General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tia Oakley Pharmacy, Gemini House, 22c Oakley Lane, Oakley, BASINGSTOKE, Hampshire, RG23 7LB

Pharmacy reference: 1031664

Type of pharmacy: Community

Date of inspection: 29/11/2019

Pharmacy context

This is a community pharmacy situated along a small parade of shops in the village of Oakley, near Basingstoke in Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs), seasonal flu vaccinations and delivers medicines. The pharmacy also provides multi-compartment compliance aids to people if they find it difficult to manage their medicines.

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	1.7	Standard not met	The pharmacy is not routinely safeguarding people's confidential information. There is confidential information constantly left in an unlocked consultation room, the team is storing dispensed prescriptions in here which means that sensitive information and prescription-only medicines can be easily accessed from the retail area. The pharmacy does not inform people about how their private information is maintained, and people's sensitive information can be seen from the way signatures are obtained during the delivery service
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	Pharmacy services are not provided from an environment that is appropriate for the provision of healthcare services. Most of the pharmacy is extremely cluttered, this includes the consultation room. The dispensary is also too small to support the pharmacy's current volume of dispensing
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy is unable to fully verify that it has been storing medicines requiring refrigeration at the appropriate temperatures
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy doesn't effectively manage all the risks associated with its services. It has written instructions to help with this. Members of the pharmacy team deal with their mistakes responsibly. But they are not always recording all the details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. Team members are inadequately protecting people's private information. But, they do understand the need to protect the welfare of vulnerable people.

Inspector's evidence

The dispensary was small with limited space to dispense prescriptions and it was very untidy (see Principle 3). Staff explained that another one of the company's nearby pharmacies had closed and the workload had transferred to them. They had raised the space constraints with the company and been told that this was under review. There was a very small area for one member of staff to prepare multi-compartment compliance aids, a further small area for staff to dispense prescriptions and a separate area for the responsible pharmacist (RP) to accuracy check prescriptions. One member of staff was also using boxes as a bench to dispense prescriptions from as there was no other space available. To manage the space constraints, staff explained that one member of staff selected medicines, and another dispensed them.

The inspection took place at lunchtime and upon entering the pharmacy, a notice on the front door indicated that there would be no pharmacist present between 1.30 to 3pm. The pharmacist explained that she was a second pharmacist, the main pharmacist had been called away on an emergency but was due to return shortly and she had been asked to work at another branch. This pharmacist gave some instructions to the team before she left. They understood their role and responsibilities, knew when to refer to the RP and which activities were permissible in the absence of the pharmacist. The inspector further advised staff to offer deliveries to people if required. There were no people receiving supervised consumption services or due to receive medicines from instalment prescriptions. The RP returned to the pharmacy about 20 to 30 minutes later and normal service resumed. Only a few people had tried to access the pharmacy's services in the interim period, and this had been managed appropriately.

The pharmacy held a range of documented standard operating procedures (SOPs) to support the services it provided. The SOPs were marked as having been reviewed in 2017 and staff had read and signed them. However, an incorrect RP notice was on display as the second pharmacist had not changed the notice when the first pharmacist had left. Displaying a correct RP notice is a legal requirement and this situation meant that people were provided with incorrect details about the pharmacist in charge at the time.

Staff prioritised people waiting for their prescriptions, they stored medicines in an organised manner and explained that medicines which were similar in name and packaging were separated. This included different strengths of the same medicine. Some details about near misses were seen recorded but they were few compared to the pharmacy's current volume of dispensing. Staff admitted that they did not always record details. The RP reviewed the near misses every few months and discussed details with the team.

The RP handled incidents, his process was in accordance with the company's expectations and records about previous incidents were seen. Caution notes were placed in front of stock in response and the situation discussed with staff. A recent incident had occurred as a result of the increased workload. There was no information on display about the pharmacy's complaints procedure. This could mean that people may not be able to raise their concerns about the pharmacy's services easily.

Staff could safeguard the welfare of vulnerable people, most of them were trained as dementia friends and the pharmacists were trained to level two in safeguarding vulnerable people through the Centre for Pharmacy Postgraduate Education. The team shredded confidential waste. Dispensed prescriptions awaiting collection were stored in a location where sensitive information from generated labels on the bags could not be seen. Staff had signed confidentiality statements and had been trained on the EU General Data Protection Regulation (GDPR). However, there was no information on display to inform people about how their privacy was maintained and there were considerable risks seen with the way the consultation room was used (see Principle 3).

The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and this was due to be renewed after the 31 March 2020. The pharmacy's records were compliant with statutory requirements. This included a sample of registers checked for controlled drugs (CDs), records of unlicensed medicines, private prescriptions and the RP record in general. Balances for CDs were checked regularly. On randomly selecting CDs held in the cabinet, their quantities matched the balance recorded in the corresponding registers. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. However, there were issues seen with the fridge temperature records (see Principle 4).

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has adequate numbers of staff to help manage its workload appropriately. Members of the pharmacy team largely understand their roles and responsibilities. And, they have access to training resources to help keep their knowledge current.

Inspector's evidence

Staff seen during the inspection included both pharmacists, two trained dispensing assistants and a medicines counter assistant (MCA). Their certificates to verify their qualifications obtained were seen. There was also a trainee dispensing assistant present. He stated that he was enrolled onto accredited training which was through Mediapharm, but he was unable to log into his course material to verify this. The RP also stated that the latter was training through Mediapharm and that head office kept the relevant details.

Counter staff asked a few relevant questions before selling over-the-counter (OTC) medicines. They referred to the RP when they were unsure or when required. However, there were some gaps identified in their knowledge of OTC medicines. The inspector was told that they would sell two products containing pseudoephedrine without input from the RP. This would have been above the legal limit and they were unaware of the age limits for products for thrush. This was discussed with the pharmacist at the time and staff were advised to undertake refresher training. Team members communicated verbally, team meetings were described as held every month and annual appraisals took place with the RP. Staff completed training modules online (through Mediapharm) to keep their knowledge current. Other than the maximum number of MURs that could be completed, the pharmacists had not been set any other formal targets to complete services. The former was described as manageable.

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

Summary findings

The pharmacy's premises are inadequate for delivering the level of healthcare services it provides. The consultation room is kept in an unsatisfactory way that is inappropriate for the professional use of that space. And, the team is storing confidential information in there. This increases the chance of people gaining unauthorised access to private information. The pharmacy is cluttered, and its workspaces are extremely untidy. This increases the risk of making mistakes.

Inspector's evidence

The pharmacy premises were located on the ground floor. There was a stairway from the shop floor in front of the entrance to the floor above which was rented to an estate agent. Staff facilities were located here and were shared with the estate agent. There was also a locked store room used by the pharmacy on this floor. The pharmacy had installed an internal shutter on the ground floor to seal off the pharmacy when the estate agent was open, and the pharmacy was closed.

The dispensary was situated behind the medicines counter area. The dispensary was generally clean. However, there was extremely limited space available. Work spaces and the floor were very cluttered and untidy with stock and several boxes of totes. The fire door was also partially blocked with boxes. This was also the case at the previous inspection. The pharmacy’s volume of dispensing had recently increased, and it now required more space to safely dispense prescriptions. According to the RP, this had been raised with the pharmacy’s head office and was under review.

Overall the pharmacy was adequately lit and ventilated. The floor in the retail space was dirty and required sweeping and the carpet could have been cleaner. There was no barrier to prevent people walking into the dispensary and part of the medicine counter did not fully cover the Pharmacy (P) medicines that were stored here. This meant that self-selection of these medicines was possible. Staff stated that this did happen, and people brought P medicines to the till.

A consultation room was available, this was situated near the counter and dispensary. The room was not signposted and there was no indication in the pharmacy that a space was available for private conversations or services. The door to the room was open during the inspection. It was cluttered, there were returned medicines stored behind the door, a sharps bin present which meant that a risk of needle-stick injury was possible and confidential information was accessible. The inspector was also told that people walked into the room of their own accord although this was not seen during the inspection. There were dispensed prescriptions stored here, confidential information pinned to the wall when people had provided consent for some services and several folders containing details of people who used the pharmacy’s services. When some of the risks were highlighted, staff placed the dispensed bags into totes and closed the door. The door could not be locked which would have helped mitigate some of the risks seen. The previous inspection also highlighted many of the same issues seen with the premises.

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

Summary findings

The pharmacy does not provide all of its services in a satisfactory manner. Team members don't always record enough information to show that they have considered the risks when some medicines are supplied inside compliance aids. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. In addition, the pharmacy is unable to show that temperature sensitive medicines are being stored appropriately. But it does obtain its medicines from reputable sources and generally stores them appropriately.

Inspector's evidence

People could enter the pharmacy via a steep ramp and the premises consisted of wide aisles and clear, open space. This helped people with wheelchairs or restricted mobility to access the pharmacy's services. Staff faced people who were partially deaf so that they could lip-read and physically assisted people who were visually impaired. One seat was available for people if they wanted to wait for their prescriptions with a few car parking spaces outside. The pharmacy's opening hours were on display and its services were being advertised. However, some of the services listed were not being offered (such as diabetes checks). This was misleading and was discussed with the RP at the time.

Staff were trained through a previous employer to undertake blood pressure (BP) checks for people. They referred appropriately to the RP when people's BP was outside of the normal range and described referring people to their GP. A mobile application (Healthera) was used by people who had signed up to the pharmacy's repeat prescription and ordering system. People ordered their prescriptions through the app and details were either sent to the pharmacy who ordered the medicines on their behalf or direct to the surgery. Staff marked details when prescriptions were ready to collect so that people were informed of this.

Team members were aware of risks associated with valproates and an audit had been re-initiated to identify people at risk who had been supplied this medicine. Their prescriptions were highlighted, people were counselled appropriately, and relevant literature was available to provide upon supply. The RP stated that prescriptions for people prescribed higher-risk medicines were identified, checked that they were stable on their medicines and relevant parameters such as blood test results were asked for where possible, but this information was not recorded. This included the International Normalised Ratio (INR) level for people prescribed warfarin. This limited the ability of the pharmacy to demonstrate that appropriate checks had taken place.

People were supplied with compliance aids after the GP determined suitability for this. Once set up, staff ordered prescriptions and when received, they cross-referenced details against individual records to help identify any changes or missing items. The team checked queries with the prescriber and maintained records to verify this. Compliance aids were not left unsealed overnight, descriptions of the medicines within them were provided. Mid-cycle changes involved obtaining new prescriptions and supplying new compliance aids.

However, patient information leaflets (PILs) were not routinely supplied. This is a legal requirement and could mean that people are not receiving all the information about their medicines. Not all medicines were de-blistered and removed from their outer packaging before placing into the compliance aids.

Staff were dispensing Epilim, still in its original foil, in the compliance aids for four weeks supply at a time. They explained that this was necessary to ensure that people would take their medicine as prescribed by their doctor and because of stability concerns associated with Epilim. Counselling had been provided to ensure that the outer packaging was removed before taking the tablets, but there were no details documented to confirm this. Nor was there any evidence that the pharmacy had carried out any risk assessment about the situation.

The pharmacy delivered dispensed prescriptions to people. There were records available to verify when this had taken place and to whom medicines were supplied. Signatures were obtained from people once they were in receipt of their medicines. However, other people's sensitive details could potentially be seen from the way people's details were laid out on the driver's drop sheet. Failed deliveries were brought back to the pharmacy although this was described as rare and people were called to inform them of the attempt made to deliver their medicines. No medicines were left unattended.

During the dispensing process, staff used baskets to keep prescriptions and medicines separate. A dispensing audit trail through a facility on generated labels helped to identify staff involvement in processes. Dispensed prescriptions awaiting collection were stored with prescriptions held within a retrieval system. Details about fridge items and CDs were highlighted to help staff to identify them. Uncollected prescriptions were checked and removed every three months.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, Sigma, AAH and Phoenix as well as the pharmacy's head office. Alliance Healthcare was used to obtain unlicensed medicines. Staff were aware of and the pharmacy was complying with the decommissioning process for the European Falsified Medicines Directive (FMD). Medicines were stored in the dispensary in an ordered manner. The team described date-checking medicines for expiry every three months, there was a schedule in place, but this had last been completed in March 2019 with gaps since then. This limited the ability of the pharmacy to demonstrate that regular checks had been taking place. Medicines approaching expiry were highlighted. There were no date-expired medicines seen or mixed batches of medicines present. CDs were stored under safe custody, the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received via email, the process involved checking for stock and taking appropriate action as necessary. There were records present to verify this. Medicines returned by people for disposal were stored within designated containers prior to their collection. People returning sharps for disposal were referred to the local GP surgery. Details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

However, there were consistent gaps in the fridge temperature records and indications that the fridge was operating outside of the required range. The team had not marked that the fridge had been re-set when the temperature was above eight degrees Celsius. This meant that the pharmacy was unable to fully verify that medicines had been stored at the appropriate temperatures.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

In general, the pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is kept clean.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included crown-stamped conical measures for liquid medicines, counting triangles and the dispensary sink that was used to reconstitute medicines. There was hot and cold running water with hand wash available. The CD cabinet was secured in line with legal requirements. However, the BP machine had not been replaced or calibrated for some time according to staff. This could mean that it may be providing inaccurate results. Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. There were cordless phones available to help conversations take place in private. Staff held their own NHS smart cards to access electronic prescriptions and they were taken home overnight. A shredder was available to dispose of confidential waste.

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.