General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Village Pharmacy, 49 High Street, Linton, CAMBRIDGE, Cambridgeshire, CB21 4HS

Pharmacy reference: 1029227

Type of pharmacy: Community

Date of inspection: 24/04/2023

Pharmacy context

This NHS community pharmacy is in a village. There is a doctors' surgery nearby. It opens five and a half days a week. It sells medicines over the counter. It dispenses both NHS and private prescriptions. And it delivers medicines to people who have difficulty in leaving their homes. The pharmacy supplies multi-compartment compliance packs to people who need help managing their medicines. It delivers the Community Pharmacist Consultation Service (CPCS) to help people who have a minor illness or need an urgent supply of a medicine. And people can get their flu vaccination at the pharmacy too. The pharmacy supplies COVID-19 vaccinations when the service is running.

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
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 identifies and manages the risks associated with its services to help provide them safely. It records and reviews mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It generally protects people's personal information and team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. SOPs were regularly reviewed and updated by the team. The pharmacy recorded some dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were sometimes logged on a sheet displayed in the dispensary. And they were discussed at regular meetings to share learnings from these near misses. Warning labels were used on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and reported on the national reporting system.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. It had a complaints procedure, and it displayed a notice informing people about the procedure.

Records about private prescription, emergency supplies, controlled drug (CD) registers and RP records were generally well maintained. Some prescriber details in private prescription records were not accurate, and the pharmacist said that he would remind all the staff how to record the information accurately. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. The regular pharmacist was away and his NHS Smartcard was being used by the dispensing team. The dispenser had applied for a card, but had not yet received it, and the locum's card was blocked (he had applied for it to be unblocked). Confidential waste was shredded in the pharmacy. All team members had also completed online training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding boards. The company also had a safeguarding officer at head office who team members could contact. There was also a signposting file, with up-to-date information about local resources.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. And the pharmacy supports its team members to do ongoing training to help keep their knowledge and skills up to date. They do the right training for their roles. And they work effectively together and are supportive of one another.

Inspector's evidence

At the time of the inspection, the pharmacy team comprised of a locum pharmacist, and a dispenser as well as a counter assistant. Both staff members were undertaking training for their roles, as they had been in their posts for under a year. The team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. Team members counselled people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

The staff said that they were able to make suggestions about how the pharmacy was run. Team members felt able to feedback concerns and suggestions. Individual performance and development was monitored by the regular pharmacist. A recent discussion with the team had resulted in warning notices being put onto look-alike sound-alike (LASA) medicines, as the trainee dispenser had found that he miss-picked these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are generally clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area. But the temperatures in some of the areas used to store medicines may not always be appropriate. And the cleanliness of some areas could be improved.

Inspector's evidence

The pharmacy premises were bright, clean, and organised, although space was fairly limited. There was adequate waiting space in the shop. The dispensary was adequate; there was enough workspace which was clutter-free and clean. Workbenches were also allocated for certain tasks. A sink was available for preparing medicines, but this was very dirty. The staff said that they would clean it immediately. The room temperature and lighting were adequate for the provision of pharmacy services. The premises were kept secure from unauthorised access.

A spacious consultation room was available in an outbuilding. Access was gained via a locked gate to the side of the shop. The room allowed a conversation at a normal level of volume to take place inside without being overheard. Also in the outbuildings was a storage room, which was uninsulated and could get both too hot, in prolonged heat, and too cold. There was a frost heater but the temperature of this room was not monitored, so the pharmacist could not guarantee the storage conditions of the medicines kept there. The staff toilet was also in these buildings, and there was no hot water provided to wash hands following use of the toilet facilities. After the inspection this was mentioned to the superintendent pharmacist (SI) who said he would look into providing hot water, but in the meantime alcohol hand gel would be provided.

The rear door of the dispensary led to the back yard and was marked as a fire exit. The only egress from the yard was through a locked gate. This may not comply with fire regulations, the SI said that he would look into a secure means of safe exit.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources, and it generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are fit for purpose. People receiving medicines which are higher risk do not consistently get counselled about their use. So, they may not have all the information they need to take their medicines safely.

Inspector's evidence

Access to the pharmacy was level from the pavement. Team members used the internet to find details about other local services to help people. The pharmacy had an established workflow. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes as well as who had bagged the prescription. The pharmacy had a delivery driver; delivery records were kept. In the event that a person was not home, a note was left by the driver and the medicines were returned to the pharmacy.

Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent, and some prescriptions which should have had applicable stickers on did not.

The RP and team members were aware of the guidance for dispensing sodium valproate. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team. Additional checks were carried out when people collected these and other medicines which required ongoing monitoring, when the prescription was appropriately stickered. There were leaflets to help these people be more informed about their medicines. There was no SOP covering the dispensing of high risk medicines and the counselling which occurred for these medicines was not consistent.

The pharmacy supplied some people's medicines in multi-compartment compliance packs. It ordered prescriptions on behalf of people for this service. Team members contacted the surgery with any queries if the GP had not informed them about prescription changes. Any notes or communications were also recorded on people's individual record. Clinical checks were completed by the pharmacist. Assembled packs were labelled with product descriptions and mandatory warnings. And patient information leaflets (PILs) were supplied, meaning that people could easily access the information provided by the manufacturer about their medicines.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out by the dispenser. Short-dated stock was highlighted with a sticker. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug recalls were received on the pharmacy email. The team printed these and checked against stock. If

the affected batches were found these were quarantined and action was taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

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.