General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: H.A. McParland Ltd t/a Marlow Pharmacy, 61 High St, MARLOW, Buckinghamshire, SL7 1AB

Pharmacy reference: 1029144

Type of pharmacy: Community

Date of inspection: 01/10/2019

Pharmacy context

This is a community pharmacy located on the main High Street in the centre of Marlow in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations and the NHS Urgent Medicine Supply Advanced Service (NUMSAS). And, the pharmacy supplies multi-compartment compliance aids to people if they find it difficult to take their medicines on time.

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

The pharmacy manages the risks associated with its services in a satisfactory manner. Pharmacists deal with their mistakes responsibly. Team members protect people's private information appropriately. And, most of them understand how to protect the welfare of vulnerable people. The pharmacy adequately maintains the records that it must, in accordance with the law.

Inspector's evidence

Most of the pharmacy's business was collection or repeat prescriptions although some walk-in trade was seen. The pharmacy's paperwork was largely in order, but the dispensary was cluttered and untidy (see Principle 3). A range of documented standard operating procedures (SOPs) were present to support the provision of services. The SOPs were reviewed in 2019 and staff had read and signed them. The correct responsible pharmacist (RP) notice was on display and this provided details of the pharmacist in charge on the day.

There were separate areas for the RP to conduct the final check for accuracy, for staff to assemble prescriptions and where multi-compartment compliance aids were dispensed. The RP routinely recorded the team's near misses, the pre-registration pharmacist was described as making a high number of mistakes as they were new to the pharmacy. The near misses were reviewed by the RP with some details seen recorded although this was sporadic. In response and to help prevent mistakes happening in future, different strengths of lisinopril, ramipril and prednisolone had been separated. Details that were also seen recorded included the root case for mistakes. This included the pharmacist being distracted because they were having to serve on the front counter instead of counter staff being present (see Principle 2).

There was information on display about the pharmacy's complaints procedure. The RP handled incidents, a documented complaints procedure and some details about previous incidents were seen. The RP's process involved checking relevant details, apologising, rectifying the situation, recording information, informing the person's GP if anything had been taken incorrectly and reporting the situation to the pharmacy's head office.

The RP was trained to safeguard vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). There were local contact details for the safeguarding agencies, counter staff were also trained on this and described reading the pharmacy's SOP. However, the pre-registration pharmacist present during the inspection was not trained and could not readily identify signs of concern or groups of vulnerable people. Sensitive details from assembled prescriptions awaiting collection could not be seen from the retail space and confidential waste was shredded. Summary Care Records were accessed for emergency supplies or for NUMSAS. The RP obtained written consent to access this record. However, there was no information on display to inform people about how their privacy was maintained.

Staff maintained a complete record of controlled drugs (CDs) that had been returned by people and destroyed by them. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and due for renewal after 30 June 2020. The minimum and maximum temperatures for the fridge were generally checked every day and records had mostly been maintained

although some gaps and the occasional higher temperature than the required two to eight degrees were seen. The RP explained that the fridge had been re-set in response and the correct temperature subsequently resulted. Recording this information was discussed during the inspection.

In general, most of the pharmacy's records were maintained in line with statutory requirements. This included emergency supplies, a sample of registers for CDs, most of the RP record, records of private prescriptions and unlicensed medicines. Balances for CDs were checked every week to two weeks. On randomly selecting CDs, quantities held matched balance entries in corresponding registers. Occasionally, there were gaps within the RP record when pharmacists had not recorded the time that their responsibility ceased, occasional incomplete records of unlicensed medicines were seen and for some records of private prescriptions, only one date was recorded as well as incorrect details about prescribers. This was discussed at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. The pharmacy now ensures that all its team members are undertaking appropriate training for their roles. But, team members don't have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified.

Inspector's evidence

Staff present during the inspection included one of the regular pharmacists, a pre-registration pharmacist from another of the company's pharmacies and two medicines counter assistants (MCAs) who were predominantly based at the other end of the retail space. One of the MCAs was trained through accredited routes and the other had worked at the pharmacy for approximately 16 months. At the point of inspection, the latter had not been enrolled onto accredited training to support this activity. This was not in line with the GPhC's minimum training requirements which specifies that any assistant given delegated authority to carry out certain activities should have undertaken or be undertaking an accredited course relevant to their duties within three months of commencing their role. This was discussed at the time and immediately following the inspection, the company's professional services manager provided email confirmation that this member of staff had been subsequently enrolled onto the appropriate training with Mediapharm.

The staff's certificates of qualifications obtained through accredited routes were seen and the professional services manager confirmed that other members of the team were enrolled onto the appropriate accredited training for their role. The RP explained that cover from other branches could be sought to assist as contingency for leave or absence. Staff were aware of the whistleblowing policy and felt confident to raise concerns with the RP or higher up in the company if required. In addition to the Essential Services, MURs, the NMS and NUMSAS, one of the other regular pharmacists administered influenza vaccinations against the NHS and a private Patient Group Directions (PGD). The RP stated that he did not feel pressurised to complete services.

Counter staff understood their roles and responsibilities. They knew which activities were permissible by law, in the absence of the RP and they asked a few suitable questions to determine suitability before they sold medicines over the counter (OTC). The MCAs held enough knowledge of OTC medicines to sell them safely and referred appropriately to the RP. During the inspection, both MCAs were observed standing at the front section of the retail space and in between coming down to the medicines counter to serve people. They explained that one member of staff was required to stay at the front and the other usually followed people down to the counter when they walked past them. The inspector was told that there had been no appraisals and no ongoing training for the team. Previous certificates of ongoing training and records from online providers were seen. The RP was described as providing updates about relevant information or staff read emails and saw the owner's daughter once a week at the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises provide an adequate environment to deliver healthcare services. The pharmacy is clean and secure. But parts of it are untidy.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and dispensary but had an unusual layout. The retail space was L-shaped. Retail stock and beauty products such as Clarins were displayed at the front and the dispensary was situated at the very rear. This meant that the entrance and front of the shop were not visible from the dispensary. Fittings and fixtures in the retail space were traditional in style and this area was appropriately presented. However, there were low ceilings and beams here which made the pharmacy area appear somewhat dim. At the very rear, there was a small medicines counter with Pharmacy (P) medicines stored behind but there was no barrier to prevent unauthorised entry into the dispensary. The pharmacist was generally within the vicinity to restrict unauthorised entry or access to P medicines by self-selection.

The dispensary led to staff areas, WC and there was also a consultation room here that was situated midway into the dispensary. This meant that people had to be ushered directly into and out of the space to limit access to confidential information. The room was of a suitable size, it was clean with modern fixtures and fittings. However, most of the workspace in the dispensary was cluttered. Medicines were stored inside galley style drawers and some of them were broken.

Principle 4 - Services ✔ Standards met

Summary findings

In general, the pharmacy provides its services in a satisfactory manner. The pharmacy team is helpful and team members ensure that their services are accessible to people with different needs. The pharmacy obtains its medicines from reputable sources. But, team members don't always record enough information to show that they have considered the risks when some medicines are supplied inside compliance aids. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

Entry into the pharmacy was from the street and the retail space consisted of clear, open space. This enabled people using wheelchairs to easily enter and potentially access the pharmacy's services. However, the consultation room could only be accessed by steps which may have limited people with restricted mobility. Staff stated that they would physically assist people who were visually impaired and used representatives to assist in communicating with people whose first language was not English. They described facing people who were partially deaf to lip read and spoke clearly or used written communication.

There were two seats available for people waiting for prescriptions. The RP described the NUMSAS providing the most impact out of the services provided. According to him, this was due to the convenience that the service provided for users of the pharmacy especially if people were on holiday or required an emergency supply.

The pharmacy was no longer providing people with compliance aids. For existing people, prescriptions were ordered by the pharmacy and when they were received, details were cross-referenced against individual records to help identify any changes or missing items. Queries were checked with the prescriber and audit trails were maintained to verify this. Discharge information was provided by the hospitals and sent to the person's GP by the pharmacy team. This helped to ensure the person received the right medicine(s) in a timely manner after their discharge. The information received was also retained. There was a progress log on the wall to help manage when the compliance aids were due as well as separate records to assist in identifying when they had been dispensed, who this was by and when they were due for collection. Compliance aids were not left unsealed overnight. Patient information leaflets (PILs) were routinely provided and the descriptions of the medicines supplied. Mid-cycle changes involved compliance aids being retrieved, amended, re-checked and re-supplied.

However, not all medicines were de-blistered and removed from their outer packaging before placing them into the compliance aids. Staff were dispensing Pradaxa, still in its original foil, in the compliance aids for four weeks supply at a time. The RP was aware of stability concerns with this medicine and of the potential risks of supplying it in this way. He explained that this had been requested by the persons daughter and carer, but the person's GP was not aware that the medicine was being dispensed in this way. It was unclear whether counselling had been provided to ensure that the outer packaging was removed before taking the tablets and there were no details documented to confirm this. Nor was there any evidence that the pharmacy had carried out any risk assessment.

The RP was aware of risks associated with valproates and there was relevant literature available that

could be provided upon supply of this medicine. People prescribed higher-risk medicines were asked about relevant parameters. The RP described asking people prescribed warfarin to bring in their yellow book so that information about the International Normalised Ratio (INR) could be seen. This information was not recorded which limited the pharmacy's ability to demonstrate that appropriate safety checks were being made when people were supplied higher-risk medicines.

During the dispensing process, baskets were used to hold prescriptions and associated medicines. This helped to prevent any inadvertent transfer. A dispensing audit trail through a facility on generated labels was being used and this identified staff involvement in processes. Once dispensed, prescriptions awaiting collection were placed inside an alphabetical retrieval system. Fridge items and Schedule 2 CDs were routinely identified but not Schedule 3 or 4 CDs. Counter staff and the pre-registration pharmacist could not recognise some prescriptions for them or their 28-day prescription expiry. In addition, a date-expired prescription for lorazepam (dated 29 August 2019) was present that had not been removed or highlighted as a CD. Once this was brought to the attention of the pharmacist, this was removed from the retrieval system and dealt with appropriately.

The pharmacy obtained its medicines and medical devices centrally from the company's cascade and wholesale operation. This included sourcing them from licensed wholesalers such as Alliance Healthcare, AAH and Doncaster. Unlicensed medicines were obtained through another of the company's branches. The pharmacy was complying with the European Falsified Medicines Directive (FMD), it was registered with SecurMed and equipment was present for the decommissioning process. The pharmacy's stock holding could have been more organised as some medicines had been placed on top of the galley style drawers. However, this was work in progress (see below). CDs were stored under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day and overnight. Medicines were stored evenly and appropriately within the pharmacy fridge. Drug alerts were received by email, centrally through the pharmacy's head office and by post. The RP checked for stock and acted as necessary. There was an audit trail available to verify the process.

The pre-registration pharmacist was in the process of tidying the shelves and date-checking medicines. Short-dated medicines were described as highlighted. The last information seen recorded about the date-checking process was from February 2019. This limited the pharmacy's ability to verify that this process had been routinely taking place. The team was advised to incorporate a date-check into the dispensing and accuracy checking process in the interim.

However, there were a few date-expired medicines seen. This included a Bricanyl inhaler, with an expiry date of April 2018 and three of the same inhaler from March 2019 as well as a Serevent inhaler dated September 2019 that had not been removed from stock or highlighted as being short-dated. There was also a bottle containing loose tablets with no label to indicate the contents, expiry date or batch number and this had been placed inside the original package for bisoprolol tablets. Once highlighted, the RP appropriately disposed of these medicines.

Unwanted medicines returned for disposal were stored within designated containers. There was a list available to assist the team in identifying hazardous or cytotoxic medicines but no designated containers for their storage. People returning sharps for disposal were referred to the local GP surgery and CDs returned for destruction were brought to the attention of the RP. Relevant details were entered into a CD returns register prior to their destruction.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is usually kept clean and is suitable for its intended purpose.

Inspector's evidence

The pharmacy held current versions of reference sources and necessary equipment. This included counting triangles, an operating medical fridge and a range of crown-stamped conical measures for liquid medicines. Staff could also call the NPA's information services department if advice was required. The counting triangle could have been cleaner. The computer terminal in the dispensary was positioned in a way that prevented unauthorised access and there were cordless phones present. This meant that conversations could take place in private if required. The dispensary sink used to reconstitute medicines was clean. There was hot and cold running water available as well as hand wash present. A shredder was available to dispose of confidential waste. The RP used his own NHS smart card to access electronic prescriptions and this was taken 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.