General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Acklam Road Pharmacy, 89 Acklam Road, MIDDLESBROUGH, Cleveland, TS5 5HR

Pharmacy reference: 1029930

Type of pharmacy: Community

Date of inspection: 06/02/2020

Pharmacy context

This is a community pharmacy on a parade of shops in Middlesbrough. Cleveland. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and long-term conditions. It provides NHS services, such as the New Medicines Service (NMS) and medicines use reviews (MURs). The pharmacy supplies medicines in multi-compartment compliance packs to people living in their own homes. And it provides a free home delivery service to people who request it.

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 identifies and manages the risks associated with the services it provides to people. And it has a set of written procedures for the team members to follow to help them work effectively. The pharmacy keeps the records it must have by law. But a regular CD balance check is not always done. So, if there is a discrepancy this cannot be dealt with in a timely manner. The pharmacy keeps people's private information secure. The team members know when and how to raise a concern to help safeguard the welfare of vulnerable adults and children. The team members openly discuss mistakes that they make when dispensing. But they do not keep notes of these discussions. And so, they may not be able to refer to them in the future.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. These were in date and had been reviewed every two years. These were authorised for use. The pharmacy defined the roles of the pharmacy team members in each procedure. Which made clear the roles and responsibilities within the team. The team members had read and signed each SOP that was relevant to their role.

The pharmacist highlighted near miss errors made by the team when dispensing. There was an electronic system for recording near misses. And each member of the pharmacy team recorded their own as soon as the error had been pointed out by the pharmacist. The manager had introduced the system to make the procedure easier to use. Those looked at had a fair level of detail which helped the manager to review. And make effective changes. The pharmacist explained the team members discussed the near misses with each other when they happened. And discussed ways they could prevent a similar error from happening again. The manager had created some alert cards to attach next to medicines that had similar names to others (LASAs). For example, for atorvastatin and simvastatin. The cards were designed to remind the team members to double check they had selected the right medicine. The pharmacy had a process to handle dispensing incidents that had reached the patient. The manager completed the community pharmacy incident report form. Made changes and shared the learning with the team. A copy of the report was sent to head office. The manager described a compliance pack error when an extra tablet was put into a person’s multi-compliance pack. A contributory factor was noted as the pharmacy team members were rushed. So, because the pack was needed that day. One of the changes made was to ensure that packs were completed at least a day before they were required. And when this was not possible extra care was taken when dispensing and checking the pack.

The team members explained their roles and responsibilities. And they were seen working within the scope of their role throughout the inspection. The team members accurately described the tasks they could and couldn’t do in the absence of a responsible pharmacist. For example, they explained how they could only hand out dispensed medicines or sell any pharmacy medicines under the supervision of a responsible pharmacist.

The pharmacy had copies of its practice leaflet available for people to select and take away with them. There was a small section in the leaflet which encouraged people to comment on the service the pharmacy provided. The manager said that he deals with people’s concerns in the first instance. And when the person was still unhappy, he referred them to head office contact details.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy displayed the correct responsible pharmacist notice. So, people in the retail area could see the identity and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept controlled drugs (CDs) registers. The manager acknowledged that previously CD balances were only checked a few times a year. Now he intends to do a full balance check of all the pharmacy's CDs monthly. A physical balance check of two random CDs matched the balance in the register. The pharmacy held paper form CD registers. The pharmacy kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines. And these were completed in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The team members had undertaken training on General Data Protection Regulation (GDPR) in January. And pharmacy team members were aware of the need to keep people's personal information confidential. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separated to avoid a mix up with general waste. The confidential waste was periodically collected for destruction off site.

The pharmacist had completed training on safeguarding vulnerable adults and children. When asked about safeguarding, the team members said that they would raise any concerns in both children and vulnerable adults to the manager. The pharmacy had local contact details of the local support teams on display. The manager had called the vulnerable adults team number last week, because he was worried about an elderly patient who was confused.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the appropriate qualifications and skills to provide the pharmacy's services safely and effectively. They work well together to manage their workload. And they feel comfortable to raise professional concerns when necessary. The pharmacy team do not have regular appraisal, So, they may miss opportunities for the team to discuss any training needs or issues that they are concerned about.

Inspector's evidence

The pharmacist on duty was the pharmacy's manager. On the day he was supported by three qualified pharmacy assistants. Two qualified medicine counter assistants and the delivery driver. The team members were observed managing the workload well and had a manageable workflow. They acknowledged people as soon as they arrived at the pharmacy counter. The team members offered information and were helpful during the inspection. The team members sometimes worked additional hours to cover absences and holidays. Sometimes members of staff from other branches helped out. The team thought that they usually managed with the current level of staff.

The pharmacy did not provide its team members with a structured training programme to help them keep their knowledge and skills up-to-date. The team received ad hoc training through manufacturers information. And pharmacy magazines.

The manager calls the team together when he has something, he needed to discuss with them. The meetings were an opportunity for the team members to discuss any issues and ways in which they could improve the quality of the service the pharmacy was providing to people. Most recently, the manager had discussed the new FMD scanners. The team did not get appraisals. The manager advised that there was a capability process if there were concerns about performance.

The team members felt comfortable to raise professional concerns with the pharmacist. The pharmacy did have a whistleblowing policy. And this was detailed in the staff handbook. So, the team members could raise concerns anonymously. The team was not set any targets to achieve. But they tried their best to offer a range of services to meet people's needs.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are secure and well maintained. And suitable for the services the pharmacy provides. The pharmacy has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy premises were spacious and suitable for the services provided. It was clean and professional in its appearance. The building was easily identifiable as a pharmacy from the outside. It had a large, well signed frontage. There was a good-sized dispensing which had enough bench space and storage for medicines. The benches were generally untidy. The pharmacy was notably tidier and more organised than it was during the last inspection last year.

Floor spaces were mostly kept clear to minimise the risk of trips and falls. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. There was a staff toilet with hot and cold running water and other facilities for hand washing. There was a sink in the staff area used for drink and food preparation. The pharmacy had a sound-proofed consultation room with seats where people could sit down with a team member. There was a desk and computer. It was kept tidy and portrayed a professional image. The room was signposted by a sign on the door. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people. And the pharmacy mostly manages its services appropriately and delivers them safely. The pharmacy sources its medicines from licenced suppliers and it appropriately stores them. It supports some people by providing their medicines in multi-compartment compliance packs to help them take them correctly. But it doesn't provide these people with all the information they may need about their medicines. The pharmacy has some safeguards in place to provide a safe and effective home delivery service. The pharmacy may not always give advice to people taking high risk medication. And when they do this is not routinely recorded. So, it may not be able to refer to this information in the future if it needs to.

Inspector's evidence

The pharmacy was accessible a wide automatic door to the front. So, people with prams or wheelchairs could access the pharmacy. The pharmacy advertised its services and opening hours in the door and window. The team had access to the internet to direct people to other healthcare services.

The team members used a range of stickers. And they used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels when the dispensing process was complete. Baskets were used to hold prescriptions and medicines to reduce the risk of errors. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept records of the delivery of medicines it made to people. The records for CD deliver included a signature of receipt. So, there was an audit trail that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs for around fifty people living in their own homes. And the pharmacy supplied the packs to people on either a weekly or monthly basis. They dispensed the packs in a quieter area in the pharmacy, to minimise distractions. The pharmacy kept master sheets which recorded the person's current medication and times of administration. The team members used these to check off prescriptions and confirm they were accurate. They supplied the packs with information which listed the medicines in the packs and the directions. But they did not always give people any information to help them visually identify the medicines. For example, the colour or shape of the tablet or capsule. So, it may be difficult for them to identify individual medicines in case of a query. They always provided people with patient information leaflets with the packs.

The pharmacy dispensed high-risk medicines for people such as warfarin, lithium and methotrexate. The pharmacist explained that he tried to have conversations with people when they came to collect their medicines. These included ensuring the person had had a recent blood test and checked their current and target INR if they were prescribed warfarin. But this was dependent on time constraints. And records of any discussions were not normally made on the patient medication record. The team members were aware of the pregnancy prevention programme for people who were prescribed

valproate and of the risks. Valproate was stored in a separate drawer which had labels to remind the dispenser to include the valproate information in the dispensing basket. The team members had access to literature about the programme that they could provide it to people to help them take their medicines safely.

Pharmacy medicines were stored behind the pharmacy counter. Which prevented people from self-selecting the medicines. Every three months, the team members checked the expiry dates of its medicines to make sure none had expired. No out-of-date medicines were found after a random check of around twelve medicines in different sections in the pharmacy. The team members always record the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The pharmacy had a robust procedure in place to appropriately store and then destroy medicines that had been returned by people.

The team was scanning some products and undertaking some manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). But this was not being done routinely. The team had received basic training on how to follow the directive. It had the correct type of scanners and software installed. Drug alerts were received via email to the pharmacy and actioned. The team kept a record of the action it had taken following the alert. The team checked and recorded the fridge temperature ranges every day. And a sample checked were within the correct ranges. The temperature was in range when checked during the inspection. The CD cabinets were secured and of an appropriate size. The medicines inside the fridge and CD cabinets were well organised.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is well maintained and appropriate for the services it provides. The pharmacy mostly uses its equipment and facilities to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. The team members used tweezers to help dispense multi-compartment compliance packs. There was a large glass fronted LEC medical fridge. This was used to store medicines tidily. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by unauthorised people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private.

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.