General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Manor Pharmacy, 136 Southdown Road, HARPENDEN, Hertfordshire, AL5 1PU

Pharmacy reference: 1032186

Type of pharmacy: Community

Date of inspection: 30/04/2019

Pharmacy context

The pharmacy is located in a parade of businesses in a residential area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in monitored dosage system (MDS) blister packs for people who have difficulty managing their medicines. Services include prescription collection and delivery, stop smoking, weight management and seasonal flu vaccination.

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	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's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk well and keeps people's information safely. The pharmacy asks its customers for their views. The pharmacy has written procedures which tell staff how to complete tasks safely. But these are currently under review and may not always reflect current best practice. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

Near misses were recorded, reviewed and actions taken to prevent a repeat near miss were completed for each incident. Monthly and annual patient safety reviews (PSR) were completed.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. The pre-registration pharmacist explained that labels were generated from reading the prescription and then checked for any changes from previous prescriptions. A different staff member picked medicines and warning stickers were added to highlight high risk medicines such as controlled drugs (CDs) and fridge items. Interactions between medicines were printed and shown to the pharmacist. Specific patient information such as counselling or preferred brands of medicines was recorded on the patient medication record (PMR).

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For "manufacturer cannot supply" items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines.

MDS blister packs were prepared for a number of patients according to a matrix. The pharmacy managed prescription re-order on behalf of patients. There was a collection and delivery plan to follow to ensure patients received their blister packs. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a blister pack. Each patient had their own basket to contain their discharge summaries, notes and medicines. There was a patient record sheet and notes were recorded on the patient medication record (PMR).

Labelling included a description to identify individual medicines and package information leaflets were supplied with each set of blister packs.

High-risk medicines such as pregabalin and gabapentin were supplied separately from the blister pack. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Alendronate, levothyroxine and lansoprazole were supplied in compartments positioned to ensure it was taken before other medication or food. Special instructions were highlighted on the backing sheet.

The pre-registration pharmacist said there were currently no patients taking sodium valproate supplied in a blister pack.

The practice leaflet was on display and included details of how to comment or complain. The annual patient questionnaire had been conducted and had resulted in positive feedback. The standard operating procedures were in the process of being updated and reviewed at the time of the visit. The complaints procedure was retained in the clinical governance folder. The regular pharmacist said that once the review was complete staff would re-train in the procedures.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 31 October 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

Records for private prescriptions, emergency and special supplies were generally complete. There was a discussion about a private prescription for more than one month's supply of a CD for which no intervention had been recorded on the patient medication record (PMR) as good practice. Following recent changes in classification of gabapentin and pregabalin, there was a filed private prescription for supply of gabapentin (a schedule 3 CD) which was not written on a standardised form. Later the regular pharmacist confirmed that the pharmacist who made the supply was aware of the incident. The clinic where the prescription was issued had been contacted. The regular pharmacist said the accountable officer would be informed and the learning shared with other branches of the pharmacy.

The CD registers were complete and the balance of CDs was audited regularly although not always monthly in line with the SOP. A random check of actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were signed and dated. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally used their own NHS cards.

The safeguarding policy had been updated recently. Staff had undertaken safeguarding and dementia friends training and the pharmacist was accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

Staff comprised: one regular pharmacist; two relief pharmacists; one pre-registration pharmacist; one full time dispenser (four days per week); one full time trainee dispenser (also accredited as a medicines counter assistant (MCA)); three part time MCAs for weekday cover and two part time MCAs for Saturday cover. One full time weekday staff member also covered half day on Saturday. There was a delivery driver.

The pre-registration pharmacist was enrolled on a training course with an external provider. One hour protected study time was allocated daily and there were regular monthly training days to attend. There was a 13 weekly appraisal to monitor progress with training. The pre-registration tutor was the regular pharmacist.

Staff had protected learning time to study NPA training as MCA or dispenser. Staff were also provided on-going training including via Alphega iPad. Topics included customer service, treatment of warts and verrucae and hay fever. There were modules for staff to complete which were monitored by the pharmacist and who tested staff knowledge on completion of training. The pharmacist described training with an external provider on diabetes and referral to the doctor. Training to meet quality payments criteria had been completed in children's oral health and risk assessment.

There was a whistleblowing policy and staff said they were able to provide suggestions and feedback regarding services. Suggestions had included a new way of managing the MDS blister pack service now in place and a different way of ordering items for people on the computer. There was a signing sheet so when the person picked up the item ordered, they also signed and dated the sheet providing an audit trail.

Staff advised targets and incentives were not set in a way that affected patient safety and wellbeing.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and suitable for the provision of its services.

Inspector's evidence

The premises were clean and tidy and presented a professional image. Dispensary benches and dispensary sink area were clean and clear. The lavatory facility was clean and handwashing equipment was available.

The consultation room was located to the rear of the dispensary and staff were aware of the need to ensure patient sensitive information was not visible to people accessing the room. There was a plain glass door panel but there was a blind to pull down to further protect privacy if needed. A chaperone policy was available. The pharmacist explained that people with mobility issues were accommodated in the public area of the pharmacy when it was quiet and there were no other members of the public in the pharmacy. There was sufficient lighting and air conditioning.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

Inspector's evidence

There was a bell at the door and handles to assist people with mobility aids. Large font labels could be printed to assist visually impaired patients. Staff could converse in Kurdish, Gujarati, Hindi, Bulgarian, Romanian, Slovakian and Filipino to assist patients whose first language was not English.

Patients were signposted to other local services including needle exchange and there were health related leaflets to give to people. If appropriate signposting events were noted on the PMR. Interventions were recorded on the PMR such as the INR for people who take warfarin.

Stickers were attached to prescriptions to highlight any high-risk medicines being supplied such as warfarin and methotrexate. The pharmacist would then counsel the patient on how best to take their medication.

Patients taking warfarin were asked about blood test dates and for their record of INR which was recorded on the PMR. The dose of the warfarin and the colour of tablets in relation to strength of warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about diet containing green vegetables and cranberry which could affect INR.

Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed.

CD warning stickers were added to CD prescriptions for schedule 2,3 and four CDs to highlight the 28-day period of validity after which CDs could not be supplied. The patient or their representative signed a CD collection book when collecting their CDs.

Audits had been conducted. No patient was identified for referral for prescription of proton pump inhibitor for gastric protection during the non-steroidal anti-inflammatory drug (NSAID) audit. The audit regarding use of inhalers in the treatment of asthma resulted in no referrals to the doctor.

The pharmacy had level 1 healthy living status. Health campaigns had been conducted to increase public awareness of shingles vaccination, asking the pharmacist about minor ailments, alcohol consumption and Stoptober. Information regarding risks associated taking sodium valproate was displayed in the dispensary for staff reference. The pharmacist had undertaken a risk assessment in connection with pharmacy computer failure including "freezing" and internet disruption.

Medicines and medical devices were delivered outside the pharmacy. The patient's preferred delivery day was confirmed and recorded on the PMR. One delivery driver sheet was prepared and the benefit of a duplicate sheet to retain at the pharmacy while the driver was delivering was discussed. There was a CD delivery record book which patients or their representative signed upon receipt of a CD delivery. For unsuccessful deliveries there was a template note to put through the letterbox to call the pharmacy and arrange another delivery time.

Falsified medicines directive (FMD) hardware and software had not been installed at the time of the visit. Medicines and medical devices were obtained from Alliance, Phoenix, AAH, De South and Colorama. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded. Stickers were attached to highlight short dated stock. No date expired medicines were found in a random check. Liquid medicines were marked with the date of opening. Medicines were generally stored in original manufacturer's packaging although there was a bottle containing tablets which a staff member said had been de-blistered to prepare a blister pack. The loose tablets were disposed of straightaway. There was a discussion about ensuring medicines were stored in appropriately labelled containers, so the pharmacy could identify stock affected by drug alerts or date checks. Cold chain items were stored in the medical fridge. Waste medicines were stored separate from other stock in pharmaceutical waste bins and cytotoxic waste bins.

Two pharmacists could recommend Champix for smoking cessation and there had been three successful quits in the last year. The pre-registration pharmacist could recommend nicotine replacement therapy products. There were no patients currently accessing the Lipotrim weight management service. Drug alerts were actioned on receipt and the actions were recorded.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

Current reference sources included BNF and Drug Tariff. There was a range of British standard glass measures to measure liquids. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range of two to eight degrees Celsius. The CD cabinet was fixed with bolts.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally used their own NHS cards.

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.