: 08/10/2019

Pharmacy context

This is a community pharmacy located on a parade of shops on a busy main road in Luton, Bedfordshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), Emergency Hormonal Contraception (EHC), sells over-the-counter (OTC) medicines and provides advice. And, it supplies multi-compartment compliance aids to people if they find it difficult to manage their medicines.

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	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 is well-managed and manages risks appropriately. It has a set of written instructions to guide the team on the pharmacy's internal processes. Team members protect people's private information appropriately. And, the pharmacy adequately maintains most of the records that it needs to. Although team members deal with their mistakes responsibly, they don't have many records in place to demonstrate the process when internal mistakes happen. This could mean that they may miss opportunities to learn from their mistakes and prevent them happening again.

Inspector's evidence

The pharmacy was organised and in the main, well managed. Its work spaces were kept clear of clutter and the workload was manageable. There were documented standard operating procedures (SOPs) available to support the pharmacy's services and they were last reviewed in 2018. Staff had read and signed the SOPs. Roles and responsibilities for the team were only defined within some of the SOPs, but staff were clear about their responsibilities and limitations. In the absence of the responsible pharmacist (RP), staff knew which activities were permissible and they knew the procedure to take, if the pharmacist failed to arrive. The correct RP notice was on display and this provided details about the RP in charge on the day.

To maintain safety, pharmacists and staff worked in separate areas, this included a separate space to prepare multi-compartment compliance aids. Team members made relevant checks for accuracy when prescriptions were processed and assembled. The RP did the same during his final check. In addition, counter staff carried out a further accuracy check of the dispensed medicines against details on prescriptions when they placed them into bags. However, team members had not been recording their near misses. The last details seen documented were from 2018 and there were no documented details about the review of near misses. Staff explained that this was an informal process. They stated that errors happened infrequently, they discussed them at the time and they separated medicines with similar names or packaging to help reduce the likelihood of mistakes. Caution notes were also placed in front of stock as an additional visual alert.

Incidents were handled by the pharmacists and details about previous incidents were present. The RP's process involved apologising, checking the details, this included checking whether anything had been taken incorrectly, rectifying the situation and reporting this to the National Reporting and Learning System (NRLS). The team then looked to make appropriate changes to their internal procedures where possible. However, there was no information on display to inform people about the pharmacy's complaints procedure and this could make it difficult for people to know how or be able to raise concerns easily.

The team segregated confidential waste before it was shredded, and staff ensured that all confidential information was contained in the dispensary. Dispensed prescriptions awaiting collection were stored in a location where sensitive details were not visible from the retail area. The team had signed confidentiality agreements and staff were aware of the EU General Data Protection Regulation (GDPR). However, there was also no information on display about how the pharmacy maintained people's privacy.

The pharmacist was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE) to safeguard vulnerable people, however, staff had not been trained on this. On prompting, they would refer to the RP in the first instance. There were also no relevant contact details available about the local safeguarding agencies. Remedying this situation was advised at the time and confirmation was received from the RP that staff had read and signed the relevant SOP as part of their training.
The pharmacy’s professional indemnity insurance was through the National Pharmacy Association (NPA) and due for renewal after 31 August 2020. Records of the maximum and minimum temperatures for the fridge were maintained to verify that medicines were appropriately stored here.

Most of the pharmacy’s other records were, in general, maintained in line with statutory requirements. This included the RP record and most registers checked for controlled drugs (CDs). Balances were checked every month for the latter and on randomly selecting CDs held in the cabinet, the quantities held matched the balances recorded within the corresponding registers. However, occasionally overwritten entries were seen in some CD registers, the occasional incomplete prescriber details were seen recorded in the private prescription register, there were also some missing prescriber details within records of unlicensed medicines and the odd missing entry of CDs that had been returned to the pharmacy for destruction by the team.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy’s team members understand their roles and responsibilities. And, they are suitably qualified or undertaking the appropriate training for their role. Members of the pharmacy team are informed about recent updates and in the main, have kept their knowledge up to date. But, they are provided with only a few resources to do this. And, this is not completed or delivered in a structured way. This could affect how well they care for people and the advice they give.

Inspector's evidence

The pharmacy’s staffing profile included two regular part-time pharmacists, four trainee dispensing assistants, one of whom was the pharmacy manager and two medicines counter assistants (MCA). The team covered each other as contingency for absence or annual leave. Some of the staff were suitably qualified although their certificates of qualifications obtained were not seen to verify this.

Members of the pharmacy team present during the inspection had worked at the pharmacy for a long period of time (some for around 20 years). They therefore, understood their roles and required little direction from the RP or manager. Counter staff asked relevant questions before selling OTC medicines. They referred to the RP when unsure or when required and held a suitable amount of knowledge of these medicines. However, a few of the long-standing staff were still in training and although they were undertaking accredited training courses through the NPA, some stated that they had not been provided with much support or set aside time at work to complete their course material. This may have hindered their ability to complete the accredited course material in a timely manner. To assist with training needs, the team described reading available literature, using online resources, reading trade publications and taking instructions from pharmacists. The team’s progress was described as monitored informally.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver its services. The pharmacy is clean. It has enough space to provide its services safely and it is kept secure from unauthorised access.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and dispensary with a storage area and staff WC facilities at the very rear. There was plenty of space in the dispensary. The pharmacy was suitably lit and well ventilated. The retail space was presented appropriately, and all areas were clean. Pharmacy (P) medicines were stored behind the front counter and staff were always within the vicinity. There was also gated access to prevent unauthorised entry into this area which also helped restrict these medicines from being self-selected. A signposted consultation room was available for private conversations and services. The room was unlocked, it was of a suitable size to conduct services and access to confidential information was restricted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services in an appropriate manner. Members of the pharmacy team ensure the pharmacy's services are accessible to people with different needs. The pharmacy obtains its medicines from reputable sources, stores and generally manages most of its medicines adequately. Team members make some checks to ensure that medicines are not supplied beyond their expiry date. But, the pharmacy has no up-to-date written details to help verify this. And, team members don't always identify or record relevant information when people receive higher-risk medicines. This makes it harder for them to show that they have provided appropriate advice when supplying them.

Inspector's evidence

The pharmacy's opening hours and details about the services that it provided were on display. There were three seats available for anyone wanting to wait for their prescription and some posters on display about other services. Staff could signpost people to other organisations from documented information that was present and from their own knowledge. Entry into the pharmacy was from a slope at the front door which led into wide aisles inside the premises and clear, open space. This enabled people with wheelchairs to easily use the pharmacy's services. Staff described facing people who were partially deaf so that they could lip read or they used written communication. For people who were visually impaired, packs of medicines with braille were supplied or staff verbally instructed and checked their understanding. Team members could speak Hindi, Punjabi and Urdu if required and staff were observed conversing in these languages with members of the public who attended the pharmacy on occasion.

During the dispensing process, the team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Staff involvement in processes was apparent through a dispensing audit trail that was used. This was through a facility on generated labels. Dispensed medicines awaiting collection were stored with prescriptions attached. The team could identify fridge items and CDs (Schedules 2, 3 and 4) as this information was highlighted. Uncollected medicines were removed every three months.

Staff explained that compliance aids were only supplied to people who found it difficult to take their medicines on time and they liaised with the person's GP to set this up initially. Prescriptions were ordered by the pharmacy and cross-checked when received, against people's individual records. If any changes were identified, staff confirmed them with the prescriber and documented the details on the records. Descriptions of the medicines within the compliance aids were provided. All medicines were de-blistered into the compliance aids with none left within their outer packaging. Patient information leaflets (PILs) were supplied routinely and compliance aids were not left unsealed overnight. Mid-cycle changes involved retrieving the old compliance aids, amending, re-checking and re-supplying them.

Team members were aware of the risks associated with valproates and they could print the relevant educational literature to provide to females at risk, upon supply of this medicine. Prescriptions for people prescribed high-risk medicines were not marked in any way that would enable pharmacist intervention or relevant checks to be made. There were no details recorded to verify whether any checks had been made, this included information about the International Normalised Ratio (INR) level for people prescribed warfarin.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH and Enterprise. Colorama was used to obtain unlicensed medicines. The team had some awareness of the processes involved with the European Falsified Medicines Directive (FMD). There was relevant equipment present but staff were not yet complying with the decommissioning process.

Medicines were stored in an organised manner and were date-checked for expiry twice a year as well as upon receipt from the wholesalers. Short-dated medicines were identified using stickers. There were no date-expired medicines seen. However, there was no recent schedule in place to indicate when the checks had taken place. Medicines were stored evenly and appropriately within the fridge. Drug alerts were received by email, stock was checked, and action taken as necessary. An audit trail was available to verify this process. CDs were in general, stored under safe custody. Keys to the cabinet were maintained during the day in a manner that prevented unauthorised access. However, a tamper evident method was not used for overnight storage. Implementing this was advised during the inspection. The occasional poorly labelled container and mixed batch of medicines was also seen.

The pharmacy used designated containers to hold medicines returned for disposal and there was a list for the team to identify hazardous and cytotoxic medicines. People returning sharps for disposal, were referred to the local council with contact details provided. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the CD cabinet prior to destruction.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has a suitable range of equipment and facilities. This helps to provide its services safely. It keeps its equipment clean and uses its facilities appropriately to help protect people's privacy.

Inspector's evidence

The team had access to a range of equipment to provide the pharmacy's services. This included current reference sources, counting triangles and clean, crown stamped, conical measures for liquid medicines which also included designated measures for methadone. The dispensary sink used to reconstitute medicines was clean and there was hot and cold running water available as well as hand wash present. The CD cabinet was secured in line with statutory requirements. Medicines requiring cold storage were stored at appropriate temperatures within the medical fridge. The sole computer terminal in the dispensary was positioned in a manner that prevented unauthorised access. A shredder was available to dispose of confidential waste. There were cordless phones to enable staff to hold private conversations away from the retail space if needed. Staff used their own NHS smart cards to access electronic prescriptions, they took them home overnight.

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.