General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: M. Whitfield Ltd., Sanderson Street, Cornforth Lane, Coxhoe, DURHAM, County Durham, DH6 4DF

Pharmacy reference: 1029450

Type of pharmacy: Community

Date of inspection: 04/02/2020

Pharmacy context

The pharmacy is on a main road in the centre of the town. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. The pharmacy offers NHS services such as flu vaccinations. It supports some people by providing their medicines in multi-compartment compliance packs to help them take them correctly. The pharmacy delivers medicines to people's homes. And has a large section of the disability aids on display and available for people to buy.

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 has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The pharmacy team members respond appropriately when mistakes happen. They discuss what happened. And they share learning to reduce the risks of error in the future. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy maintains records as required in compliance with standards and procedures.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions and controlled drug (CD) management. The head office updated these. The clinical governance lead in the pharmacy ensured that all the team read revised versions and keep up-to-date as required. The head office alerted the pharmacy when there were any new SOPs. The majority had been updates and signed as read between October 2019 and January 2020. The team could advise of their roles and what tasks they could do.

The pharmacy dispensary had a been extended and provided two main areas for dispensing. The team dispensed walk-ins at the front dispensary. And used the rear part for dispensing the prescriptions downloaded from the NHS spine and repeats. The pharmacist had a dedicated checking area. Both the front dispensing area and the rear dispensing area had islands in the centre area which the team used. The pharmacy had a separate room for compliance pack preparation. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used dark blue baskets for people waiting for their medicines. And other colours for the remainder. The team separated the prescriptions for delivery which assisted in planning workload. The driver also used one of the islands to sort deliveries.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included solifenacin 10mg tablets instead of 5mg, 100 gabapentin given instead of 84, co-codamol capsules instead of tablets and 20 rivaroxaban with a note that some boxes were 14 and some 28 but they were the same size. The team wrote their own when the pharmacist or ACT pointed them out to them. They had separated some items on the shelves following near misses. And clearly marked the sections with the names of the items involved on bright stickers to try to minimise picking errors. They had a list of the Look-Alike Sound-Alike (LASA) drugs for reference. They discussed any near misses together and reviewed these monthly. They had discussed to ensure they checked addressees carefully, with names at the point of hand-out. And to finish the prescription or start again if they had been interrupted during the dispensing.

The pharmacy had a practice leaflet which explained the complaints process. And the team members advised what they would do following receipt of a complaint. The pharmacy gathered feedback through the annual patient satisfaction survey. It had improved the seating arrangements and provided a small table. The team recorded any complaints or errors. And notified the superintendent and head office at

the time. They discussed any errors for ways to improve for the future. The pharmacy had current indemnity insurance with an expiry date of 30 September 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. The team advised what they could and could not do if the responsible pharmacist was not present. The pharmacy had a reminder sheet for the team for reference just in case there were any delays for the pharmacist returning. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy usually checked CD stock against the balance in the register at the time of supply. This helped to spot errors such as missed entries. The register indicated weekly stock checks were undertaken as far as possible. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal. And it entered these at the time the person returned them to the pharmacy. It had two books running which caused some confusion, so they closed one book off and put it in a separate location. A few destructions did not show the authorised witness signature, but the ACT explained that on the day in question there had been an instance. This had interrupted the task. And it had been an oversight that the record had not been completed. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. And it kept a record of private prescriptions. The team entered these as required.

The pharmacy displayed a company leaflet 'How M Whitfield Ltd looks after and safeguards information about you'. This explained how data use complied with legislation. And how the pharmacy kept information confidential. It had contact details for the information governance director. The pharmacist advised she had attended a Local Pharmaceutical Meeting (LPC) on General Data Protection (GDPR) and shared learning. The team had read some information from the company on information sharing. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. And kept patient sensitive information securely. The pharmacy team shredded stored confidential waste in the pharmacy. The pharmacy had a safeguarding vulnerable adults and children SOP. And it had a folder with safeguarding information including contact numbers for local safeguarding teams. The pharmacist and technicians had undertaken level 2 CPPE training. And all patient-facing team members have completed Dementia friends training. The team advised they knew the local population well and would talk to them if they felt there were concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. They understand their roles and responsibilities in providing services. The pharmacy team members support each other in their day-to-day work. They feel comfortable to discuss their development needs with the pharmacist and raise any concerns if necessary. The pharmacy doesn't provide structured ongoing training. But the pharmacy team members undertake ad-hoc training. But they do not generally record this. So, team members may miss opportunities to complete learning relevant to their role.

Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT), one technician, five dispensers and three medicines counter assistants (MCAs) who worked in the pharmacy. The ACT worked 25.75 hours weekly and the technician 26 hours weekly. The dispensers worked a range of 20.25 hours to 12.5 hours weekly and the MCA worked between 29.75 to 12.5 hours weekly. There was a person employed to work on Saturdays, but she only worked in the retail part of the premises and was not involved in any medicine sales. Very occasionally the pharmacy received second pharmacist cover. The local surgery had recently changed ownership. Most of the prescriptions had been for three months' supply at a time and the pharmacist thought this would move to two-month supplies or 28 days. She advised she would keep the SI and owners of the company informed if changes occurred which would result in a review of staffing.

Certificates and qualifications were available for the team. The team had these in frames which were currently sitting in a box waiting for someone to put them up again. They had taken them down due to a leak which was now resolved. The team members had some continuing professional development (CPD) sheets but there were few entries recorded in these. And they had not recorded anything recently. Topics included flu service and safeguarding. The ACT advised the pharmacist, herself and the technician completed CPD as required. The ACT kept a small notebook with her and wrote down any matters and topics she had looked at and used these for her CPD. She discussed these with the rest of the team. And the team members also advised the pharmacist kept them up-to-date. The pharmacy received updates and information from the head office.

The MCA following the sales of medicines protocol when making over-the-counter (OTC) recommendations and referred to the pharmacist when necessary. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The team discussed issues and new processes. And had developed a crib sheet for the Community Pharmacist Consultation Service (CPCS). This assisted the team in following the process and reminded them to check for emails and any referrals throughout the day. And the procedure to complete.

The team did not have formal performance reviews but discussed any matters with the pharmacist. The ACT advised she took on the clinical governance role following discussions. The pharmacist advised she could discuss any matters with the SI and directors as required. There was a formal whistleblowing policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. They could also contact the SI or managing director.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. And people can have private conversations with the team in a consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard. The premises consisted of a good-sized main dispensary and an office area, MDS room and store area. The dispensary had sufficient bench space, with plenty storage space. The dispensary had extended recently and included an additional room. The pharmacy had a large medicines area and a separate gift section which included a display area with disability aids and devices. People could access the gift area through a separate door from the street level or people could access it from the health section, going down some internal steps.

The sinks, benches, shelves and flooring were all clean and the team used a cleaning rota to ensure they attended to all areas. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit. The team contacted the head office, and someone attended to resolve any required maintenance work.

The pharmacy had an adequately sized, signposted, sound proofed consultation room which the team used. The pharmacy team kept the consultation room locked when not in use. It had a key-pad lock. The team were aware of the need to respect confidentiality in a small town. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises. One member of the team was always on the counter. And an additional member of team also had responsibility daily for covering the counter.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people. And it manages the risks associated with these. The pharmacy team members identify people taking high-risk medicines. And they support them to take their medicines safely and give them appropriate advice. The pharmacy suitably sources medicines and carries out some checks to help make sure that medicines are in good condition to supply. It supports some people by providing their medicines in multi-compartment compliance packs to help them take them correctly.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all. The pharmacy had a low table which allowed people to sit and sign prescription exemptions as required. And some additional customer seating. People could access the pharmacy through the two levels. The pharmacy had a range of healthcare information for people to select with leaflets on topics such as sepsis. And it had a health promotion zone with the current topic, 'Look after mental health'. The pharmacy had three healthy living champions and they were in the process of reviewing and updating the health zone.

The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy had a practice leaflet which people could take. The pharmacy had a defined professional area in the top part of the building. And items for sale were mostly healthcare related. The team kept the pharmacy medicines behind the counter and assisted people if they requested these items. The lower part of the building displayed a selection of gift lines and household goods. And the disability aids, including wheelchairs. And had it had brochures with other items which people could order. It had a dedicated area where someone took orders. And these were generally not undertaken by the pharmacy team.

The pharmacy undertook Medicines Use Reviews (MURs)and the New Medicine service (NMS). It carried out flu vaccinations with the pharmacist having completed around 80 this season. Some of the team assisted the pharmacist with the flu vaccination service by filling out paperwork and undertaking the aftercare of patients.

The team carried out blood pressure checks and glucose test. It provided a smoking cessation service with the voucher scheme. It offered the minor ailments service which was most popular for paracetamol for children. And it received a few requests for Emergency Hormonal Contraception (EHC) which it offered free through the Patient Group Direction (PGD). The team signposted to other healthcare services such as supervised methadone consumption. And referred people to the local doctors for needle exchange. The pharmacy provided the Community Pharmacist Consultation Service (CPCS). People accessed the CPCS service through NHS 111 referrals. The CPCS linked people to a community pharmacy as their first port of call. This could be for either the urgent provision of medicines or the treatment or advice for a minor illness. The pharmacy had received a few referrals, mostly resulting in advice. The pharmacist advised that the local population would come directly to the pharmacy for advice. And would attend if they ran out of medication which the pharmacist would provide through the usual emergency supply route.

The pharmacy supplied medicines to around 60 people in multi-compartment compliance packs to support them to take their medicines. The pharmacist advised that requests came from the doctors for people to receive medication in compliance packs. Three of the dispensers prepared the compliance packs. And the ACT checked the majority of these. The team members used a tracker to monitor the progress of packs and ensured people received their packs in time. They prepared four weeks at a time. They recorded when they had ordered prescriptions, received them, assembled packs and when the accuracy check took place. The pharmacist marked prescriptions as clinically checked. The team members included descriptions of medicines on the compliance packs. And supplied patient information leaflets (PILs) once each cycle.

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 found compliance with this process. For the general dispensing process the pharmacist signed some prescriptions after completing the clinical check. These were suitable for the accuracy check by the ACT. The team used appropriate containers to supply medicines. The pharmacist left bags open if a person was coming back for their medicines and something required to be added or that the pharmacy required to provide some counselling. The team prepared labels for CDs and fridge lines and attached these to the bag ready for the items to be picked, checked and added at the point of collection. The pharmacy also used 'see pharmacist stickers' which the team attached to bags which reminded them of the need for additional counselling. This included high-risk items such as warfarin and methotrexate.

The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And had undertaken audits. They had two people on the medication. And the pharmacy had counselled both people. They provided leaflets and, on each occasion, they reminded the people who responded that the pharmacy team had told them previously. They had booklets and information on the shelf above the medication. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. The team all had set days when they were responsible for getting the deliveries ready. This included a signature of receipt of the delivery. And marked CDs on the sheet. When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative.

The pharmacy used recognised wholesalers such as Durham Pharmaceuticals and Alliance. The team were aware of the Falsified Medicines Directive (FMD). And were scanning some items and bags. They noted to the team to ensure that they did not mark through any of the 2D bar codes if they were marking a split pack. They advised their head office if there were any issues with codes at scanning. The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had two refrigerators from a recognised supplier. These were appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily on to the computer and they checked these to ensure the refrigerators remained within the required temperature range. The pharmacy team members checked expiry dates on products and had a rota in place to ensure they checked all sections regularly. They advised that with the change in doctors at the surgery some items were not prescribed as often, particularly some creams. So, they were extra vigilant in checking expiry dates on these. 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 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 appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. It received notification directly from Medicines and Healthcare products Regulatory Agency (MHRA). The technician generally actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people’s privacy.

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 information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). They printed off some spare PILs if they had split boxes particularly for items such as antibiotics. This ensured they always supplied a PIL. The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. The team members had access to disposable gloves and alcohol hand washing gel. The pharmacy had just received a new blood pressure machine. The team advised that the head office monitored this and kept records. It sent one out when it needed replacing. They checked the glucose monitor and they calibrated it when required to make sure it was providing accurate readings.

The pharmacy stored medication waiting collection on shelves in the dispensary where people could not see any confidential details. The kept the prescriptions attached to bags. And placed the bags alphabetically with separate sections for male and female prescriptions. The pharmacist advised they had done this for a long time and found it worked well.

The computer screens in the dispensary were out of view of the public. And the computer in the consultation room was screen locked when not in use. The team used the NHS smart card system to access to people's records. And took the card out when not required. The team used cordless phones for private conversations.

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.