General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Evans Pharmacy, 22 Queen Elizabeth Way, ILKESTON, Derbyshire, DE7 4NU

Pharmacy reference: 1030445

Type of pharmacy: Community

Date of inspection: 14/05/2019

Pharmacy context

This is a community pharmacy located in a parade of shops, next to a medical centre. It is in a residential area around two miles from the centre of town and most people who use the pharmacy are from the local area. The pharmacy mainly dispenses NHS prescriptions and sells a range of over-the-counter medicines. It supplies a large number of medicines in compliance pouch packs to help people take their medicines at the right time. An automated dispensing robot is used in this process. The pharmacy also assembles compliance pouch packs for other pharmacies in the company. The pharmacy offers a travel service which includes vaccinations and medication to prevent malaria. Private prescriptions which are required for this service are obtained from independent pharmacist prescribers who work in the company but are not based at the pharmacy.

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 risks to make sure its services are safe. It asks its customers for their views and keeps all the records that it needs to by law. Members of the pharmacy team work to professional standards. They record their mistakes so that they can learn from them and act to help stop the same sort of mistakes from happening again. The team understands how it can help to protect the welfare of vulnerable people and keep people's private information safe. But team members have not confirmed their understanding of the pharmacy's written procedures, so they may not always work effectively or fully understand their roles and responsibilities.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) for most of the services provided and some new SOPs had been recently introduced, e.g. a valproate SOP. The pharmacy employed the services of independent pharmacist prescribers. The pharmacy manager was unable to locate a SOP for this service. But, following a conversation with one of the independent pharmacist prescribers a SOP for the private prescribing service was re-issued to the pharmacy. The pharmacist superintendent (SI), who was present for part of the inspection, confirmed that the dispensing SOP was being reviewed to include the scanning of medicines, in-line with the Falsified Medicines Directive (FMD).

Roles and responsibilities of the pharmacy team were set out in SOPs. The pharmacy team members were performing duties which were in line with their role but most of the team had not signed to show that they had read and accepted the SOPs. A member of the team who had joined around five weeks ago said she had not yet read the SOPs. The team were wearing uniforms and name badges, but these did not show their role, so this might be unclear to the public. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Dispensing errors were reported to head office. Near misses were reported and discussed with the pharmacy team, but details of actions taken to prevent re-occurrence were not usually recorded, and there was no documented review of the near misses. The pharmacy manager explained that the near miss logs were sent to head office each month, where he believed somebody reviewed them. He said shared learning from incidents and near misses were sometimes included in newsletters from head office which were sent to the pharmacy every three or four months. 'Check strength' notes had been placed in front of atorvastatin tablets and enalapril tablets as seen as at high risk of error, due to several different strengths being available. A separate near miss log was used to record errors with the automated dispensing robot. These were quite rare and were usually due to a missing, extra or broken tablet or capsule in a pouch. A pharmacy technician (PT) explained that these were technical errors with the robot, and were individually corrected, to avoid a re-occurrence.

A notice was on display in the window of the pharmacy with the complaints procedure and the details of who to complain to and the local Patient Advice and Liaison Service (PALS). This was also outlined in the practice leaflet which was on display on the medicine counter. A customer satisfaction survey was

carried out annually. A summary of the results from the most recent survey was on display and was available on the NHS choices website. An area of strength (100%) was staff being polite and taking time to listen. There was no published response to the areas identified as needing greatest improvement but only 1% of respondents were dissatisfied with these.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescriptions were recorded in a designated book. The RP record and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Adjustments to methadone balances were attributed to manufacturer's overage with a mental calculation based on the volume of methadone received, but this was not always documented. Patient returned CDs were recorded and disposed of appropriately.

All members of the pharmacy team had read and signed a confidentiality clause. A dispenser correctly described the difference between confidential and general waste. Confidential waste was collected in designated bags which were collected by an appropriate waste disposal company. Prescriptions awaiting collection were not visible from the medicine counter. Details about how the pharmacy complies with the General Data Protection Regulations (GDPR) and the NHS Code of Confidentiality was given in ‘How we look after and safeguard information’ leaflets, which were on display.

The pharmacy manager and PTs had completed centre for pharmacy postgraduate education (CPPE) level 2 training on Safeguarding. There was a safeguarding children and vulnerable adults SOP which was available for reference. The pharmacy manager said he had not needed to report any concerns, but he had made a record of the contact numbers of who to report concerns to during his training. The pharmacy had a chaperone policy. This was highlighted to patients on a notice inside the consultation room, so not visible to everyone using the pharmacy. Some members of the pharmacy team had completed dementia friends training and so had a better understanding of patients suffering from dementia.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough qualified team members to manage the workload safely. They do some ongoing learning to help them keep up to date. But this does not happen regularly, so their knowledge may not be always fully up to date. Team members are comfortable about providing feedback to their manager and receive feedback about their own performance.

Inspector's evidence

There was a pharmacy manager (RP), two NVQ2 qualified dispensers (or equivalent) and a medicines counter assistant (MCA) on duty at the time of the inspection. The pharmacy manager considered the staff level adequate for the volume of work. The team were observed working collaboratively with each other and the patients. Planned absences were organised so that not more than one person was away at a time. Absences were covered by re-arranging the staff rota, transferring staff from neighbouring branches or requesting a relief dispenser. One of the dispensers was a relief dispenser and was working for two days to cover an absence. An accuracy checking technician (ACT) and a PT were working in the separate pouch pack assembly area where the automated dispensing robot was located.

The SI was present for part of the inspection and visited the pharmacy at least once a month. He had visited more often when the automated dispensing robot was first introduced, to support the team implement the new system.

Members of the pharmacy team had completed accredited training courses, but there was little structured on-going training. The pharmacy team did not have regular protected training time and ad hoc training was not usually recorded. There were occasional training events ran by head office. These were mainly attended by pharmacy managers. The pharmacy team were given formal appraisals where performance and development were discussed and were given positive and negative feedback informally by the pharmacy manager.

Issues were usually discussed as they arose and there were some more formal team meetings. Communication within the team was not usually documented, so issues raised might not always be addressed. Newsletters were received from head office every three or four months and these were printed off and placed in the staff room for the team to read. The PT said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager about any concerns she might have. She said the team could make suggestions or criticisms informally. Members of the pharmacy team said they felt comfortable admitting and reporting errors and felt that learning from mistakes was the focus. There was a whistleblowing policy.

The pharmacy manager said he felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations, e.g. refusing to sell a pharmacy medicine because he felt it was inappropriate. He said he did not feel under any pressure to achieve targets for services such as medicine use reviews (MURs).

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the service provided.

Inspector's evidence

The pharmacy premises including the shop front and facia were clean, well maintained and in a good state of repair. The retail area was spacious, free from obstructions, professional in appearance and had a waiting area with five chairs. The pharmacy staff were responsible for the cleaning in the pharmacy. The temperature in the pharmacy was controlled by air conditioning and heating units. Lighting was adequate.

Excess pharmacy stock was stored in a stockroom and there was a separate room used as a warehouse to store and distribute stock to the rest of the company. This stock was kept separate to the pharmacy's own stock to avoid any confusion. Staff facilities included a kitchen area and two WCs with wash hand basins and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand sanitizer gel was available.

There was a soundproof consultation room equipped with a sink. It was clean and professional in appearance, although it was used to store some paperwork and was slightly cluttered. The pharmacy team explained they would use this room when carrying out the services and when customers needed a private area to talk.

Maintenance problems were reported to head office and there was a company handyman who also worked in the warehouse at the pharmacy, so could be easily contacted. The response time was appropriate to the nature of the issue.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed to help make sure people receive their medicines safely. It sources medicines safely, and carries out checks to ensure medicines are in good condition and suitable to supply. But it does not provide people receiving compliance pouches with packaging leaflets, so they may not always get all the information about their medicine that they might need.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. A list of the services provided by the pharmacy was displayed in the window of the pharmacy with the opening hours. Services were also advertised inside the pharmacy and in the practice leaflet. There was a range of healthcare leaflets and posters advertising local services, e.g. The Touchwood Centre and 'Let's talk Ilkeston' which supported people with mental health issues.

The pharmacy team were clear what services were offered and where to signpost to a service not offered, e.g. needle exchange. There was a healthy living zone displaying some information on children's' oral health and on cancer awareness. The MCA said she did not record signposting or providing healthy living advice, but the pharmacy manager demonstrated that some interventions of this nature were recorded. This was to help monitor the effectiveness of the health promotional activities.

There was a delivery service and an audit trail was in place. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary, and the work flow was organised into separate areas with a designated checking area. The dispensary shelves were reasonably well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Speak to Pharmacist' stickers were available to highlight counselling was required and high-risk medicines such as warfarin were targeted for extra checks and counselling. INR levels were requested and recorded when dispensing warfarin prescriptions. The valproate information pack and care cards were available to ensure female patients supplied with valproate were given the appropriate information and counselling.

The pharmacy offered a travel service which included vaccinations and antimalarials. Private prescriptions which were required for this service were obtained from independent pharmacist prescribers within the company, following a consultation in the pharmacy. Around six months ago, the

pharmacy extended the prescribing service to include customers requesting Viagra Connect, patients who had items 'deprescribed' e.g. Voltarol Emugel, patients presenting with identifiable minor ailments where a prescription only medicine may be appropriate and a GP appointment not available, and urgent requests by patients that may have run out of a medicine for a chronic condition, e.g. Ventolin inhaler.

The pharmacy manager said he had been instructed to complete the following details on the back of the prescription request: - presenting complaint, previous medical history, drug history and allergies, differential diagnosis. He then sent this information along with the prescription request to the prescriber who then decided if to supply a prescription The pharmacy manager said he had not had received any training on how to take information such as medical history and differential diagnosis and he was not an independent prescriber himself. He said he had not been advised to request consent to inform the patient's regular prescriber or GP. So, there was a risk that the independent prescriber might not have full and accurate information to base their decision to prescribe on. And might not be able to share the information with the patient's regular prescriber or GP, which was important for the monitoring of chronic conditions such as asthma.

Compliance pouch packs were assembled by the automated dispensing robot at the pharmacy (hub) for around ten other pharmacies in the company (spokes). The spoke pharmacy ordered the prescription and clinically checked it, then sent the details and the stock to the hub pharmacy, where they were input into the robot's computer system by a PT. When the automated dispensing robot had assembled the pouches for a patient, the ACT checked the accuracy of every pouch and initialled the audit record on a separate sheet. When the compliance pouch packs were returned to the spoke pharmacy, a second check was made of one day, as a random sample.

There was a partial audit trail for changes to medication in the compliance pouch packs, but it was not always clear who had confirmed the changes and the date the changes had been made. Medicine identification was completed to enable identification of the individual medicines. Packaging leaflets were not usually supplied, despite this being a mandatory requirement, and meaning patients and their carers might not have all the information they require to take their medication safely. The SI said it wasn't practical for packaging leaflets to be supplied every time but was looking into adding a note on the packaging to highlight that leaflets could be supplied if requested or making a link available to the electronic medicines compendium (eMC) website, so patients and their carers could access information directly.

The MCA knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out.

The pharmacy was compliant with the Falsified Medicines Directive (FMD). They had hardware and software and were scanning to verify and decommission medicines before handing out. The dispensing SOP was being reviewed to include the scanning process.

Medicines were generally stored in their original containers apart from medicines used in the automated dispensing robot. These medicines were removed from their original containers and stored for up to two weeks before they were placed in the automated dispensing robot cassettes or trays. This was to avoid delays and increase efficiency when medicines were required by the robot. They were appropriately labelled including expiry date and batch number during storage. Date checking was carried out and documented. Expired medicines were placed in designated bins.

Alerts and recalls were received via e-mail messages from head office. These were read and acted on by a member of the pharmacy team and a response sent back to head office confirming the required action had been taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Current British National Formulary (BNF), BNF for children and Stockleys Drug Interactions were available and the pharmacist could access the internet for the most up-to-date information. There were two clean medical fridges. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. All electrical equipment appeared to be in good working order.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Methotrexate tablets were obtained in foil strips to avoid handling. Medicine containers were appropriately capped to prevent contamination.

The automated dispensing robot was regularly cleaned and serviced, and a maintenance contract was in place. The team could contact a helpline if problems occurred. Engineers visited the pharmacy promptly if necessary and could access remotely for software issues. Cleaning of the automated dis pensing robot was very important to remove any powder residue from the machinery, cassettes and trays.

Computer screens were positioned so that they weren’t visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.