General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Coppice Pharmacy, 54 Coppice Avenue, SALE, Cheshire, M33 4WB

Pharmacy reference: 1029705

Type of pharmacy: Community

Date of inspection: 09/09/2024

Pharmacy context

This community pharmacy is situated in a shopping parade. It is located in a residential area of Sale, Greater Manchester. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right 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 team follows written procedures which helps them to provide services safely and effectively. The pharmacy generally keeps the records it needs to by law. And members of the team take steps to keep private information safe. They discuss when things go wrong to help reduce the risk of mistakes happening. But they do not always record them or review the mistakes to help make sure all learning opportunities are identified.

Inspector's evidence

The pharmacy had a folder containing standard operating procedures (SOPs) which had been issued in April 2024. Members of the team had signed training sheets to show they had read and understood the SOPs.

The pharmacy used an electronic template form to record and investigate dispensing errors, and the subsequent learning outcomes. A paper log was used to record near miss incidents. The pharmacist discussed mistakes with members of the team to help identify learning points. But they do not review the records to identify potential underlying factors, or record details of any action they had taken. So they may not be able to show they are doing all they can to identify causes of mistakes and reflect from them. However, when questioned team members were able to provide some examples of action they had taken which included separating different strengths of medicines to help prevent a picking error, such as sertraline 50mg and 100mg tablets.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. A locum dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. But details about it were not on display which would help to encourage people to provide feedback. Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was available.

Records for private prescriptions appeared to be in order. A record for the RP was available, but the RP did not routinely record the time they ended their responsibility. The pharmacist acknowledged this would be recorded going forward. Controlled drugs (CDs) registers were maintained with running balances recorded. But the pharmacist had fallen behind with completing routine checks of CD balances. So there was a risk any discrepancies may not be identified for some time. Two random balances were checked, and one was found to be inaccurate. The pharmacist subsequently confirmed that the erroneous balance had been rectified. Patient returned CD medicines had not been recorded. So the pharmacy may not be able to show what medicines should be present. The pharmacist acknowledged these would be immediately noted in the designated register and promptly destroyed.

An information governance (IG) policy was available. But members of the team had not signed it. So the pharmacy may not be able to show team members had fully understood it. However, some steps were taken to help protect private information. For example, confidential information was separated into waste bags which were removed and destroyed by a waste carrier. Safeguarding procedures were available. The pharmacist had completed level 2 safeguarding training and knew where to locate the contact details for the local safeguarding board.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough members of the team to manage the pharmacy's workload and they are appropriately trained for the jobs they do. They complete some additional training packages to help keep their knowledge up to date. But this is not structured so learning needs may not always be addressed.

Inspector's evidence

The pharmacy team included a pharmacist, who was also the superintendent pharmacist, and three dispensers, one of whom was the pharmacy manager. Staffing levels were maintained by a staggered holiday system and part-time team members. A locum dispenser was present at the time of inspection to provide emergency cover. They had their roles and responsibilities explained to them whilst working at the pharmacy.

Members of the pharmacy team completed some additional training, for example they had previously completed a training pack about antibiotic stewardship. But ongoing training was not provided in a consistent manner. So learning needs may not always be fully addressed and members of the team may not be able to demonstrate how they keep their skills and knowledge up to date.

The locum dispenser understood how to sell a pharmacy only medicine using the WWHAM questioning technique and referred people to the pharmacist if needed. Members of the team routinely discussed their work, including when there had been a complaint or a mistake. A whistleblowing policy was available. There were no targets set for professional services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was clean, tidy, and appeared adequately maintained. A cleaning log was regularly completed by team members. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using heaters and lighting was sufficient. Team members had access to a kettle, separate staff fridge, and WC facilities.

A consultation room was available, containing a computer, desk, seating, wash basin and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible, and it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So, they might not always check that the medicines are still suitable or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was via a small step. Members of the team explained they provided assistance to those who could not access the pharmacy. The pharmacist acknowledged a ramp would be useful and had been looking into purchasing a portable access ramp. Various posters advertised the services offered and information was also available on the pharmacy's website. The pharmacy opening hours were displayed. But there was little information on offer about improving people's health choices, which was a missed opportunity.

The pharmacy team initialled 'dispensed-by' and 'checked-by boxes' on dispensing labels to help show who was involved in the dispensing process. They used baskets to separate individual patients' prescriptions to avoid medicines being mixed up. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen confirming the patient's name and address when medicines were handed out. Stickers were added to prescriptions containing schedule 3 and 4 CDs, to remind members of the team to check the prescription was still valid before the medicines were supplied. The pharmacist provided counselling advice to people when they commenced new medicines, or when they felt it was needed. But there was no process to routinely identify those taking higher-risk medicines (such as warfarin, lithium, and methotrexate) on a long term basis. So, team members may not remember to discuss these medicines to help make sure they remained suitable and safe to use. Members of the team were aware of the risks associated with the use of valproate-containing medicines, and the need to supply full packs. Educational material and counselling advice was provided with the medicines.

Some medicines were dispensed in multi-compartment compliance packs. Members of the team completed a verbal assessment of people who requested compliance packs, but these details were not recorded. Which would be a useful record in the event of a query or a concern. The pharmacy used electronic records for each patient, which included details about their current medication. Any medication changes were confirmed with the GP surgery before the record was updated. Hospital discharge information was sought, and previous records were retained for future reference. But compliance packs did not always contain a description of the medicines, which would help people identify their medicines. And patient information leaflets were not routinely supplied. So they may not have access to the important information regarding their medicines.

The pharmacy had a delivery service, and records of deliveries were kept. Unsuccessful deliveries were

returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and unlicensed medicines were obtained from a specials manufacturer. Date checking records were kept. The expiry dates of stock were checked every two to three months. Any short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinets, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last two months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. But the pharmacy had not kept records to show how they had dealt with them. So they may not be able to show they had responded appropriately.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And the equipment is kept clean.

Inspector's evidence

Team members accessed the internet for general information. This included the British National Formulary (BNF), BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet counting triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

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.