General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 6 The Hollins, Stockport Road, Marple, STOCKPORT, Cheshire, SK6 6AY

Pharmacy reference: 1029782

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

This is a community pharmacy situated on a modern 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 compliance packs, to help make sure they take them safely. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) and flu vaccinations.

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	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 generally manages its risks well. The pharmacy team follows written instructions to help make sure it provides 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 its head office 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 dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each supply of prescription medication. And it assisted with investigating and managing mistakes. The team recorded near misses that it identified when dispensing medicines. And, it separately addressed each of these mistakes. However, team members often did not record the reason why they thought they had made each error. And the pharmacy did not review its recorded near misses. So, it might not always identify trends and mitigate risks in the dispensing process.

The pharmacy team received positive feedback from people in its recent patient satisfaction survey conducted between June 2018 and November 2018. A public notice explained how patients could make a complaint. And records indicated that the staff had read the pharmacy's complaint procedures, so they could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was the manager and resident pharmacist prominently displayed their RP notice so that the public could identify them. The pharmacy maintained its records required by law for the RP, private prescriptions, emergency supplies, and CD transactions. And it checked its CD running balances regularly on a weekly basis, so it could detect discrepancies at an early stage. The pharmacy also maintained records for its MURs and flu vaccinations. And it had historic records for specials medications it had supplied, but staff could not locate records from the last twenty-four months.

The pharmacy had recently completed a data protection audit. Staff had completed the pharmacy's data protection training and they stored and destroyed confidential material securely. They used passwords to protect access to electronic patient data. And each team member used their own security card to access electronic patient data nearly all the time, so there was a small risk that it would be unclear who had accessed this information.

The RP had level two safeguarding accreditation and staff had completed pharmacy's safeguarding training. The team annually assessed compliance pack people's needs and included whether any of them needed limiting to seven days' medication per supply, which helped them to avoid becoming confused. The pharmacy kept records of each compliance pack patient's care arrangements, which included the next of kin details. So, the team had easy access to this information if needed urgently. The pharmacy had consulted the GP, local nurses and the safeguarding team about people who exhibited signs of confusion or memory loss. And it supported some of them by subsequently dispensing their

medicines in compliance packs. However, the pharmacy did not have the local safeguarding board's contact details or procedures. The RP explained that when they needed to contact the board they had searched online for them.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy usually has enough staff to provide safe and effective services. And the team members have the skills and experience needed for their roles. 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

The staff present were the RP, two experienced full-time dispensers, and a pharmacy undergraduate on summer vacation work experience. The pharmacy's other staff included an experienced full-time dispenser and a trainee medicines counter assistant (MCA) who started a few weeks ago and had enrolled on an MCA accreditation course.

The pharmacy usually had enough staff to manage the workload. The team said that they usually had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when patients needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services. And the pharmacy owner's hub pharmacy dispensed around a third of these prescriptions, which helped to reduce workload pressure on the team. The staff promptly served regular waves of between three or six people presenting. So, the team avoided sustained periods of increased workload pressure. Staff worked well both independently and collectively. And they used their initiative to get on with their assigned roles and did not need constant management or supervision. The dispensers prepared methadone instalments, which the pharmacist checked, and all of them provided the compliance pack service.

The pharmacy was recruiting for a full-time dispenser as one of its staff had recently left in June 2019. This had created a temporary backlog of some prescriptions to be dispensed, but the team was coping well in the interim. And the seconded pharmacy undergraduate helped to alleviate some of the workload pressure.

The pharmacy had an effective strategy to cover planned staff leave. It only allowed one team member to be on leave at any one time and the pharmacy obtained cover from within its own team or the pharmacy owner's other local pharmacies. The owner had also employed a team of pharmacy undergraduates over summer to provide cover for staff on leave, which RP said helped. So, the pharmacy could maintain its service continuity.

Staff had an annual appraisal with the manager, which they found a useful opportunity to discuss their performance. One of the dispensers had recently completed their NVQ level three dispenser training course and awaited their results. They felt well supported through the course and had two hours protected study time per week while in work.

The team was up-to-date with its mandatory e-Learning training that covered its procedures and services. However, staff did not have protected study time, so had to find quiet periods during their working hours to complete this training.

The team had regular meetings which included it discussing case studies from the pharmacy's superintendent office. The pharmacy had a notice displayed in the staff room encouraging them to report any concerns to the pharmacy's head office that they may have about people's safety.

The pharmacy had targets for the number of MURs it completed and people who used its electronic prescription service. Staff said that these targets were realistic and achievable, and the resident pharmacist could manage the competing MUR and dispensing workloads. They also said that the pharmacist usually took around five to ten minutes on each MUR consultation depending on their complexity and people's engagement, and they conducted them in the pharmacy's consultation room. So, the pharmacy completed MURs in an appropriate time and place and the target did not affect how well it provided the service. And the team did not experience any unnecessary pressure in trying to meet targets.

The pharmacy obtained people's written consent to provide its MUR and flu vaccination services. And staff obtained people's verbal consent to provide the prescription ordering and electronic prescription services. However, several randomly selected records indicated that the team had not obtained peoples written consent for these services as required by the pharmacy. So, it may not be able to effectively confirm who wanted these services.

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. And staff could secure it to prevent unauthorised access. The separate room used for the compliance pack service was large enough for this purpose. And the team effectively utilised the limited available dispensary space. 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 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 opened Monday to Friday from 9am to 5.30pm and Saturday 9am to 5pm and it had step-free access entrances. So, the pharmacy's services were easily accessible.

A significant number of people used the repeat dispensing service, which eliminated having to order prescriptions, making dispensing more efficient. And the pharmacy team prompted people to confirm the repeat medications they required ordering on their next prescription. This helped it limit medication wastage and people received their medication on time. However, it did not keep a record of the prescriptions it had ordered, so it could find it difficult to effectively resolve queries if needed.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anticoagulants, lithium, insulin and valproate. And records indicated that all the staff understood the procedure. A dispensary notice reminded staff of the risks involved in taking valproate. The pharmacy had completed a valproate audit around twelve months ago and identified any people in the at-risk group and counselled them where necessary. And it had the MHRA approved valproate advice booklets and cards to give people.

The pharmacy checked that people on warfarin, methotrexate and lithium had a recent blood test. And it checked if any of these people were experiencing side-effects or interactions during their MUR and counselled them if necessary. However, the pharmacy had not counselled the few patients who used fentanyl patches about their safe use and disposal, so they may not always have all the information they need.

The pharmacy team scheduled when to order its compliance pack patients' prescriptions and when to deliver their medication, so that it could supply people's medication in good time. And it kept a record of people's current medication that also stated the time of day they were to take them, which helped it effectively identify and query any medications changes with the GP surgery. The pharmacy recorded verbal communications about medication changes for compliance pack people. So, it had a record that helped it make sure these people received the correct medicines. And it labelled compliance packs with some information that identified the medicines inside them. However, a few randomly selected packs had insufficient information on them to clearly distinguish each medicine, which could make it more difficult for people to identify each of them.

The pharmacy team used colour-coded baskets during the dispensing process to separate people's medicines, which helped it to prioritise and avoid each people's medicines becoming confused with others. And it marked part-used medication stock cartons, which helped make sure it gave people the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The RP said that the staff had completed the pharmacy's training for implementing the Falsified Medicines Directive (FMD). However, they did not know when the pharmacy would have the software and hardware needed to comply with the FMD installed because the pharmacy's head office was still testing it. So, the pharmacy's system for adhering to the FMD was not yet live, as required by law.

The pharmacy suitably secured its CDs, quarantined its date-expired and patient-returned CDs, and had destruction kits for destroying CDs. The team monitored its medication refrigerator storage temperatures and records indicated that the pharmacy monitored its medicine stock expiry dates. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken. And it disposed of obsolete medicines in waste bins kept away from medicines stock. So, the pharmacy reduced the risk of supplying medicines that may be not fit for purpose.

The RP highlighted CD prescriptions which reminded the pharmacist to check the issue date when they supplied the CD. And they regularly reviewed these dates for dispensed CDs awaiting collection each week. So, the pharmacy made sure it only supplied CDs when it had a valid prescription. The team also had stickers that had a section to include the deadline date for supplying CDs. However, a few randomly selected dispensed CDs either did not have a CD sticker on them or the date had not been entered. 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 had a secure medication home delivery service.

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 antibacterial hand-sanitiser, so 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 people's confidentiality. It viewed electronic people's information on screens not visible from public areas. And the pharmacy regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions far enough 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.