General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Hull Pharmacy, 564 Beverley High Road, HULL, North Humberside, HU6 7LG

Pharmacy reference: 1032055

Type of pharmacy: Community

Date of inspection: 16/07/2019

Pharmacy context

The pharmacy is on a large parade of shops on one of the main roads leading out of Hull. The pharmacy is close to Hull University and popular with students. The pharmacy dispenses NHS and private prescriptions. And it supplies medicines in multi-compartmental packs to help people take their medication. The pharmacy offers a repeat prescription ordering service. And it delivers medicines to people's homes. The pharmacy supplies over-the-counter products via a minor ailments scheme.

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 generally identifies and manages the risks associated with its services. And it keeps most of the records it needs to by law. The pharmacy has adequate arrangements to protect people's private information. The pharmacy team responds well to safeguarding concerns to protect the welfare of children and vulnerable adults. The pharmacy has written procedures for the team to follow. But they have not been recently reviewed. This means there is a risk that team members may not be following up-to-date procedures. The pharmacy team members respond appropriately when errors happen. And they discuss what happened and they act to prevent future mistakes. But they don't record all errors or the outcome from reviewing the errors. This means the team does not have up-to-date information to identify patterns and reduce mistakes.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. Some of the SOPs had review dates due in 2015. But the pharmacy hadn't completed the review. The pharmacy had reviewed other SOPs in 2018. The team had read the SOPs and signed the signature sheets to show they understood and would follow the SOPs. The pharmacy had up-to-date indemnity insurance.

The pharmacy kept electronic records of the errors spotted by the pharmacist when checking prescriptions. But the last record was dated 03 December 2018. So, the team may be missing opportunities to learn from recent errors. A sample of the error records the team had completed found details of the actions they had taken to prevent the same error happening again. Such as, to refer to the prescription and the electronic record when dispensing. The pharmacy team recorded dispensing errors given out to people. One recent report highlighted that the team members response to the error was to check prescriptions twice to ensure the dispensed item was correct.

The pharmacy sometimes completed monthly patient safety reports. The last report was in January 2019. So, the pharmacy team didn't have up-to-date information to spot patterns and act to prevent future mistakes. The pharmacy had completed a risk review related to patient safety. This identified that quinine and quetiapine were stored next to each other. And this increased the likelihood of the team selecting the wrong medicine and risking harm. So, the team had moved the products. The pharmacy had a procedure for handling complaints raised by people using the pharmacy. But it didn't have information to provide people with details on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website.

The pharmacy kept electronic CD registers. A sample looked at found that they met legal requirements. The system prompted the team when a stock check was due. And captured the current balance. This helped to spot errors such as missed entries. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist records looked at found that the time the pharmacist signed out as the Responsible Pharmacist was not always recorded. The Responsible Pharmacist notice at the time of the inspection was incorrect. It had the wrong registration number of the pharmacist on duty. The pharmacist changed the notice during the inspection. Records of private prescription supplies met legal

requirements. But some records of emergency supplies of medicines didn't have the reason for the supply recorded. A sample of records for the receipt and supply of unlicensed products looked at found they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The team had received training on the General Data Protection Regulations (GDPR). The pharmacy displayed a privacy notice in line with the requirements of the GDPR. The team separated confidential waste for shredding onsite.

The pharmacy team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team members had completed Dementia Friends training in 2016 and 2017. And they had responded well when safeguarding concerns arose.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. And the team members support each other in their day-to-day work. The pharmacy offers team members opportunities to complete more training. And it provides informal feedback to team members on their performance. The team members usually share information and learning particularly from errors when dispensing. So, they can improve their performance and skills. The team members discuss how they can make improvements. And they agree new processes to support the safe and efficient delivery of the pharmacy services.

Inspector's evidence

The superintendent pharmacist covered most of the opening hours. Regular locum pharmacists provided support when required. The pharmacy team consisted of two full-time qualified dispensers, one full-time trainee dispenser, a part-time medicines counter assistant and a delivery driver. At the time of the inspection the superintendent pharmacist, the two qualified dispensers and the trainee dispenser were on duty. The trainee dispenser had raised concerns about the amount of time they would have in the dispensary to develop their skills. As they still had responsibility for the retail area and the pharmacy counter. The team members in the dispensary supported the trainee by providing opportunities for her to have protected time in the dispensary. The pharmacy displayed the team's training certificates for people to see.

The pharmacy provided extra training through e-learning modules. The team members had protected time to complete the training. Recent training topics included cancer and oral health. The pharmacy did not provide formal performance reviews to the team. But the superintendent pharmacist gave the team members informal feedback. One of the dispensers had asked about doing the pharmacy technician training. And the Superintendent Pharmacist had agreed to this. Team members could suggest changes to processes or new ideas of working. The team had moved stock around so that medicines often dispensed were easy to see and select. The pharmacy didn't have targets for services such as Medicine Use Reviews (MURs). The pharmacist offered the services when they would benefit people.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has adequate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. It had separate sinks for the preparation of medicines and hand washing. The consultation room contained a sink. And the pharmacy had alcohol gel for hand cleansing. The team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices.

The pharmacy had a large, sound proof consultation room. The team used this for private conversations with people. The premises were secure. The pharmacy had restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area. And items for sale in this area were healthcare related.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services that support people's health needs and manages its services well. It gets its medicines from reputable sources and generally stores and manages its medicines appropriately. The pharmacy keeps its records about prescription requests and deliveries up to date. So, this enables the team to deal with any queries effectively.

Inspector's evidence

People accessed the pharmacy via a step free entrance and an internal ramp with a handrail. The window displays included the opening times of the pharmacy. And a pharmacy information leaflet contained details of the services offered and useful numbers for local healthcare services. The pharmacy used this information leaflet to promote the services available to the students at the University. The pharmacy was popular with students. And the team attended events such as Fresher's week to promote pharmacy services. A TV screen in the pharmacy advertised the services offered. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. A section of the retail area contained a touch screen computer with access to the NHS website. This offered people information on a range of health-related subjects. The pharmacy had an eye-catching display in the retail area promoting allergy advice and treatments.

The pharmacy provided multi-compartmental compliance packs to help around 11 people take their medicines. People received monthly or weekly supplies depending on their needs. One of the qualified dispensers managed the service. And got support from others in the team. To manage the workload the dispenser divided the preparation of the packs across the month. The team usually ordered prescriptions one week before supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the list. And queried any changes with the GP team. The team recorded the descriptions of the products within the packs. And supplied the manufacturer’s patient information leaflets. The team spoke to the person when there were any changes to the medication in the pack. The team helped one person with dementia by placing all the medicines with once a day doses in the tea-time slot. As this was the time the person had always taken their medicines and it was an appropriate time to take them. The pharmacy rarely received information from hospitals such as discharge summaries. Sometimes the person or their representative gave the pharmacy team a copy of the discharge summary. The team checked the discharge summary to identify any changes to the medicines. The team also supplied administration charts to remind people to take their medication. And for people to record when they had taken their medicines.

The pharmacy provided methadone and buprenorphine as supervised and unsupervised doses. The team prepared the methadone doses using a Methasoft pump. The pump was linked to a laptop that the team updated with the methadone doses on receipt of a new prescription. The system included a photograph of the person. When the person presented at the pharmacy the team selected their record from the laptop. It produced a dispensing label and sent the information about the required dose to the pump to pour in to a cup for the person to take. The team members provided a repeat prescription ordering service. The team emailed or faxed the prescription request. And kept an electronic record or copies of the fax to track the requests. The team usually ordered the prescriptions a week before

supply. This gave time to chase up missing prescriptions, order stock and dispense the prescription. The team passed on information to people from their GP such as the need to attend the surgery for a medication review. The pharmacy team had checked for people prescribed valproate products. And stated there was no-one who met the criteria of the valproate Pregnancy Prevention Programme (PPP).

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The team members referred to the prescription when selecting medication from the storage shelves. This helped to ensure they picked the correct item. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team usually completed the boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. This included a signature from the person receiving the medication. The team put different coloured dots on the bags holding completed prescriptions. The coloured dots matched dots on a calendar. So, the team could identify prescriptions that hadn't been collected for some time. The pharmacy had a text messaging service to inform people when their prescriptions were ready.

The pharmacy team checked the expiry dates on stock. But didn't keep a record of this. The team used a sticker with the expiry date written on to highlight medicines with a short expiry date. No out-of-date stock was found. The team members didn't always record the date of opening on liquids. This meant they may not identify products with a short shelf life once opened. And check they were safe to supply. The team recorded fridge temperatures each day. The team used a data logger device that provided details of the variations in fridge temperatures over the day. The pharmacy had medicinal waste bins to store out of date stock and patient returned medication. And it stored out of date and patient returned controlled drugs (CDs) separate from in date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had equipment and it had updated the computer software to meet the requirements of the Falsified Medicines Directive (FMD). The team were scanning the FMD compliant products. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert, actioned it and kept a record.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up to date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication. The pharmacy had two fridges to store medicines kept at these temperatures. The team used one for storing completed prescriptions awaiting supply. And the other for stock. The team used a Rossmax machine when taking people's blood pressure readings.

The computers were password protected and access to peoples' records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. And it held private information in the dispensary and rear areas, which had restricted access. The team members used cordless telephones to make sure they held telephone conversations in private.

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.