General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Belfairs Pharmacy, 327 Eastwood Road North, LEIGH-ON-SEA, Essex, SS9 4LT

Pharmacy reference: 1031297

Type of pharmacy: Community

Date of inspection: 26/11/2019

Pharmacy context

The pharmacy is located on a parade of shops in a largely residential area. The people who use the pharmacy are mainly older people. It receives around 85% of its prescriptions electronically. And it provides a range of services, including Medicines Use Reviews, the New Medicine Service, influenza vaccinations and a stop smoking service. It also provides medicines as part of the Community Pharmacist Consultation Service. And it supplies medications in multi-compartment compliance packs to a large number of people who live in their own homes to help them manage 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

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and it regularly seeks feedback from people who use the pharmacy. It mostly keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. These included; documented, up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. Near misses were recorded and reviewed regularly for any patterns. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. The pharmacist explained that he would write to people following an investigation into an incident, to explain the outcome. He said that there had not been any recent incidents.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The trainee dispenser said that the pharmacy would open if the pharmacist had not turned up. She knew that she should not sell any medicines, hand out dispensed items or carry out any dispensing tasks until the pharmacist had signed in as responsible. The trainee medicines counter assistant (MCA) knew that she should not sell pharmacy-only medicines or hand out dispensed items if the pharmacist was not in the pharmacy. The accuracy checking technician (ACT) knew which prescriptions she could check and knew that she should not check items if she had dispensed them.

The pharmacy had current professional indemnity and public liability insurance. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. The responsible pharmacist (RP) log was largely completed correctly and the right RP notice was clearly displayed. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. All necessary information was recorded when a supply of an unlicensed medicine was made. The emergency supply record was completed correctly and there were signed in-date Patient Group Directions available for the relevant services offered. The private prescription records were largely completed correctly, but the prescriber's details were not routinely recorded. This could make it harder for the pharmacy to find these details if there was a future query. There were several private prescriptions that did not have the required information on them when the supply was made.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. Bagged items waiting collection could not be viewed by people using the pharmacy. The pharmacy team members had completed training about the General Data Protection Regulation.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2018 to 2019 survey were available on the NHS website. Results showed that nearly 99% of the respondents were satisfied with the pharmacy overall. The complaints procedure was available for team members to follow if needed and details about it were available in the pharmacy leaflet. The pharmacist said that there had not been any recent complaints.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. Other team members had completed some safeguarding training provided by the pharmacy. The trainee dispenser could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacist said that there had not been any recent safeguarding concerns at the pharmacy. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They are provided with some training to support their learning needs and maintain their knowledge and skills. They can raise any concerns or make suggestions and have regular meetings. This means that they can help improve the systems in the pharmacy. The team members can take professional decisions to ensure people taking medicines are safe. These are not affected by the pharmacy's targets.

Inspector's evidence

There was one pharmacist (superintendent), one accuracy checking technician (ACT), one trained dispenser, two trainee dispensers, one trained MCA and one trainee MCA working during the inspection. Most team members had completed an accredited course for their role and the rest were undertaking training. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The trainee MCA appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. And she confirmed that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The pharmacist and ACT were aware of the continuing professional development requirement for the professional revalidation process. The pharmacist said that team members were provided some training and they were encouraged to attend training provided by external organisations. They received medicines information from the suppliers. Any training was monitored by the pharmacist and training certificates were kept. They also had regular reviews of any dispensing mistakes and discussed these openly in the team. The ACT explained that she had completed an accuracy checker refresher course last year. She had registered with the CPPE and she completed training modules provided by them. The pharmacist said that he felt able to take professional decisions. He had completed declarations of competence and consultation skills for the services offered, as well as associated training.

Team members had yearly appraisals and performance reviews. They felt comfortable about discussing any issues with the pharmacist or making any suggestions. There were no formalised pharmacy meetings, but team members explained how they passed on information informally during the day.

Targets were set for Medicines Use Reviews (MUR). The pharmacist said that a pharmacist was employed to carry out the MURs and the New Medicines Service. The pharmacist said that he carried out the services for the benefit of the people who used the pharmacy and he would not let the targets affect his professional judgment.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. Air conditioning was available; the room temperature was suitable for storing medicines.

There were two chairs in the shop area for people to use. These were close to the medicines counter, but the MCA said that she would offer people the use of the consultation room if they wanted to speak with a member of the team in a more private setting. The consultation room was accessible to wheelchair users and was located in the shop area. It was suitably equipped, well-screened, and kept secure when not in use. Low-level conversations in the consultation room could not be heard from the shop area. The pharmacy allowed an external healthcare provider to use of one of the consultation rooms, but all rooms where medicines were kept were secured using coded locks. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. The pharmacy gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services. But the pharmacy doesn't always highlight prescriptions for higher-risk medicines. And this may mean that it misses opportunities to speak with people when they collect these medicines.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance with an automatic door. Services and opening times were clearly advertised and a variety of health information leaflets was available. The ACT managed the stop smoking service. She said that there had been several people who had completed the course and given up smoking.

The pharmacist said that he did not always check monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. And a record of blood test results was not kept. This could make it harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Prescriptions for higher-risk medicines were not highlighted. So, opportunities to speak with these people when they collected their medicines might be missed. The pharmacy was in the process of carrying out audits for people taking lithium and valproate medicines. And also carrying out checks for people with diabetes to ensure that they were having regular foot and eye checks. Prescriptions for Schedule 3 CDs were highlighted but this was not done for Schedule 4 CDs. This could increase the chance of these medicines being supplied when the prescription is no longer valid. The pharmacist said that he would ensure that these prescriptions were also highlighted in the future. The pharmacy supplied valproate medicines to a few people. But there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme. The pharmacy did not have the relevant patient information leaflets or warning cards available. The pharmacist said that he would order replacements from the manufacturer.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next three months was marked. There were no date-expired items found in with dispensing stock.

Part-dispensed prescriptions were checked regularly. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. The pharmacist said that uncollected prescriptions were checked monthly and kept for two months before the prescriptions were returned to the NHS electronic system or to the prescriber. Any uncollected items were returned to dispensing stock where possible.

The pharmacist said that people's GPs carried out assessments if they had requested to have their medicines in multi-compartment compliance packs to show that these were needed. The pharmacy did not order prescriptions on behalf of people who received their medicines in multi-compartment

compliance packs. The pharmacist said that people ordered these around one week before their packs were due. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. Packs were generally suitably labelled but the backing sheets were not attached to the trays. This could increase the chance of them being misplaced. There was an audit trail to show who had dispensed and checked each tray. This made it easier for the pharmacy to identify who had done these tasks and they had the opportunity to learn from any mistakes. Medication descriptions were put on the packs to help people and their carers identify the medicines. But patient information leaflets were not routinely supplied. This could make it harder for people to have up-to-date information about how to take their medicines safely. Additional cautionary and advisory warnings were not recorded on the backing sheets. The pharmacist said that he would ensure that the patient information leaflets were routinely supplied, the backing sheets were attached to the trays and the warnings were added to the backing sheets in the future.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy did not routinely obtain people's signatures for deliveries. This could make it harder for the pharmacy to show that the medicines were safely delivered. The pharmacist said that he would ensure that signatures were recorded in the future, and other people's personal information was protected obtaining them. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

The pharmacy had the equipment to be able to comply with the EU Falsified Medicines Directive but it was not yet being used. The pharmacist said that he had undertaken some training on how the system worked. He said that he had contacted the provider as the system was not working properly. And the pharmacy planned to start using it in the near future.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The pharmacist said that the blood pressure monitor had been in use for less than one year. A machine which calculated people's BMI was available in the shop area and this was calibrated by an outside agency. The carbon monoxide testing machine was calibrated by an outside agency. The phone in the dispensary was portable so it could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

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.