General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: B J Wilson Ltd t/as Derwent Pharmacy, 26a North Street, DERBY, Derbyshire, DE1 3AZ

Pharmacy reference: 1030381

Type of pharmacy: Community

Date of inspection: 22/01/2020

Pharmacy context

This is a community pharmacy located next door to a medical centre in a residential area on the outskirts of Derby city centre. People using the pharmacy are from across the city and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services. The pharmacy team dispenses medicines into weekly packs for people that can sometimes forget to take their medicines.

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 is responsive to feedback and uses this to make improvements. The pharmacy team have written instructions to help make sure it works safely. And the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. Pharmacy staff used signature sheets to show they had received training on SOPs relevant to their job role. Roles and responsibilities of staff members were highlighted within the SOPs. Some SOPs had been updated by the superintendent (SI) following changes to legislation and were also periodically reviewed and updated.

A near miss book was available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The responsible pharmacist (RP) explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The RP completed an annual patient safety report for the NHS Quality Payment Scheme (QPS) submission, and some monthly reviews had been completed to support the preparation of the annual report. Look alike, sound alike (LASA) medicines were stored in a separate section and labels were attached to the shelf to aid the dispensing process. The RP had considered different learning styles when preparing the labels and part of the words were written in a different colour to make the differences between the labels more obvious. The RP had completed the Centre for Pharmacy Postgraduate Training (CPPE) on LASA medicines and supporting information had been sent from head office. Monthly near miss reviews, date checking records, risk assessments (LASA and date checking) and dispensing error reports were sent to head office so they could be stored on a shared computer system for easy reference.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. The complaints procedure was explained to people on a poster displayed in the shop and in the pharmacy leaflet. People could give feedback to the pharmacy team in several different ways; verbal, written, on the NHS website and the annual NHS CPPQ survey. The pharmacy team tried to resolve any issues raised that were within their control and made improvements based on the feedback.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed, and the RP log was seen to be compliant with requirements. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The patient returned CD register was used. The balance check for methadone was done regularly and the manufacturer’s overage was added to the running balance. A sample of private prescription records were seen to comply with the requirements. Specials records were maintained with an audit trail from source to supply. Consent forms for NHS services were seen to have been signed by the person receiving the service. Prescription deliveries were made by the delivery driver and signatures were obtained as proof of delivery.

Confidential waste was stored separately to normal waste and sent offsite for safe destruction. The

information governance policy was included in the SOPs. Computers were password protected. The RP gained verbal consent for NHS Summary Care Record (SCR) access and recorded the reason for accessing the record on the PMR. Pharmacy staff answered hypothetical safeguarding questions correctly and had completed safeguarding training. Local safeguarding contacts were available. The RP and pharmacy technicians had completed the Centre for Pharmacy Postgraduate (CPPE) training package on safeguarding.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Pharmacy team members complete the training they need to do their jobs.

Inspector's evidence

The pharmacy team consisted of the pharmacy manager (RP at the time of the inspection) and two pharmacy technicians. The team members were experienced and they appeared to work well together during the inspection. The team were observed helping each other and moving onto the healthcare counter when there was a queue. The team were able to comfortably manage the workload throughout the inspection.

The pharmacy team completed continuing professional development (CPD) as part of their ongoing training. The pharmacy was part of a larger company and pharmacy team were able to request cover for holiday or sickness from the company's other pharmacies. A staffing matrix was available for the team to view so that they could see which branches had cover available. The team members spoke openly about their work and they felt confident discussing issues with the pharmacy manager, and they could contact head office if they had any concerns.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was compact, and an efficient workflow and use of storage space was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff on a rota basis. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions. And the pharmacy team supports members of the public that may forget to take their medicines by placing these into weekly multi-compartment compliance packs.

Inspector's evidence

The pharmacy was situated next door to a medical centre. There was a small step into the pharmacy and staff assisted people with the door when required. A home delivery service was available for people that could not access the pharmacy. A range of pharmacy leaflets explaining each of the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers of services the pharmacy did not offer.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise the workload. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers and notes were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or fridge item. The RP was aware of the MHRA and GPhC alerts about valproate and had counselling information available. A valproate audit had taken place.

Multi-compartment compliance packs were dispensed for people in the community. Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. Each person had a compliance pack care plan which showed when each of the medicines in the packs should be packed. A sample of dispensed packs were seen to have been labelled with an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were routinely supplied, and descriptions of medicines were written onto the backing sheets. The RP completed a suitability assessment form for any new compliance pack requests.

The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given. A prescription collection service was in operation. The pharmacy had audit trails in place for this service and prescriptions collected were routinely checked against requests and discrepancies followed up.

Part of the dispensary was date checked every month and short dated products were marked. Head office supplied a date checking schedule which was intended to help make date checking more manageable. Due to the layout of the pharmacy, one of the sections had not been included on the date checking schedule and there were products in that drawer that had expired in 2018. These were immediately removed during the inspection. Medicines were obtained from a range of licensed wholesalers. Medicines were stored in an organised manner on the dispensary shelves. Medicines were stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The pharmacy was compliant with the Falsified Medicines Directive (FMD) and were actively scanning barcodes as part of the dispensing process. Patient returned medicines were

stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from gov.uk.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.