General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Vantage Pharmacy, 83 Main Road, Broughton, CHESTER, Cheshire, CH4 0NR

Pharmacy reference: 1029552

Type of pharmacy: Community

Date of inspection: 06/01/2020

Pharmacy context

The pharmacy is situated next door to a GP practice in a residential area of Broughton, near Chester. The pharmacy premises are accessible for people, with an automated entrance door and adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
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 and protects peoples' information. Members of the pharmacy team work to professional standards. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again.

Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them, with exception of the controlled drug (CD) SOP and responsible pharmacist (RP) SOP which had been updated in December 2019 and the team members were in the process of reading them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing incidents were documented in an incident record book, reviewed by the superintendent (SI) and then shared with the pharmacy team during a monthly team meeting. Near miss errors were discussed with the member of the pharmacy team at the time and were documented in a near miss record book. The near miss errors were reviewed each month for trends and patterns and the outcome of the review was shared with the team. Due to several near miss errors occurring with citalopram and sertraline because of similar generic packaging, the stock had been separated.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place and a practice leaflet explaining the complaints process was displayed near the medicines counter for people to refer to. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose. The NHS "Putting Things Right" poster outlining how people were able to raise concerns with the NHS was displayed.

A customer satisfaction survey was carried out annually. The pharmacist explained that some people had provided negative feedback about the stock availability of certain brands of medication. He said the pharmacy had a good working relationship with the GP practice next door and the GPs would change the medication prescribed when there were manufacturing problems with specific brands.

The company had appropriate professional indemnity insurance in place. The private prescription record, emergency supply record, unlicensed specials record, responsible pharmacist (RP) record and the CD register were in order. CD running balances were kept and regularly audited. Patient returned CDs were recorded. A balance check of a random CD was carried out and found to be correct.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. An information governance policy was in place and all staff had read and signed confidentiality agreements as part of their training. The computers were password protected with screens facing away from the customer and assembled prescriptions awaiting collection were stored in a manner that protected patient information from being visible. A fair processing notice was displayed in the retail area, outlining how the pharmacy intended to use people's personal data.

The pharmacist had completed level 2 safe guarding training and team members had read the safeguarding policy. The local contact details for raising a concern were displayed in the dispensary.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are comfortable about providing information to the pharmacist and receive feedback on their own performance. But the lack of formal ongoing training could mean some of the team members skills and knowledge may not always be up to date.

Inspector's evidence

There was a regular pharmacist, two accuracy checking pharmacy technicians (ACPT) and a medicines counter assistant on duty. The pharmacy team members had completed accredited training courses for their roles. The team were busy providing pharmacy services. They appeared to work well together as a team and manage the workload adequately.

A member of the pharmacy team spoken to said both the SI and the pharmacist present were supportive and were more than happy to answer any questions they had. She explained that apart from reading updated SOPs, no ongoing training material was provided. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. They were regularly given feedback informally from the pharmacist. For example, about near miss errors. The members of the pharmacy team received an annual appraisal with the SI and a human resources advisor. A member of the team said she had found it a useful way to provide and receive feedback on her performance. Copies of the team members appraisals were present.

A member of the pharmacy team covering the counter was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol, which she would refer to the pharmacist for advice. The pharmacist explained that there were no formal targets set for professional services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. And It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, sink and floors were cleaned regularly, and a cleaning rota was present. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist and dealt with. Pharmacy team facilities included a microwave, kettle, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. The pharmacy team were clear about what services were offered and where to signpost to a service if this was not provided. For example, needle exchange. The opening hours were displayed near the entrance.

The work flow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a checking area for the pharmacist. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing. An ACPT explained that people's repeat prescriptions were clinically checked by a pharmacist before being accuracy checked, but prescriptions were not marked in any way to indicate that the clinical check had been done. This meant that there was an increased possibility of an ACPT accuracy checking a prescription that had not been clinically checked prior to supply.

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours and a list of services provided was displayed.

Prescriptions containing schedule 2 CDs were highlighted with a sticker, to act as prompt for the team to add the CD at the point of collection. The ACPT said prescriptions containing schedule 3 or 4 CDs that were awaiting collection were highlighted with a date check sticker, to ensure it was supplied within 28 days of the prescription date. But a prescription awaiting collection for pregaablin had not been highlighted. This meant there was a possibility of supplying some CDs after the prescription had expired.

Prescriptions for warfarin and methotrexate were highlighted with a sticker attached to the assembled prescription bag. This was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. People's INR results and warfarin doses were obtained and added to the computer patient medication record (PMR). People prescribed lithium were not routinely highlighted. The pharmacy had carried out a valproate audit and had identified two people who met the risk criteria, who were provided with the necessary information by a pharmacist. The pharmacy had patient information resources for the supply of valproate.

The pharmacy provided a prescription delivery service to some people. If a person was not at home when a prescription delivery was attempted, a note was left, and the prescription was returned to the pharmacy. Patient signatures were not routinely obtained for receipt of prescription delivery. So, the pharmacy may not have a robust audit trail for the supply of all medicines.

An ACPT provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication with the handwritten list of medicines and the computer patient medication record (PMR) being updated. Disposable equipment was used. Individual medicine descriptions were added to each compliance aid pack. There was a dispensing audit trail on the assembled compliance aid packs and patient information leaflets were included with each of the medicines supplied.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. Date checking was carried out and a record was kept. No out-of-date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy was compliant with the Falsified Medicines Directive (FMD). It had FMD software installed and a 2D barcode scanner. FMD compliant medicines were being decommissioned during the dispensing process. Alerts and recalls were received via NHS email. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And It is used in a way that protects privacy.

Inspector's evidence

The up to date BNF and BNFc were present. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order. But it had not been PAT tested for safety, which meant team members may be using equipment that was not effectively maintained. The fridge was calibrated in November 2019.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The computers were password protected with the screens positioned so that they were not visible from the public areas of 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.