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: 20/01/2023

Pharmacy context

This pharmacy is located on a busy high street. It mainly dispenses NHS prescriptions, and it sells a wide range of over-the-counter medicines. It provides NHS and private flu vaccinations. It dispenses medication into multi-compartment compliance packs for care home residents and for some people who need help taking their medicines. The pharmacy provides a delivery service to care facilities and to people's homes.

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 to make sure its services are safe and effective. It has written procedures for its members of staff to refer to so that its services are provided safely. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and take steps to help stop the same sort of mistakes from happening again. The pharmacy keeps people's private information safe and its team members understand their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) which were accessible on the company's digital portal. Each member of the pharmacy team had individual access to their own page on the portal. This portal alerted the staff of any outstanding SOPs that needed reading and any outstanding training that required completing. The pharmacy team members knew clearly what they could and couldn't do in the absence of the responsible pharmacist (RP).

Records about private prescriptions dispensed were recorded electronically on the pharmacy's computer system, and the entries examined complied with requirements and matched the number of physical private prescriptions. The name of the RP was displayed where members of the public could see it. The RP record was continuous and had largely been filled in correctly. Records about unlicensed medicines supplied were in order and had largely been filled in correctly. Controlled drug (CD) registers were kept electronically and complied with requirements. The RP undertook CD balance checks every week as part of the company's weekly task and tracking system which was managed from their head office. The running balances for three products chosen at random were checked against the physical stock and they were all found to be correct. The pharmacy kept a register of CDs returned by people for destruction and out-of-date CDs which were recorded in the general CD register. These were stored separately on another shelf in the CD cupboard. But there was no separation between the returned CDs and the out-of-date stock which could lead to confusion when attempting to separate later. The CD cupboard was otherwise organised and tidy.

A sheet was available in the dispensary which highlighted and recorded mistakes which had been identified during the dispensing process before the medicine was handed to a person (near misses). The information from previous sheets was inputted onto the company's portal and the central team analysed the near misses and created a monthly report which was discussed at the monthly staff meetings. Any patterns of mistakes were reviewed as a team so that they could learn from them and avoid repeating them in the future. There was a written procedure in the event of a wrong medicine reaching a person (dispensing error). The RP demonstrated how he would record dispensing errors on the company's internal system where it would be reviewed by the superintendent's team. But no recent records were available. The RP explained that this was because he had only been in his post for a few months and he wasn't aware of any errors since he started.

The pharmacy had a documented complaints procedure available and a notice was displayed in the retail area of the pharmacy so customer's knew how to provide feedback or raise a complaint. The pharmacy had not received any complaints recently. The RP stated that the people using the pharmacy

were generally very happy with its services. The pharmacy had the necessary professional indemnity insurance.

The pharmacy had an information governance (IG) file on the company's portal which contained policies about handling data, confidentiality and data protection. Confidential waste was segregated and collected for secure destruction, although it had not been collected for some time. Prescriptions that had been assembled and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. The delivery driver had a hand-held digital scanner which separated the details for each delivery to protect confidentiality.

The pharmacy had a safeguarding policy available, but details about local safeguarding contacts had not been added to this. Team members were able to give examples of signs that would raise their concerns about vulnerable children and adults. They explained how they would refer their concerns to the manager or the RP. The RP confirmed he had completed a level 2 safeguarding course. There was a chaperone notice on display in the consultation area. Members of the pharmacy team understood when to offer a chaperone to a person if it seemed appropriate and would allow a person's representative to join them in a consultation if this was requested.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members work well together and have the right qualifications for the jobs they do. They do some additional training to keep their skills up to date. But this is not structured so their learning needs might not always be fully addressed.

Inspector's evidence

At the time of the inspection there was the RP, one relief NVQ2 dispenser, and one member of staff who was enrolled on NVQ2 dispenser training. Another member of the team who was an NVQ2 dispenser and was responsible for managing the store was not present. There was a constant flow of work in the dispensary, but the volume was managed effectively by the team. Most of the dispensing seen was for repeat prescriptions which people ordered directly from the surgery and for multi-compartment compliance packs for care home residents and people living in their own homes.

The pharmacy team members were observed working collaboratively with each other. Day-to-day issues were discussed amongst the team as they arose. The team members kept their skills and knowledge up to date by completing learning on the company's portal. They were all relatively new so had not yet had their appraisals and were unsure about the formal process. Staff were not given any targets. The pharmacy had a whistleblowing policy. Team members understood how they could raise concerns if necessary. They felt comfortable sharing ideas to improve the pharmacy. When questioned, the team knew what questions to ask when making a medicine sale and when to refer to a pharmacist. team members understood which medicines could be sold in the presence and absence of a pharmacist and what action to take if it was suspected a customer might be abusing medicines such as a codeine-containing product.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, bright and suitable for the provision of healthcare services. It has a private consultation room so people can have confidential conversations. And the pharmacy prevents unauthorised access to its premises so that it keeps its medicines safe.

Inspector's evidence

The premises were generally clean and in an adequate state of repair. The retail area was professional in appearance and the dispensary had enough clear workspace to allow for safe dispensing. The floors and passageways were cluttered and obstructed but this was corrected when highlighted. Lighting was good throughout. Fixtures and fittings were suitable for their intended purpose. There were clearly defined dispensing and checking areas. The pharmacy shelves were generally tidy. The pharmacy had a clean, well-maintained sink in the dispensary which was used for medicines preparation. Pharmacy team members had access to a private consultation room for conversations with people. The room had enough space and private conversations in there couldn’t be heard from outside. The kitchen was clean and there was a sink providing hot and cold water. The pharmacy had a toilet which provided a sink with hot and cold running water and other facilities for hand washing.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy has appropriate safeguards to help ensure it delivers its services safely. And to make sure it stores and manages its medicines appropriately. Its team understands what additional checks to make when supplying higher-risk medicines, to help people take their medicines safely. It completes a range of checks and audits to help make sure the pharmacy is providing its dispensing services effectively. And it keeps records of the medicines it delivers to people, in case of queries.

Inspector's evidence

The pharmacy did not have level access from the street outside, but there was a bell at the door, and it was possible for customers to enter with prams and wheelchairs with assistance if necessary. There was a variety of healthcare leaflets providing information about common conditions and their treatment. The pharmacy had a large range of over-the-counter (OTC) medicines which were sold by NVQ2 qualified dispensing assistants, supervised by a pharmacist. Pharmacy-only medicines were stored behind the medicine counter so that sales could be controlled. Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels for medicines when they completed these tasks. This provided an audit trail of the people involved in the dispensing process. And they used dispensing baskets throughout the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up.

The pharmacy provided medicines in multi-compartment compliance packs for people living in care homes and for those who found it difficult remembering how to take their medication. Each pack was supplied with an accompanying sheet with attached labels providing directions for administration. It also included descriptions of what each medicine looked like, so they could be identified in the pack. A dispenser explained that people were given patient information leaflets regularly but could not specify how often. There were records kept to help team members dispense the medicines into the correct time slots. Multi-compartment compliance packs were prepared for monthly and weekly prescriptions for pharmacists to check for accuracy.

Pharmacy team members were aware of the risks associated with the use of valproate in pregnancy. They would alert the pharmacist and supply additional warning cards when preparing a prescription. The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. When questioned, a dispenser and the RP explained that team members completed date checking for sections of the dispensary every month. This was recorded on a sheet of paper which was displayed in the dispensary. Pharmacy team members highlighted medicines that were due to expire by using stickers on the box and bringing it to the front of the shelf so that it got dispensed first. A dispenser explained they would highlight a short-dated medicine if it was within three months of expiry. Medicines with a one-month expiry were removed from the shelves and the details inputted into the company's digital portal. A spot check was carried out and no out-of-date medicines were found.

Some of the shelves where medicines were kept contained brown bottles of de-blistered medication, removed from the manufacturer's packaging. There were two examples of brown bottles containing medication with no expiry date and batch number. This increased the risks of team members making a picking error leading to a near-miss or dispensing error. The bottles were removed, and the RP stated that they would keep the required information on subsequent bottles in the future.

Several medicines which looked alike or had similar names had been identified and were separated to reduce the chances of an error when picking medication from the shelves. The pharmacy kept a digital folder of drug alerts and recalls, which it received via the company's online portal. These were checked and actioned by the RP. Medicines requiring cold storage were stored tidily in the fridge. The minimum and maximum temperatures were generally being recorded regularly and had been within a suitable range throughout the month. The pharmacy got its medicines from licensed wholesalers and specials were obtained from specials manufacturers. The pharmacy had medicinal waste bins to dispose of unwanted medication

The pharmacy offered both NHS and private flu vaccination services. Copies of the signed patient group directives were available alongside up-to-date training records. The pharmacy had the appropriate kit for allergic shocks, needle injuries and other health and safety equipment to deliver the service.

Medicines waiting to be collected were stored in bags on separate shelves in the dispensary and were checked periodically to remove any that hadn't been collected. This ensured prescriptions that were no longer required were not given out and to increase space. The pharmacy delivered medicines to people and it recorded the deliveries made on a digital system synched with a hand held scanner. Undelivered medicines were returned to the pharmacy. The pharmacy had a standard operating procedure (SOP) in place for the delivery service and this had been signed by the driver.

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. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services it offered. The pharmacy had access to the internet for up-to-date information. For example, the electronic BNF and medicines compendium (eMC) websites. The pharmacy had a set of clean, well-maintained measures available for liquid medicines preparation. Separate measures were used for certain liquids to help avoid cross-contamination. All electrical equipment appeared to be in good working order and had been PAT tested. The computer terminals were in secure areas of the pharmacy, away from the public view. And these were password protected. Individual electronic prescriptions service (EPS) smart cards were being used appropriately..

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.