General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 93 Stockport Road, Marple, STOCKPORT, Cheshire, SK6 6AA

Pharmacy reference: 1029781

Type of pharmacy: Community

Date of inspection: 20/06/2019

Pharmacy context

This is a community pharmacy situated on a traditional shopping-parade along a main road in a semi-rural residential area, serving the local community. Its main services are preparing NHS prescription medicines and ordering repeat prescriptions on behalf of people. A large number of people receive their medicines in weekly multi-compartment compliance aids, to help make sure they take them safely. And there is a home delivery service. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs), flu vaccinations and minor ailments.

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	1.8	Good practice	The pharmacy team has a culture of safeguarding the wellbeing of vulnerable adults. And the pharmacy team's safeguarding interventions have a positive effect.
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 instructions that the pharmacy team understands and helps it to provide safe services. The team records and reviews its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that it kept under review. These covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). All the staff had passed knowledge tests on each procedure. So, they understood the procedures that were relevant to their role and responsibilities.

The pharmacy team discussed and recorded mistakes it identified when dispensing medicines. And, it took steps to address each of its mistakes in isolation. Team members participated in reviewing these records each month. But, the team often did not record reasons why they thought they had made an error. So, it was harder for them to identify trends and mitigate risks in the dispensing process. A dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication. And it assisted with investigating and managing mistakes.

The pharmacy team received positive feedback in their recent patient satisfaction survey. A public notice explained how patients could make a complaint. And the team had read the pharmacy's complaint procedures, so it could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The pharmacy maintained its records required by law for controlled drug (CD) transactions, private prescriptions and the responsible pharmacist (RP). The RP displayed their RP notice so that the public could identify them. It also maintained records for special medications (patient details missing off some) and MURs. The pharmacy also kept records that showed it clinically screened each clozapine patient. So, it made sure that it was safe to dispense the medication to them each time.

The pharmacy kept records of its specials medications that it had supplied to patients. However, it had not entered the patient's details on some of its records. So, it could be more difficult identifying the manufacturer and batch number for the medication supplied to the patient.

The manager said that the pharmacy received very few emergency supply requests. This was because patients could usually obtain their prescription quickly if they urgently required it. The pharmacy's emergency supply records were in order.

The pharmacy kept records of the CDs it destroyed. And the pharmacist who witnessed each destruction consistently identified themselves in the record. However, the second witness' identity was missing from a few recent entries.

All the staff had completed the pharmacy's annual data protection training. And the pharmacy completed a data protection audit. Staff stored and disposed of confidential material securely. And they used passwords to protect access to electronic patient data. Staff also usually used their own security card to access patient's electronic information. This was because one staff member's card had expired.

So, they sometimes used one of their colleague's cards. This meant there was a possibility that it could be unclear who had accessed this information. The pharmacy had requested a new card. However, the NHS had not yet responded.

All the staff had completed the pharmacy's safeguarding training. And they had passed tests to check their understanding of it. The pharmacy's regular pharmacist and registered technicians had level 2 safeguarding accreditation. And the pharmacy had the local safeguarding board's procedures and contact details.

The team annually assessed each compliance aid patient's needs. This included whether these patients needed their medication limited to seven day's supply, which helped them to avoid becoming confused. The pharmacy kept records of each compliance pack patient's care arrangements. These included the next of kin details. So, the team had easy access to this information if needed urgently.

The manager said that the team had a positive rapport with patients who could be vulnerable. And they reported safeguarding concerns to the GP and carer when patients exhibited signs of confusion. In some cases it led to monitoring patients. And sometimes the pharmacy changed to supplying medication to these patients each week, so that they were less likely to become confused.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. And the team has the skills and experience needed for its services. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

All the staff were experienced and had been employed several years. And two of them had a higher dispenser qualification. The RP was an employee relief pharmacist. The manager, who was a registered technician, and a dispenser were covering the main dispensary. An accredited checking technician (ACT) and two dispensers were covering the compliance pack service.

The pharmacy had enough staff to comfortably manage the workload. The manager said that the team usually had compliance aid medicines ready in good time for both community and care home patients. And the pharmacy consistently dispensed repeat medicines on the same day the GP issued the prescription. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services. And it had a relatively low footfall, and staff served people promptly. So, the team avoided sustained periods of increased workload pressure. Each staff member worked well both alone and with the team. And they effectively oversaw the various dispensing services and had the skills necessary to provide them.

The pharmacy had an effective strategy to cover planned staff leave. It included only allowing one team member to be on leave at any one time. And part-time staff increased their working hours while their colleague was on leave. The main dispensary staff were trained to provide the compliance aid service. And they covered it while the service's usual staff were away. The manager also one day per week supported the service. So, the pharmacy's services continued smoothly during these periods.

The pharmacy would shortly be extending its compliance aid service to a 40 bed care home. So, its area manager had arranged extra staffing for a short period to help the pharmacy manage the change. The pharmacy would also use the company's hub pharmacy to dispense up to 55 percent of its repeat prescriptions over the long-term. Consequently, it would have its staffing resource reduced that staff suspected would be around 20 hours per week. The company projected that all these changes would still leave the pharmacy with enough staffing resource to provide its services safely.

The manager audited how the care homes managed their medicines and provided them with a report. So, the pharmacy helped the homes to improve the service it gave its patients. However, the pharmacy only audited individual homes if it requested it.

Staff had an annual appraisal with the manager, which they found a useful opportunity to discuss their performance. The team was up-to-date with its mandatory e-Learning training that covered its procedures and services. And the manager made sure staff completed their training while they were at work. The pharmacy also had extra non-compulsory training modules. And some staff had completed a few of them. However, staff did not have protected study time to complete any of their training.

Each staff member read the superintendent office's bulletins about patient safety case studies. However, they did not discuss them together, despite having an opportunity to do so at their regular

team meetings.

The manager said that the pharmacy had a realistic and achievable target for the number of MURs it completed. And the team could comfortably manage the competing MUR and dispensing workloads. The regular pharmacist spent an appropriate amount of time on each MUR consultation. And always did each MUR with the patient in the consultation room. So, the pharmacy had an MUR target that did not affect its ability to provide the service.

The pharmacy obtained written patient consent for the MUR and flu vaccination services. However, it only obtained verbal consent from patients who used the prescription ordering and electronic prescription services (EPS). So, the pharmacy may not be able to effectively confirm the patients who wanted to these services if queried.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, safe, secure and spacious enough for the pharmacy’s services. And it has a private consultation room, so members of the public can have confidential conversations.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space needed to allow the pharmacy to dispense medicines safely. And staff could secure it to prevent unauthorised access.

The consultation room offered the privacy necessary to enable confidential discussion. And its availability was prominently advertised. So, patients were more likely to take advantage of this facility.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices generally help make sure people receive safe and efficient services. It gets its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition, so are suitable to supply.

Inspector's evidence

The pharmacy was open Monday to Friday 9am to 6pm. So, patients could access services across most of the week. It had a low front step and power assisted door at its front entrance. And staff could see people entering the premises, so they could assist anyone having difficulty.

The pharmacy team prompted patients to confirm the repeat medications they required. This helped it limit medication wastage and patients received their medication on time. And the team made records of requests, so it could effectively deal with queries if needed.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anti-coagulants, lithium, insulin and valproate. And all the staff had passed a test on their knowledge of the procedure. The team had also completed bespoke in-house training on dispensing valproate and an associated knowledge test. So, staff knew about the risks associated with taking valproate during pregnancy, and the need to counsel patients. The pharmacy had audited its patients prescribed valproate. And it had identified those who were in the at-risk group. It had counselled these patient's carers and provided them with the MHRA approved guidance booklet.

The pharmacy routinely screened patients prescribed warfarin, methotrexate and lithium to make sure they had their relevant blood markers regularly monitored. And it made corresponding records of this. The manager said that the regular pharmacist regularly counselled patients on higher-risk medicines such as warfarin and methotrexate. This included their dose and potential side-effects and interactions. So, patients were more likely to receive the information they needed.

The pharmacy had written procedures for its clozapine service. However, they were over ten years old. And the service had changed much over time. The pharmacy sometimes could not dispense clozapine or had to limit the quantity it supplied. This was usually because of an imminent blood test deadline or the patient did not have a valid test result. And the patient's carers usually came from far away, sometimes over 40 miles, which aggravated matters.

The team followed the pharmacy's higher standard for efficient dispensing. It produced dispensing labels only on the first day of prescription receipt. Then it assembled medication on the second day. This generally meant the pharmacy had medications ready in good time before patients needed them. The pharmacy team used colour-coded baskets during the dispensing process. This helped it to prioritise and avoid each patient's medicines becoming confused with others. However, the team only left a protruding flap on medication stock cartons to signify they were part-used, which risked patients receiving the incorrect medication quantity.

The pharmacy team scheduled when to order compliance aid patients' prescriptions. So, it could supply patient's medication in good time. The team kept a record of each patient's current medication that also stated the time of day they were to take them. This helped it effectively query differences between

the record and prescriptions with the GP surgery, and reduced the risk of it overlooking medication changes.

The pharmacy wrote detailed records for verbal communications it had about medication queries or changes for compliance aid patients. So, it had information that helped it make sure these patients received the correct medicines.

The team labelled each community patient's compliance aid with a description of each medicine inside it. This helped patients and carers to identify each medicine. And the pharmacy dispensed care home patient's medicines in single medication compliance aids. So, each care home should find it easy to identify the medication in each compliance aid.

The pharmacy issued each care home patient a medication administration record (MAR). These helped the carers manage administering medicines to their patients. The pharmacy also had bespoke MARs for patients on externally applied medicines, warfarin, patches, lithium and supplemental feeds. However, it did not have a bespoke MAR for methotrexate.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. The RP said that the staff had received in-house training for the Falsified Medicines Directive (FMD). And the pharmacy should have its FMD software and hardware installed in August 2019. So, the pharmacy's system for complying with the FMD was not yet live, as required by law.

The team suitably stored medicines that needed to be refrigerated. And it monitored the refrigeration storage temperatures. So, it made sure these medicines stayed fit and safe for patient use. Records indicated that the pharmacy monitored medicine stock expiry dates over the long-term. So, it made sure patients received medication before its expiry date.

The pharmacy suitably secured its CDs and stored them in an organised and tidy manner. It properly segregated its date-expired and patient-returned CDs. And it had destruction kits for destroying CDs, which reduced the risk of it supplying these medicines.

Staff put a 'CD' sticker on CD prescriptions. This reminded the pharmacist to check the prescription issue date when they supplied each CD. And they regularly reviewed stored dispensed CDs awaiting collection. So, the pharmacy made sure it avoided supplying CDs when it was unlawful.

The team used an alpha-numeric system to store its patient's bags of dispensed medication. So, it could efficiently retrieve patient's medicines when needed. And records showed that the pharmacy securely delivered medication to community and care home patients.

The team disposed of obsolete medicines in waste bins kept away from medicines stock. So, they reduced the risk of supplying medicines not fit for purpose to patients. And the team took appropriate action when it received alerts for medicines suspected of not being fit for purpose. It also recorded the action that it had taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an anti-bacterial hand-sanitiser. So, it had facilities to make sure it did not contaminate the medicines it handled. The team had a range of clean measures. So, it could accurately measure and give patients their prescribed volume of medicine. And it had access to the latest versions of the BNF and cBNF. So, it could refer to the latest clinical information for patients.

The pharmacy team had facilities that protected patient confidentiality. It viewed electronic patient information on screens not visible from public areas. And the pharmacy regularly backed up its patient data on its PMR system. So, it secured patients' electronic information and could retrieve their data if the PMR system failed. The team also had a consultation room to enable confidential discussion with patients. And it had facilities to store bags of dispensed medicines and their related prescriptions away from public view.

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.