General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Leadgate Pharmacy, George Ewen House, Watling Street, Leadgate, CONSETT, County Durham, DH8 6DP

Pharmacy reference: 1029397

Type of pharmacy: Community

Date of inspection: 01/10/2020

Pharmacy context

This community pharmacy is next to a health centre. Its main activities are dispensing NHS prescriptions, selling over-the-counter medicines and delivering medicines to people's homes. It supplies some medicines in multi-compartment compliance packs to help several people take their medicines. This inspection took place during the COVID-19 pandemic.

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 mostly identifies and manages the risks associated with its services including the risks from COVID-19. It keeps the records it needs to by law. And it keeps people's private information secure. Pharmacy team members know how to help protect the welfare of children and vulnerable adults. People using the pharmacy can easily raise concerns and provide feedback. The pharmacy team members record the mistakes they make during dispensing and make some changes to prevent similar mistakes from happening again. But they don't always review all their errors which means they do not have all the information to help identify patterns and reduce errors. The pharmacy team follows procedures to help them provide services safely. But there is a risk that the team members may not always be following the most up-to-date processes.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic and it had identified changes required to help manage the risks of virus transmission. It had a screen in place at along part of the medicines counter and tape in front of this to encourage people to stand back. It only allowed two people into the pharmacy at any one time. And it had closed the internal linked access from the health centre. The pharmacy team members wore face masks and frequently washed their hands. Hand sanitiser was available for use. The pharmacy had standard operating procedures (SOPs) for COVID-19 which the team had read. It had completed a COVID-19 infection control risk assessment for the pharmacy premises. The team advised that during a review of the premises it had decided to increase the size of screening at the counter. This was waiting to be done. The team was aware of current information in relation to the COVID-19 pandemic such as the process for testing, if required, under the government guidelines. One dispenser advised she had received an individual risk assessment and the other present who had only been working a few weeks said she had not.

The pharmacy had a range of standard operating procedures (SOPs) which one of the team confirmed she had read. She thought that the pharmacist had printed the recently updated versions. These could not be located during the inspection but were available electronically and provided by the area manager by email during the inspection. The latest versions had been supplied to the manager in June 2020. The area manager had highlighted changes made in previous versions of SOPs to the pharmacist manager to draw attention to changes in processes. The recent starter had not yet read the SOPs but explained her role and what tasks she could do. The relief pharmacist advised he had read the SOPs when working at another pharmacy owned by the company.

The SOPs provided information on a range of topics including incident reporting, risk management and near miss error recording. The team members advised that the pharmacy manager printed off a near miss log sheet which they completed as required. But they were not sure where the pharmacist kept these once completed. And they could not locate the current one for them to record any near miss errors. They explained that they discussed any near miss errors as they occurred. And that they had discussed the Look-Alike Sound-Alike (LASA) drugs and they had undertaken training on LASA drugs. They advised that they had not had any formal reviews of near miss errors since the pandemic started. But they had put 'caution' warning notices in some places on the shelves to provide an alert at the picking stage of the dispensing process. This included a caution for Next or Contour Nexus One testing strips which the team advised had resulted in a few mistakes. The pharmacy had a procedure for

handling complaints with a SOP for the process. The team members explained that they completed a report and sent this to the head office. The pharmacy displayed a notice in the pharmacy which explained the complaints process. And also asked for any comments or suggestions for improvement. It gathered feedback through the annual patient satisfaction survey and had received positive comments. The pharmacy had indemnity insurance with an expiry date of 31 October in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the electronic responsible pharmacist record as required. A sample of controlled drugs (CDs) registers looked at found that they generally met legal requirements. The headings were not complete on a few pages. The pharmacy maintained running balances but had not undertaken any stock checks since the beginning of the year. The last full audit had been undertaken at the end of last year at which time out-of-date stock was destroyed. Physical stock of an item selected at random agreed with the recorded balance. The pharmacist had separated any recent out-of-date stock for authorised destruction. The pharmacy recorded CDs which people had returned for disposal and it segregated and marked these items in bags ready for destruction. It received few private prescriptions which were suitably recorded.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. It displayed a notice on how it looked after information. The pharmacy had SOPs in place for information governance, data protection and General Data Protection Regulation (GDPR). The team members had experience and had completed training in previous roles. They explained the importance of maintaining confidentially and they kept people’s private information safely. They stored confidential waste in separate containers for offsite shredding. The pharmacy had a safeguarding SOP and contact numbers for local safeguarding were available for the team.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. And its team members act to support the safe and efficient delivery of these services. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services and support each other in their day-to-day work. They have limited opportunities to complete ongoing training. This means they could find it harder to keep their knowledge and skills up to date.

Inspector's evidence

There was one pharmacist and four dispensers who worked in the pharmacy. One dispenser worked full-time and had only started six weeks ago. Another worked 36 hours weekly and had worked around one year in the pharmacy. Both had several years' experience from previous pharmacies. Another worked 24 hours weekly and had worked in a different pharmacy owned by the company. The final team member worked 32 hours and had joined the team just after the beginning of the pandemic. She had previously been registered as a technician but had let her registration lapse and was working as a dispenser. The team members reported that they pulled together with the pharmacy manager during the pandemic to manage the extra workload. And they had worked some additional hours to assist with this. The pharmacy manager had started at this pharmacy at the beginning of the year. He was not present during the inspection. A relief pharmacist and two dispensers were present during the inspection.

The pharmacy team members advised that they had no structured ongoing training but had received SOPs and updated SOPs in relation to COVID-19. They had all read the COVID-19 SOPs. They advised the pharmacy manager informed them of relevant information to keep them up to date. The pharmacist present advised that he completed training using resources such as the Chemist & Druggist and the Centre for Pharmacy Postgraduate Education (CPPE). He also attended webinars and had recently completed flu vaccination refresher training.

The team members carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They advised how one member had developed the process and audit trails for the dispensing of the multi-compartment compliance packs. She had updated the records sheets for people to make the system clearer and easier to manage. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the area manager who was based at another pharmacy in the region. There was a whistleblowing process within the human resources policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and suitably maintained for the services it provides. It has introduced measures to reduce the risk of the spread of COVID-19. It has facilities so people can speak to pharmacy team members privately. And is secure when closed.

Inspector's evidence

The pharmacy's public area and dispensary areas were clean, tidy and hygienic. The pharmacy only allowed two people in any one time to maintain social distancing. It had closed the internal entrance between the surgery and the pharmacy. It had a plastic screen at the counter and floor markings. The team members encouraged people to maintain a distance from the screen.

The pharmacy was generally fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. But the office room was untidy and cluttered. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The team members had increased the frequency of cleaning to help reduce the risk of infection. And they kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit. The pharmacy had a reasonably sized consultation room which hit had clearly marked as out of bounds since the start of the pandemic. People waited until it was quiet if they required a more private word with the pharmacist.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible and generally well-managed, so people receive appropriate care. The pharmacy gets its medicines from reputable sources and it stores them properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was accessible to all, including patients with mobility difficulties and wheelchairs. There was a ramp and separate steps at the entrance to the pharmacy. The pharmacy displayed COVID-19 information posters, including a separate poster reminding people to wear face coverings. There was some customer seating available, but this was rarely used due to the pandemic. The seats in the consultation room were wipeable so it was discussed if these would be better placed for use in the retail waiting area rather than the cloth covered seats.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate area for compliance pack preparation. The team used the space well. The pharmacy team members used coloured baskets with white for deliveries and red for people waiting. This distinguished people's prescriptions by degree of urgency and helped the team plan its workload. There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at, complied with this process.

The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that they needed to add some medication to complete the supply. And to give additional advice if necessary. The pharmacy had a system to prompt the team members to check that they supplied CD prescriptions within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the contents could be checked again, at the point of hand-out. There were some alerts stickers applied to prescriptions or bags to raise awareness at the point of supply. The team also placed notes on bags. These ensured patients received additional counselling.

The pharmacy had completed an audit for the valproate Pregnancy Prevention Programme (PPP). The pharmacy team members explained the information required for 'patients in the at-risk' group but had no one who met the criteria obtaining the medication. The pharmacy had information to hand out if any person who met the criteria presented a prescription. When the pharmacy could not provide the product or quantity prescribed in full, people received an owing slip. And the pharmacy kept one slip with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers for an alternative if items were unobtainable.

The pharmacy supplied medicines to some people in multi-compartment compliance packs to help them take their medicines. The dispenser had reviewed and updated the paperwork for these people. This resulted in clearer more manageable records. Since the start of the pandemic most people received four weeks supply at one time. Most of the people used the surgery next door so the team had liaised to ensure people were assessed for this change. The pharmacy provided patient information leaflets (PILs) with each cycle. The dispenser kept good audit trials and a tracker to monitor the

progress for the dispensing and supply of the compliance packs. The pharmacy had reviewed the delivery process during the pandemic. And signatures from the person receiving the medication had stopped. The driver had no contact with people. He knocked on the door, left the medication and watched the person collect. He kept a record of when he delivered. The pharmacy provided a substance misuse service to a few people. During the pandemic people had received weekly supplies. Most had returned to daily supervised supplies. It had taken a while for people to get used to daily supplies again.

The pharmacy obtained medicines from several reputable sources. It stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The team advised that the date checking had slipped a bit during the very busy time of the pandemic. But they had just completed a full stock date check and tidied the shelves. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily on the computer. They checked these to ensure the refrigerator remained within the required temperature range. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. The pharmacy had not implemented the requirements of the Falsified Medicines Directive (FMD).

The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had a process to receive drug safety alerts and recalls from the Medicines and Healthcare products Regulatory Agency (MHRA). The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment it needs. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for up-to-date clinical information and resources such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring specific liquids. It also had a range of equipment for counting loose tablets and capsules. The computer screens were out of view of the public. They were password protected and locked when not in use. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

The pharmacy generally stored medication waiting collection on shelves where no confidential details could be observed by people. The team members explained that sometimes they had more items waiting to be collected so used boxes for the overflow. They filed prescriptions in boxes in a retrieval system out of view, keeping details private.

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.