General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: West Bergholt Pharmacy, 39 Chapel Road, West Bergholt, COLCHESTER, Essex, CO6 3JB

Pharmacy reference: 1031105

Type of pharmacy: Community

Date of inspection: 12/08/2019

Pharmacy context

The pharmacy is in the rural village of West Bergholt on the outskirts of Colchester in Essex. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacist is an independent prescriber and operates a travel vaccination service. The pharmacy provides smoking cessation advice, and people can ask to have their blood pressure tested. The pharmacy assembles medication in multi-compartment compliance packs for some people who need help managing their medicines. The pharmacy administers flu vaccinations during the winter season. It offers a private mole scanning service.

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 its services. It records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law, and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they largely keep people's personal information safe.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed weekly to identify any trends or patterns. Following dispensing incidents, mistakes were discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The pharmacy team members identified products which had similar packaging and made a concerted effort to separate these on the shelves. Team members were generally informed about their mistakes errors and were comfortable about feeding back to the pharmacist. The pharmacist was keen to explore self-identification of mistakes by team members to improve learning opportunities.

The pharmacist said that people were complimentary about the friendly local, consistent team and low waiting times. People were asked to complete an annual satisfaction survey and the complaints procedure was published in the practice leaflet. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were maintained in accordance with legal and professional requirements. These included the electronic private prescription register (for private prescriptions and emergency supplies), and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done at the time of dispensing, but the pharmacist said that they would introduce a monthly check for all CD stock. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality agreements. Team members were using a smartcard belonging to a pharmacist who was not present. The RP confirmed that this would stop, and they would only use their own smartcards in the future. There were safeguarding procedures in place and staff described the actions that would be taken in the event of a safeguarding concern. There were

contact details for the local safeguarding team.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. The pharmacy is in the process of introducing regular on-going learning to help team members to keep their knowledge and skills up to date. They make suggestions to improve workflows where appropriate.

Inspector's evidence

There were two regular, full-time pharmacists with additional locum cover when required on one day a week. There were three trainee dispensers (one full-time and two part-time) and one trainee part-time medicines counter assistant. Dispensary staff were medicines counter trained to provide a skill mix in the pharmacy or were undertaking counter training. The pharmacy team members were up to date with dispensing and routine housekeeping tasks. They were registered on accredited training courses.

The pharmacist was in the process of introducing regular ongoing learning for all members of the pharmacy team using an e-learning system. This would help people to keep their knowledge and skills up to date. The pharmacist was aware of the requirements for professional revalidation. Team members had undertaken recent training on GDPR, Dementia Friends and the Falsified Medicines Directive (FMD). The pharmacist was in the process of implementing appraisals and performance reviews to help all team members to identify good practice and opportunities for development

The pharmacy team said they had implemented several changes to improve work-flows but were unable to think of any specific examples where a change had improved safety. They said that they felt comfortable about making suggestions. Targets and incentives were not used in the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, and mostly clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had carpeted floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were generally clean but the carpet in the shop area was slightly dirty and stained in places. The pharmacy had a plan to replace these as part of a larger refit project if possible. There were clear workflows in place, but the increasing prescription volume and increased staffing meant that the dispensary became slightly crowded. The pharmacist was actively looking at refit options. There was a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep its medicines at the right temperature.

There was a clean, bright and well-maintained consultation room with hand-washing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The room was lockable but was not routinely locked. The pharmacist said that they would lock the door in the future. The pharmacy premises were kept secure from unauthorised access.

The fire exit was partially obstructed with a few boxes which could be easily moved. The pharmacist said that they would clear the exit as a priority.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed appropriately. But the packs are not always labelled with the required information to help people to take their medicines safely.

Inspector's evidence

The pharmacy was accessed wide door from path level and there had been discussions about installing an automatic door to improve access for wheelchair and pushchair user. Pharmacy team members had trained as Dementia Friends and large print labels could be generated on request for people with sight impairment.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy had a small number of pharmacy-only medicines which could potentially be self-selected from the shop floor. The pharmacist agreed to relocate these behind the pharmacy counter. The pharmacy staff were aware of the Falsified Medicines Directive, had approved equipment in place and were starting to scan appropriate products.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. They also provided additional advice about how to take these medicines safely. Results were not always recorded on the patient’s medication record (PMR) and this could mean that it was harder for the pharmacy to access people's previous test results. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all the people they had dispensed valproate containing medication for and issued the published support materials to people.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored its CDs securely. The pharmacy wrote on each CD prescription to help ensure that medicines were not issued after the prescription was no longer valid.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or carer to identify the medicines. The pharmacy did not routinely supply patient information leaflets with packs to people and several of the label sheets did not contain the additional required warnings to help people to take their medicines safely. The pharmacist said that they would add the required warnings on the computer and supply the information leaflets in future. Team members described the process

they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to medication in the packs and to help with effective team communication. The GP requested when patients should receive their medication in multi-compartment compliance packs. The pharmacist also carried out a suitability assessment.

The driver had 'missed delivery' cards and coloured stickers for controlled drugs and refrigerated items to ensure appropriate storage. There was a delivery sheet with an audit trail to show the medicines had been safely delivered.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needlestick injury avoidance. Patient-returned medicines were clearly segregated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it appropriately. It uses its equipment to help protect people's personal information and responds promptly to any concerns.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures, and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. The glass measures were generally clean although there was a slight build-up of limescale. The pharmacist said that they would have these cleaned. There was a blood pressure meter which was replaced every two years.

All electrical equipment appeared to be in good working order. The pharmacy had several fire extinguishers but some of these had not been tested for several years. The pharmacist said that they would review their fire safety provision.

There was a locked cabinet to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using a shredder. There was a basket of confidential waste on the pharmacy counter. There was a risk that this could be accidentally accessed by people and that pharmacist removed it as soon as the risk was discussed.

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.