General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Lynton Chemist, 17-18 Lee Road, LYNTON, Devon, EX35 6BP

**Pharmacy reference:** 1030778

**Type of pharmacy:** Community

**Date of inspection:** 18/08/2020

## Pharmacy context

The pharmacy is located in the small town of Lynton, North Devon. It sells over-the-counter (OTC) medicines and dispenses prescriptions. The pharmacy team gives advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the New Medicine Service (NMS) and flu vaccinations. The inspection was carried out during the COVID-19 pandemic.

## 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 its risks appropriately. Team members record their errors and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had an up-to-date business continuity plan. And it had amended it to reflect the current working restrictions due to COVID-19. The pharmacy had altered its layout during the pandemic to support social distancing. The pharmacy allowed one person into the pharmacy at one time. The owner had completed an individual COVID-19 risk assessment with each team member. Team members wore personal protective equipment (PPE) including face masks, aprons and gloves and sanitised their hands regularly. During the peak of the pandemic, the pharmacy had closed for two hours each day to allow team members to catch up with their work. But as workload had returned to more normal levels, it had reverted to closing for a one-hour lunch break.

The pharmacy had written procedures in place to show team members the safest way to carry out its services. But these could not be located during the inspection. The inspector had seen them at a recent visit to the pharmacy. The team members were carrying out tasks, such as dispensing and handing out prescriptions, according to the written procedures.

The pharmacy recorded details of when mistakes were made. Errors that were picked up in the pharmacy, known as near misses, were recorded on a paper log. The pharmacy recorded any mistakes that were handed out to people, known as dispensing errors, using a form supplied by Devon local pharmaceutical committee (LPC). These reports included a more detailed analysis of the cause. The pharmacy team discussed both near misses and dispensing errors to identify any causes. And the RP reviewed all mistakes periodically in a written report. The pharmacy team made changes to stop the mistakes from happening again. The pharmacy had recently started using a retrieval system to store completed prescriptions. And where possible, they made an extra check of the contents of the bags before handing them out. The RP made sure the workbench he used to check prescriptions was clear of clutter. The pharmacy team felt that these changes had reduced the number of mistakes that they made.

The pharmacy completed a yearly community pharmacy patient questionnaire (CPPQ) survey. They also asked people using the pharmacy for their feedback. The pharmacy displayed a complaints procedure in the retail area. But it could not be easily seen by people where it was displayed due to the current socially distant layout of the pharmacy. The pharmacy had received complaints during the COVID-19 pandemic, mainly about the need to queue in a socially distant way and the time people needed to wait for their medicines. But as the volume of prescriptions had returned to normal, these complaints had stopped. The pharmacy team had also received appreciative comments and encouragement from people during the pandemic.

The pharmacy had appropriate insurance policies in place to protect people if things went wrong. The pharmacy kept an electronic record of who was the responsible pharmacist (RP), and therefore in charge of the pharmacy, at any given time up to date. And they displayed a sign showing the name and registration number of the RP. Controlled drug (CD) registers were maintained appropriately. The pharmacy team completed a CD balance check regularly. And a random stock check matched the balance in the register. A separate register was used to record CDs returned to the pharmacy and these were destroyed promptly. Records of private prescriptions and emergency supplies were kept appropriately. The pharmacy retained records of unlicensed medicines and annotated them with all legally required details.

Team members had completed training on information governance and the General Data Protection Regulation. They had signed the associated policies. The pharmacy ensured that no personal information could be seen by people coming into the pharmacy. They stored completed prescriptions in numbered boxes on shelves in the dispensary. Computer terminal screens were out of sight of people using the pharmacy and the terminals were password protected. NHS smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Team members had signed a safeguarding policy. The dispenser knew to access local safeguarding contacts online. She gave examples where she had raised her concerns about people using the pharmacy to the local GP practice. And she described a time that the pharmacy team had helped a person who had become unwell in the pharmacy get home safely.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members keep their knowledge up to date. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

### Inspector's evidence

The team members working on the day of the inspection were comfortably managing the workload. There was the RP and a dispenser. A second dispenser was not working that day. The owner, who was also the superintendent pharmacist, worked in the pharmacy to cover the RP's days off and holidays. Team members had clearly defined roles and accountabilities. They knew what was expected of them each day.

The pharmacy team kept their knowledge up to date by reading articles in pharmacy magazines and looking at information provided by pharmaceutical companies. The dispenser was hoping to start an NVQ level 3 in the coming months as she wanted to become a pharmacy technician. Another dispenser had arranged to receive extra training on how to get the most out of the pharmacy's patient medication record (PMR) system. The pharmacy team were seen to provide appropriate advice when selling medicines over the counter. The dispenser referred to the RP for additional information as needed.

Team members gave each other regular ad hoc feedback and were open and honest with each other. The team regularly discussed how things were going in the pharmacy. And they gave feedback to the owner, who they found to be receptive to ideas and suggestions. Each team member knew how to raise any concerns they had about the pharmacy.

The RP had not been set any specific targets whilst working in the pharmacy. He was able to use his professional judgement to make decisions. He only provided services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. It has introduced measures to reduce the risk of the spread of COVID-19. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was located on the main street of the village of Lynton in North Devon. It had a spacious retail area which led to the healthcare counter. The seating area had been removed and the chairs were being used to create a barrier at the healthcare counter to support social distancing. The pharmacy had not installed Perspex screens on the healthcare counter. The dispensary was long and thin and was to the left of the retail area. It was appropriately screened to allow the pharmacy team to work in private. And team members could keep two metres apart.

The pharmacy had a consultation room. It was accessed by walking next to the area where prescriptions awaiting collection were stored. There was potential that prescriptions could be seen by people walking into the consultation room. But to mitigate this risk, the pharmacy team placed completed prescriptions in boxes so that labels were harder to see. The RP said that he was not currently providing services that required the consultation room due to COVID-19. There was a small stock room containing a kitchen area leading from behind the healthcare counter. The basement was accessed by a narrow flight of stairs and housed the lavatory and storage space.

The dispensary shelves were well-organised. Stock was stored alphabetically. The pharmacy was cleaned by the pharmacy team. It was clean and well-presented on the day of the inspection. The lighting and temperature were appropriate for the storage and preparation of medicines.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services, which the pharmacy team delivers safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had a step-free entrance. The pharmacy displayed a range of health-related posters and leaflets, advertising details of services offered both in the pharmacy and locally. A dispenser described that if a patient requested a service not offered by the pharmacy at the time, she would initially refer them to the nearby GP practice. And if they could not help, she would refer them to the nearest pharmacy, although this was around 20 miles away. The pharmacy accessed up-to-date signposting resources and details of local support agencies online.

The pharmacy had a clear and well-organised workflow. It used dispensing baskets to store prescriptions and medicines to prevent transfer between patients. There were designated areas to dispense prescriptions and complete the accuracy check. The dispenser and the pharmacist initialled the labels of dispensed items to create an audit trail. The pharmacy used stickers and highlighter pens to draw attention to prescriptions for fridge items and CDs in schedules 2 and 3. It also placed stickers on prescriptions containing high-risk medicines or medicines that may require additional advice from the pharmacist.

The pharmacy was planning to offer flu vaccinations in the upcoming flu season. The NHS had not yet released details of the service for the coming year. Flu vaccinations were administered by the owner, who came to the pharmacy regularly. She had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had an eye-catching health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible women.

The dispensary shelves used to store stock were organised and tidy. The stock was mostly arranged alphabetically. Some medicines were stored on top of the shelves which meant they could potentially be taken by people in the pharmacy. The pharmacy team moved these medicines when it was pointed out to them. Team members checked the expiry dates of all medicines regularly and kept appropriate records. Spot checks revealed no date-expired medicines or mixed batches. The pharmacy had the

hardware and software to be compliant with the Falsified Medicines Directive (FMD). But the pharmacy team were not currently scanning FMD compliant packs. But they were making visual checks on FMD compliant packs of medicines. Prescriptions containing owings were appropriately managed. The prescription was kept with the balance until it was collected. Stock was obtained from reputable suppliers. Invoices were seen to this effect. The pharmacy received recalls and alerts by email from the owner. But they did not always receive them promptly and some recent ones were missing. So the pharmacy signed up to receive them directly from the Medicines and Healthcare products Regulatory Agency (MHRA) during the inspection.

The fridge in the dispensary was clean, tidy and well organised. A team member checked the maximum and minimum temperature of the fridge every day and made a record of it. CDs were mostly stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. CDs returned by people were recorded in a register and destroyed with a witness.

The pharmacy kept records of deliveries made to people in their own homes. Signatures were not currently being obtained due to social distancing requirements. The pharmacy team described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

The pharmacy dealt with medicines returned to them by people appropriately. Personal details were removed from returned medicines to protect people’s confidentiality.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy did not have Perspex screens installed on the medicines counter to protect team members during the COVID-19 pandemic. But the pharmacy had an adequate supply of PPE, including face masks, aprons and gloves. Team members were wearing face masks during the inspection. Hand sanitiser was readily available.

The pharmacy had a range of crown-stamped measuring cylinders to allow them to accurately measure liquids. They also had some measures that were clearly marked for the use of controlled drugs only. There was a range of clean tablet and capsule counters, with a separate tablet counter clearly marked for more high-risk medicines. The pharmacy kept all of its equipment, including the dispensary fridge and sink, in good working order.

The pharmacy had up-to-date reference sources. And team members could easily access information on the internet. They ensured they used reputable websites when looking for clinical information. Computer screens were positioned so that no information could be seen by members of the public. Phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system with no confidential information visible to people waiting.

## 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. |