General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Hayfield Pharmacy, Market Street, Hayfield, STOCKPORT, Derbyshire, SK22 2EP

Pharmacy reference: 1029769

Type of pharmacy: Community

Date of inspection: 03/01/2024

Pharmacy context

This community pharmacy is located in the centre of the village. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides a flu vaccination service and some other NHS funded services.

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 adequately manages risks, and it generally completes all the records that it needs to by law. It takes steps to improve patient safety. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. The team has written procedures on keeping people's private information safe and team members understand how to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. The incorrect responsible pharmacist (RP) notice was on display at the start of the inspection, but this was corrected during the inspection.

A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services. The pharmacy had an SOP for dealing with incidents. The team recorded dispensing errors on an incident report form which included the actions taken to prevent a re-occurrence. Dispensing errors were also recorded on the National Reporting and Learning System. Following an incident when an incorrect inhaler was supplied, the pharmacy team were made aware of the error and reminded of the difference between the two inhalers, which had similar ingredients when prescribed generically. Near misses were recorded and discussed within the team. Tall man lettering was used to highlight the differences in the names of look-alike and sound-alike drugs (LASAs), so extra care would be taken when selecting these. There was a dealing with complaints about the pharmacy SOP. A notice was on display with the complaint procedure and the details of who to complain to and the local Patient Advice and Liaison Service (PALS). Professional indemnity insurance arrangements were in place.

Private prescription records and the RP record were appropriately maintained. The controlled drug (CD) registers were generally in order. Records of running balances were kept and audited. Three CD balances were checked. There was a discrepancy in the running balance of MST 5mg tablets. Following the inspection, the pharmacy manager confirmed that the discrepancy had been resolved. He said it had been due to an incorrect entry the previous month and the CD register had now been corrected. Patient returned CDs were recorded and disposed of appropriately. Some patient returned CDs had not been entered into the designated book. The pharmacy manager explained that a large amount had arrived during December when the pharmacy was very busy, and he hadn't had time to enter them in the book. He confirmed that this was usually done on the day of return or the following day.

Members of the pharmacy team had read and signed confidentiality agreements which were kept in the information governance (IG) file, along with other relevant policies and guidance. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR).

The RP had completed level two training on safeguarding and the pharmacy manager had completed level three. The dispenser said she would voice any concerns regarding children and vulnerable adults

to the pharmacist working at the time. The medicine counter assistant (MCA) recalled an occasion when she was concerned about the deterioration in condition of a person with dementia. She discussed it with the pharmacy manager who contacted the practice manager at the patient's GP practice. Royal Pharmaceutical Society (RPS) guidance on safeguarding was available. The pharmacy had a chaperone policy, and this was highlighted to people. The pharmacy team had completed training on mental health including suicide awareness. The pharmacy team was aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse, and confirmed the consultation room was always available for anyone requiring a confidential conversation.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members work well together, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

The RP, an NVQ2 qualified dispenser (or equivalent) and a MCA were on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and the people who visited the pharmacy. The RP was a locum pharmacist who worked regularly at the pharmacy one morning each week. The pharmacy manager worked as the RP for the rest of the week. He was not present at the inspection. Planned absences were organised so that no more than one person was away at a time. Team members worked extra duties when required to cover each other's absences, and locum dispensers were employed when possible. There had been staff shortages in the pharmacy over the last month or so, which had been challenging for the pharmacy team, but an additional qualified dispenser had just been recruited and was due to start work the following week.

Members of the pharmacy team carrying out the services had completed appropriate training and used online training resources and articles in trade magazines to ensure their training was up to date. The pharmacy manager, who carried out the flu vaccination service, had completed face to face and online training and signed a declaration of competence. The pharmacy team received feedback informally from the pharmacy manager and general issues were discussed within the team as they arose. The dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager about any concerns she might have. There was a whistleblowing policy.

The RP said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because she felt it was inappropriate. She said there was no pressure on her to achieve targets, but she helped the team to carry out services such as blood pressure testing when it was requested.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room so people can receive services in private and have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy's retail area, shop front and facia were reasonably clean and in an adequate state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. This area was well maintained but the rest of the pharmacy premises were less well maintained, and some areas were in a poor state of repair and untidy, which reduced the usable space. Maintenance problems were reported to head office. The temperature and lighting were adequately controlled.

There was a separate stockroom where excess stock was stored. Staff facilities were limited to a WC, with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks.

The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as flu vaccinations and when customers needed a private area to talk.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed, and people receive appropriate care. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply.

Inspector's evidence

There were two steps up to the front door of the pharmacy, which made access difficult for people with mobility problems. There was no easy means of alerting staff. The MCA said people in wheelchairs and mobility scooters generally knocked on the window and team members would always be ready to serve them at the door if necessary. The pharmacy team explained that the local council would not allow the pharmacy to fit a ramp and handrail because the pharmacy was in a conservation area.

A list of the services provided by the pharmacy was displayed in the window. There was a range of healthcare leaflets, some advertising local services. For example, Derbyshire Dementia Support. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. There was a healthy promotion zone with information on weight loss. The pharmacy provided blood pressure testing including ambulatory testing.

Space was limited in the dispensary, and there was a shortage of bench and shelf space. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail.

High-risk medicines such as valproate were targeted for extra checks and counselling. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place for people in the at-risk group. The valproate information pack and care cards were available to ensure people were given the appropriate information and counselling, and the team knew that original packs should always be supplied.

A small number of people received their medication in multi-compartment compliance aid packs. These were reasonably well managed and communications with GPs and changes to medication were generally recorded on the patient's medication record (PMR) to provide an audit trail. Disposable equipment was used. A dispensing audit trail was completed, and medicine descriptions were usually included on the packaging to enable identification of the individual medicines. Staff confirmed packaging leaflets were included so people were able to easily access additional information about their medicines. There was a support for people with disabilities SOP which included the requirement for a needs assessment to be completed to assess the appropriateness of a compliance aid pack or if other adjustments might be more appropriate to the person's needs.

The pharmacy did not promote a delivery service, but two or three times a week team members delivered medicines to housebound people on their way home. A note of the delivery was usually made on the patient's medication records, but there was no other record of the deliveries, and people were not asked to sign to confirm receipt. This lack of audit trail might be a problem if there was a query or if

something went wrong.

The MCA explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be misusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines. Appropriate records were generally maintained for medicines ordered from 'Specials', although some examples were seen when the patient details had not been recorded, which was not in line with the Medicines & Healthcare products Regulatory Agency (MHRA) requirements. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages from the NHS area team. A copy was retained in the pharmacy with a record of the action taken so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date information. For example, the electronic British National Formulary (BNF) and BNF for children. There were two clean medical fridges for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. A sharps bin and other equipment required for the flu vaccination service was available in the consultation room. There was suitable blood pressure testing equipment. The ambulatory equipment was shared with another pharmacy in the company, so this was not always available. Electrical equipment appeared to be in working order. There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.