General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: James Pharmacy, 19 St.Georges Road, CHELTENHAM, Gloucestershire, GL50 3DT

Pharmacy reference: 1031507

Type of pharmacy: Community

Date of inspection: 18/07/2019

Pharmacy context

This is a community pharmacy in the centre of Cheltenham. It dispenses NHS and private prescriptions and sells over-the counter medicines. The pharmacy also supplies medicines in multi-compartment compliance aids or in individual pouches to help people in their own homes to take their medicines and medicines for people in care homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	2.4	Good practice	The staff are encouraged to keep their skills up to date and they do this in work time.
		2.5	Good practice	The pharmacy team are well supported. They are comfortable about providing feedback to their manager to improve services and this is acted on.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	A good range of services, to meet the needs of the local population, is offered.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy asks its customers for their views and uses the feedback to improve their services. It keeps the up-to-date records it must by law. The pharmacy is appropriately insured to protect people if things go wrong. The team keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy team identified and managed most risks. Any dispensing errors and incidents were recorded, reviewed and appropriately managed. Near misses were recorded but some had insufficient information to allow any useful analysis. A few mistakes did include learning points, such as a recent strength mistake with prednisolone. It was documented that the two strengths were in similar packaging and that these were mixed on the shelf. The log was reviewed monthly and general trends were identified. Quantity errors had been highlighted as a recent issue. But, no specific actions, such as initialling the quantity on the prescription and on the label, to demonstrate that this had been thoroughly checked, had been put in place to reduce the likelihood of similar recurrences in the future.

There were three dispensing areas; the main dispensary upstairs and two multi-compartment compliance aids areas downstairs. These were tidy and organised with clear workflows. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled. All prescriptions that were checked by an accuracy checking technician or by a non-registered checker had been previously clinically checked by the pharmacist and there was an audit trail demonstrating this.

Up-to-date, signed and relevant standard operating procedures (SOPs), including SOPs for services provided under patient group directions were in place and these were continually reviewed by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. The questions to be asked of customers requesting to buy medicines was displayed by the till. There was no dedicated medicine counter assistant. All the dispensary staff covered the counter. They were all aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) or 'general sales list' (GSL) switches, such as Nexium, and the staff said that they would refer all requests for sales of this to the pharmacist. The pharmacy had several substance misuse patients and requests for Nurofen Plus were also referred to the pharmacist.

The pharmacy team were clear about the complaints procedure and reported that feedback on all concerns was actively encouraged. The pharmacy did an annual customer satisfaction survey. In the 2018 survey, 94% of customers who completed the questionnaire rated the pharmacy as excellent or very good overall. There had been some feedback about having somewhere private to talk. Because of this, there was now a prominent sign stating that the pharmacy had a consultation room.

Public liability and indemnity insurance provided by the National Pharmacy Association (NPA) and valid until 31 March 2020 was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room. The room did have open shelves and an unlocked cupboard where some patient-sensitive information was stored. But, the staff reported that people were not left on their own in the consultation room. And, the room was locked when it was not in use.

The staff understood safeguarding issues. The pharmacist and technicians had also completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available online to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And, the company provides help if necessary when people are on holiday or off sick. The staff are encouraged to keep their skills up to date and they do this in work time. The pharmacy team is well supported. They are comfortable about providing feedback to their manager to improve services and this is acted on.

Inspector's evidence

The pharmacy was in the centre of Cheltenham. They dispensed approximately 8,000 NHS prescription items each month with the majority of these being repeats. 100 patients in their own homes received their medicines in multi-compartment compliance aids. 600 care home patients (nursing and residential) and patients in their own homes received their medicines in medi-pouches. Several of these were patients of sister branches. Few private prescriptions were dispensed.

The current staffing profile was one pharmacist, one pre-registration student, two part-time accuracy checking technicians (ACTs), one full-time NVQ3 qualified technician, one full-time NVQ2 qualified dispenser and three part-time NVQ2 qualified dispensers. Two of the dispensers were also qualified non-technician accuracy checkers.

The part-time staff were flexible and generally covered any unplanned absences. If necessary, the pharmacy could call on the services of dispensers from other stores, some of who were employed on a zero hours contract basis for this eventuality. Planned leave was booked well in advance and only one member of staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff were well qualified and clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any learning needs could be identified. Review dates would be set to achieve this. The technician had raised that she would like to do the ACT training. The superintendent said that she would be enrolled on this course.

The staff were encouraged with learning and development. The spent about minutes each month of protected time learning, such as recently on dental health. The pre-registration student said that she was well supported. She had four hours of protected study time each week and attended a training day each month. All the dispensary staff reported that they were supported to learn from errors. The GPhC registrants said that all learning was documented on their continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. The technician had recently raised issues with the repeat ordering of prescriptions. Because of this the pharmacy now used coloured stickers and the ordering process was much more efficient. There were weekly staff meetings. All the staff were aware of the company’s whistleblowing policy.

The pharmacist reported that she was set overall targets, such as 400 annual Medicines Use Reviews (MURs). She said that she only did clinically appropriate reviews and did not feel unduly pressured by

the targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is tidy and organised and looks professional. There is good signposting to the consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing benches were uncluttered and the floors were clear. The premises were clean and well maintained.

The consultation room was spacious and well signposted. It contained a contained a computer and a sink. Conversations in the consultation room could not be overheard. The computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

The temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a good range of services. Most people can access these services and there are procedures to help any people with specific mobility needs. The pharmacy team make sure that people have the information that they need to use their medicines safely and effectively. They intervene if they are worried about anyone. But, they could be better at recording any issues with vulnerable patients. The pharmacy obtains its medicines from appropriate resources. Medicines are stored and disposed of safely. The pharmacy team makes sure that people only get medicines or devices that are safe.

Inspector's evidence

There was no independent wheelchair access to the pharmacy and consultation room because it was located up a flight of stairs. The building was grade II listed. There was however a bell at the base of the steps to alert the staff to anyone who may need their assistance and they could access the pharmacy through the back entrance. There was access to Google translate on the pharmacy computers for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews, the New Medicine Service, minor ailment scheme, C-card scheme, emergency hormonal contraception, urgent repeat medicine scheme, supervised consumption of substance misuse treatments and seasonal flu vaccinations. The latter was also provided under a private agreement as was a travel clinic service. This included yellow fever vaccination and malaria prophylaxis. The services were well displayed and the staff were aware of the services offered.

The pharmacist had completed suitable training for the provision of seasonal flu vaccinations and travel vaccines including face to face training on injection technique, needle stick injuries and anaphylaxis. She had also completed suitable training for the provision of the free NHS EHC service. She consulted the 'fit for travel' website regarding any malaria prophylaxis.

20 substance misuse patients had their medicines supervised. A Methasoft machine was used which also allowed the controlled drug (CD) register for one CD to be printed. Not all the photographs of the clients were recorded. The pharmacy did not have the client's key worker numbers in case of any issues and concerns about these patients were not always recorded. The patients were offered water or engaged in conversation to reduce the likelihood of diversion.

100 patients in their own homes received their medicines in multi-compartment compliance aids. About 600 care home patients (nursing and residential) and patients receiving care in their own homes received their medicines in medi-pouches. Several of these were the patients of sister branches. The compliance aids for people in their own homes were assembled on a four week rolling basis and evenly distributed throughout the week to manage the workload. There was a folder for these patients but the past clinical history was not recorded. This meant that the person checking the compliance aids did not have a clear clinical picture of the patient. The pharmacy ordered the prescriptions on behalf of these patients and there was a good audit trail of what had been ordered.

The pharmacy also provided services to care homes, both residential and nursing and for sister branch patients receiving care in their own homes, packed in medi-pouches which were assembled by a robot.

There was no optical checker; each pouch was manually checked. The homes sent the pharmacy the electronic prescription tokens for the items to be ordered. But, the pharmacy was responsible for the actual ordering of the items. The pharmacy was also responsible for chasing any missing items or queries. The prescriptions were not sent to the homes to be checked prior to the assembly of the medicines. Not all the surgeries sent the pharmacy written confirmation of any changes or other issues. Only one general communication diary, for all the homes, was used.

Those medi-pouches assembled for sister branches were clinically checked by the pharmacist in the sister branch. There was an accompanying sheet to inform the pharmacy about any issues. But, a prescription was seen for bendroflumethiazide 5mg, a high-risk medicine, which contained no note stating that this was correct. Procedures were in place to ensure that all compliance aids patients receiving high-risk drugs were having the required blood tests.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Green 'see the pharmacist' stickers were used. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about. She also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were checked with the patient on hand-out. All the staff were aware of the new sodium valproate guidance and guidance cards were sent with each prescription for patients who may become pregnant.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Potential non-adherence or other issues were identified at labelling, ordering and hand-out. Any patients giving rise to concerns were targeted for counselling.

Medicines and medical devices were obtained from Day Lewis Limited, AAH and Alliance Healthcare. Specials were obtained from IPS Specials. Invoices for all these suppliers were available. The staff had received training on the Falsified Medicines Directive. They had a scanner but this was not yet operational. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There was one patient-returned but several out-of-date CDs. These were clearly labelled and separated form usable stock. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with electronic records. Date checking procedures were in place with signatures recording who had undertaken the task. Designated bins for storing waste medicines were available for waste. There was no cytotoxic bin but there was a list of substances that should be treated as hazardous for waste purposes. The staff said that any such substances would be appropriately separated.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 13 May 2019 about co-amoxiclav suspension. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment for the services it provides.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10ml to 500ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances and capsule counters. These were clean and the staff reported that they were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 76 and the 2017/2018 Children's BNF. There was access to the internet.

The fridges were in good working order and maximum and minimum temperatures were recorded daily. The robot was subject to a service level agreement with an eight hour call-out. Contingency plans were in place if it broke down. Designated bins for storing waste medicines were available and used and there was adequate storage for all medicines.

The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.