General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Late Night Columbia Chemist, 21-23 Columbia Road, Ensbury Park, BOURNEMOUTH, Dorset, BH10 4DZ

Pharmacy reference: 1030490

Type of pharmacy: Community

Date of inspection: 16/03/2023

Pharmacy context

This is a community pharmacy located on a parade of shops in the Ensbury Park area of Bournemouth. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for people who may have difficulty managing their medicines at home. They also provide a local delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy provides services which involve a degree of risk, but they have not completed adequate risk assessments or given enough thought to how these risks could be better managed.
		1.2	Standard not met	The pharmacy does not keep records of its near misses or incidents.
		1.6	Standard not met	The pharmacy does not keep accurate and up-to-date records of its controlled drugs or responsible pharmacist.
2. Staff	Standards not all met	2.1	Standard not met	Not all staff members have been given the appropriate training for the tasks they carry out.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy is very cluttered with a lot of litter kept in the yard and in the stock room. This is a hazard and could present a significant safety risk.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	Pharmacy services, controlled drugs in particular, are not all provided safely. There are inadequate, and in some cases, no audit trails or controls in place to verify whether or not the service has been provided, and who by.
		4.3	Standard not met	There is no evidence to show date checking of medicines is carried out and some medicines are stored without the legally required information.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not aqeduately record all movements of its controlled drugs within the required timescale or with the required accuracy. And it doesn't keep those records in an orderly manner. The pharmacy does not have effective procedures to identify and monitor the risks involved in providing some its services. It does have some suitable written procedures in place so that its team members should know what to do when providing those services. But the pharmacy doesn't do enough to make sure they read and follow them. Team members are aware of how to keep people's information safe and how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. However, they had not been signed by all the members of the team to show they understood them and would follow them. Some SOPs had not been signed by anyone. The SOPs were kept in a disorderly manner. Although there was no formal roles and responsibilities matrix, or similar, members of the pharmacy team seemed to know what they could and couldn’t do, what they were responsible for and when they might seek help. The dispenser explained that the staff would rotate the tasks around between them so that they could all cover each other’s roles.

The pharmacy could not produce any near miss or error logs when asked. The team members said that they recorded them when they had time, and they discussed the near misses and what they learned from them. However, there was no evidence of this and so they were advised on the need to record them at the time and review them regularly.

The pharmacy kept a record to show which pharmacist was the responsible pharmacist (RP) and when. However, the records were inaccurate and incomplete. There was haphazard, inconsistent recording of the start and finish time of the RP which didn’t correlate with the pharmacy’s opening times or when the pharmacist was actually present. There were also several missing entries and locum pharmacists were not recorded as being responsible when they were working. There wasn’t a responsible pharmacist notice on display in the pharmacy. Team members recorded the private prescriptions they supplied electronically. The pharmacist stated that they supplied minimal ‘specials’ products and did not have any certificates of compliance to show during the inspection. The pharmacy had insurance arrangements in place, including professional indemnity, for the services it provided.

The pharmacy had some controlled drug (CD) registers. However, the individual drug registers were not kept up to date or in an organised fashion.

There was an information governance policy in place, including a confidentiality clause. Confidential waste was disposed of appropriately in a confidential waste bin and this was emptied every week by a suitably licensed waste contractor. The pharmacist had completed the appropriate Centre for Pharmacy Post-graduate Education (CPPE) Safeguarding training. The inspector informed him of the NHS Safeguarding app and how it can be used to obtain up-to-date information.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy has enough team members to deliver its services. But it does not provide them all with the required training. Staff members are comfortable with raising concerns to help improve services.

Inspector's evidence

At the time of the inspection the pharmacy team consisted of a pharmacist who was also the superintendent pharmacist and four dispensers. One full-time dispensing assistant was currently working through NPA combined counter assistant and dispensing assistant course and anticipated finishing it by the end of the summer. Another dispenser had completed the Buttercups dispensing assistant course but there was no certificate available to verify this. The other members of staff were not yet on dispensing courses and were working through their employment probation period. There was also a delivery driver present during the inspection, but he had not been given any accredited training by the pharmacy. He had previously been trained by a major pharmaceutical wholesaler to safely deliver medicines. That training had been refreshed every six months, but it was over four years ago.

Team members explained that they knew what to do in the absence of the responsible pharmacist and the team members stated they were comfortable about making suggestions on how to improve the pharmacy and its services. Team members felt able to raise any concerns with the pharmacist.

Principle 3 - Premises **Standards not all met**

Summary findings

Some areas of the pharmacy's premises are very cluttered and lack any organisation, especially those parts of the pharmacy that people using its services can't see. The premises were large enough for the pharmacy to provide its services. And they provided a suitably professional appearance on the surface.

Inspector's evidence

The pharmacy was located on the ground floor of the building and it included a retail area, consultation room, medicines counter, dispensary and a stock/office area at the back. The dispensary was cluttered with medicines and paperwork on the workbenches and tote boxes on the floor in the dispensary and in the stock area. There wasn't a clear workflow in the pharmacy, but the team had a separate area for the preparation of multi-compartment compliance aids. The stock area was very untidy with boxes of stock items, paperwork and medicines set aside for safe disposal. The pharmacist was advised to completely tidy this area.

The pharmacy had a consultation room for the services it offered. And this could be used if people needed to speak to a team member in private. People's conversations in the consultation room couldn't be overheard clearly outside of it. The consultation room was monitored by staff at the counter to ensure there was no unauthorised access.

There were several large boxes of compliance aid blisters among other items in a shed outside. The yard at the rear of the premises was littered with rubbish and flattened cardboard boxes. The pharmacist was advised to tidy it up to minimise the risk of accidents.

The pharmacy had a supply of hot and cold water, including inside the consultation room. The ambient temperature was suitable for the storage of medicines and lighting was appropriate for the delivery of pharmacy services.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy has completely inadequate records in place, so it is unable to satisfactorily show that it delivers its services safely. Nor does it keep adequate records to show that it manages all of its medicines safely. Although it stores and manages most of its medicines appropriately, it does have some that are unsuitable for supply. Its team members take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use, but they don't keep any records to show they did this. The pharmacy does provide a range of services to support the health needs of the local community. And people can easily access these services. Its team members do make some checks to ensure people taking higher risk medicines can do so safely.

Inspector's evidence

The pharmacy had a step-free access to the front entrance, and it had a small seating area for people to use if they wanted to wait in the pharmacy.

Pharmacy team members knew that women or girls able to have children must not take a valproate unless there was a pregnancy prevention programme in place. They knew that people in this at-risk group who were prescribed a valproate needed to be counselled on its contraindications. And they had the resources they needed when they dispensed a valproate. The team members prepared multi-compartment compliance aids in a dedicated area of the dispensary. They explained that they knew to supply the compliance aids with patient information leaflets every month. A sample of compliance aids were seen to have accurate descriptions of the medicines inside.

The driver delivered methadone to a number of people at their homes, and refused to deliver them elsewhere (such as when they were out shopping) if they weren't in. He also refused to give them to anyone else as he understood the potential consequences of doing so. The pharmacy sought formal ID when they first presented for the service, but the driver knew them all by sight so didn't need to ask for formal ID each time he delivered. The home deliveries had started during the pandemic. The RP assured the inspector that the substance misuse team was aware that they were delivering the methadone but was unable to provide any written evidence such as a service level agreement or a contract. There was also no written risk assessments and no thought appeared to have been given to the potential risks involved. The driver's delivery sheets listed everyone's details on the same sheets so that one person could see another's personal details when signing for the delivery. They were advised to find a means of obtaining signatures for the CDs that protected other people's personal details, and they agreed to do so.

The dispenser explained that date checking was carried out every six months but there were no records to verify this. Some stock was found in unlabelled brown bottles inside the original packaging, apparently left over from de-blistering for compliance aids. Although the boxes had expiry dates and batch numbers, there was no way of knowing whether the tablets inside the bottle came from the same batch as the packaging. Colcalciferol 20,000iu tabs, atenolol 50mg tabs, candesartan 8mg tabs were a few examples. There was also a bottle of Phosex 100mg tabs with a patient label on. The pharmacist explained that they hadn't been accepted by the patient when delivered but he was advised to dispose of them as they had left the premises. There were also unlabelled brown bottles with tablets in the CD

cabinet which appeared to be diamorphine 5mg tablets. But this could not be verified.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. The pharmacy stored its stock, which needed to be refrigerated, in the fridge. The pharmacy did not keep records of fridge temperatures. There were four CD cabinets in the pharmacy. The prescription retrieval shelves held bags of prescriptions for four items or more. The dispenser explained that any prescription with fewer items were made up when people came in to collect them. Schedule 2 CD prescriptions were highlighted with a sticker so that they would know to look in the CD cupboard. The dispenser was aware that CD prescriptions were legally valid for only 28 days from the date they were issued. The team cleared the retrieval shelves every four weeks of bags more than six weeks old, and anything that had been left more than a week was followed up with the patient. Prescriptions with fridge lines had a fridge sticker so staff would know to look in the fridge.

The pharmacy did not have any records for returned CDs and any destroyed CDs. Out-of-date and patient-returned CDs were kept separate from in-date stock. But these had built up. The pharmacy had procedures for handling the unwanted medicines people brought back to it. These medicines were kept separate from the pharmacy's stock and were placed in a pharmaceutical waste bin. However, some of these waste bins were overflowing and others had not been made up to enable all the returned medicines to be obviously segregated. The pharmacist explained that he received MHRA recalls and alerts on his phone, but there were no records of any alerts which had been actioned in the pharmacy. The team had actioned the recent Pholcodine withdrawal notice but records of this were not available.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. The team uses its facilities and equipment to keep people's private information secure.

Inspector's evidence

The pharmacy had glass measures to measure out liquids and some were marked to show they should only be used with methadone. It had equipment for counting loose tablets and capsules too. The pharmacy team had access to up-to-date reference sources. The pharmacy had one medical refrigerator to store pharmaceutical stock requiring refrigeration. Although the maximum and minimum temperatures were not checked regularly.

The pharmacy restricted access to its computers and patient medication record system. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. However, NHS Smartcards for people who were not working during the inspection were seen being used by other members of staff.

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.