General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Markyate Pharmacy, 40 High Street, Markyate, ST. ALBANS, Hertfordshire, AL3 8PB

Pharmacy reference: 1032329

Type of pharmacy: Community

Date of inspection: 08/10/2019

Pharmacy context

This is a community pharmacy located in the centre of the village of Markyate in Hertfordshire. The pharmacy dispenses NHS and private prescriptions. It provides Medicines Use Reviews (MURs), sells a range of over-the-counter (OTC) medicines and delivers medicines. The pharmacy also supplies multi-compartment compliance aids to people in their own homes if they find it difficult to manage their medicines.

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

Overall, the pharmacy operates in a safe manner. It identifies and manages risks appropriately. Members of the pharmacy team have started to monitor the safety of their services by recording their mistakes and learning from them. Most of them understand the need to protect the welfare of vulnerable people. And, they protect people's privacy well. The pharmacy generally maintains its records in accordance with the law.

Inspector's evidence

The pharmacy was organised, clean and tidy. This included the way its stock was stored, and the dispensary was kept clear of clutter. There was a range of documented standard operating procedures (SOPs) present to support the pharmacy's services. The pharmacy team's roles and responsibilities were defined within the SOPs and staff had signed to confirm that they had read them. The superintendent pharmacist confirmed that he had reviewed the SOPs this year although there was no information present to verify this. Ensuring SOPs were clearly annotated with this information, was discussed during the inspection. Team members understood their roles and responsibilities and knew the activities that were permissible in the absence of the responsible pharmacist (RP). The correct RP notice was on display and this provided people with the details of the pharmacist in charge of operational activities on the day.

Staff had only recently started recording their near misses. They explained that as part of the review process, a discussion with the RP had been taking place every week and this also happened after each incident. However, there were no details seen recorded yet about this process. A few near misses had been documented in September 2019. Staff had identified the main mistakes that had been previously seen, they separated medicines with similar names or packaging (such as pregabalin and sertraline) and placed other stock in between them. Caution notes were also placed in front of stock as a visual alert. In addition, to help prevent mistakes the pharmacy team tried to order and supply a particular brand for every medicine so that this was easily recognisable and helped reduce the likelihood of mistakes happening.

Details about the pharmacy's complaints procedure was on display and a documented complaints process was also available. The RP handled incidents, his process was in line with the latter and included apologising, rectifying the situation and recording details.

There was information on display to inform people about how their privacy was maintained, and no confidential material was left within areas that faced the public. Staff described using the consultation room for private conversations and confidential waste was segregated before it was shredded. Dispensed prescriptions awaiting collection were stored in a location where sensitive information could not be seen. Summary Care Records were accessed for emergency supplies and consent was obtained verbally from people for this.

Trained staff could identify signs of concern to safeguard vulnerable people although team members in training could not. There was evidence that they had read the relevant SOP and on prompting they would inform the RP in the event of a concern. The pharmacist was trained to level 2 through the Centre for Postgraduate Pharmacy Education. According to the RP, there were relevant local contact

details for the safeguarding agencies available, but they could not be located during the inspection. Ensuring they were readily available and providing refresher training for some of the team was discussed at the time.

Most of the pharmacy's records relating to its services were compliant with statutory requirements. This included records of unlicensed medicines and a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association and this was due for renewal after 31 May 2020. Occasionally, there was only one date recorded for records of private prescriptions and some electronic records of emergency supplies did not include a full description about the nature of the emergency as only abbreviated details (such as 'es' or 'needs') were seen. This was discussed at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. They are provided with resources and encouraged to complete regular, ongoing training. This helps to keep their skills and knowledge up to date.

Inspector's evidence

Staff present during the inspection included the RP who was also the superintendent pharmacist, a full-time trained dispensing assistant and a medicines counter assistant (MCA) who was undertaking accredited training. There was also another part-time trained medicines counter assistant (MCA) and a delivery driver. The team's certificates of qualifications obtained were seen and they wore name badges.

Counter staff asked a range of appropriate questions before selling medicines over the counter and they referred appropriately to the RP. Staff in training completed course material at home and at work, they were provided with set aside time at work to help them to complete their course material in a timely manner. To assist staff with their training needs, staff had access to resources from Avicenna, they used trade publications, read promotional material and information from drug manufacturer reps as well as regularly taking instruction from the RP. This helped to improve and keep their knowledge up to date. Staff progress was monitored informally and periodically by the RP. As they were a small team, team members communicated verbally with one another with huddles every month. There were no formal targets in place to complete services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a professional environment to deliver its services. The pharmacy is clean. It is largely well maintained and secure from unauthorised access.

Inspector's evidence

The premises consisted of a spacious and medium sized retail space with a smaller, raised dispensary behind this. There was plenty of additional space to one side of the dispensary with sections for storage, a large office area, staff kitchenette and WC. The pharmacy was bright, well-ventilated and clean. Its retail area was well presented although parts of the carpet were stained. This did not however, detract from the overall professional look and feel of the premises.

Pharmacy (P) medicines were stored behind the front counter, staff were always within the vicinity and this helped restrict access by self-selection or unauthorised entry into the dispensary. A signposted, consultation room was present in the retail space allowing services and confidential conversations to take place. The door was kept unlocked but there was no confidential information accessible.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services in a safe manner. The pharmacy's team members help people with different needs to access the pharmacy's services. And, they make appropriate checks for people prescribed higher-risk medicines. This helps them to take their medicines safely. The pharmacy obtains its medicines from reputable sources, it manages them well and stores them appropriately.

Inspector's evidence

The pharmacy's opening hours were listed on the front door and there were two entrances into the pharmacy. One was from the side street which had a step, the other entrance was at the front of the pharmacy and this also had a very slight step. However, the latter did not prevent people with wheelchairs or restricted mobility from entering the pharmacy. Staff described taking their time with people with different needs, they spoke slowly and clearly for people who were partially deaf or used the consultation room to help reduce background noise. Physical assistance, medicine packs with braille or details were provided verbally for people who were partially deaf. There were two seats available for people waiting for prescriptions.

The pharmacy displayed some leaflets that provided information about other local services. There was documented information present that staff could use alongside their own knowledge of the area or online resources, to signpost people to other local organisations. The pharmacy was healthy living accredited. A large flat screen television had been installed to help provide people with information about different topics and staff also promoted as well as provided advice in line with the national campaigns. This included displaying relevant material and asking people about, for example, smoking, oral health and antimicrobial resistance. The RP described MURs as being very popular with the local population as people asked for this of their own accord. This service had provided an opportunity for people to sit down and discuss relevant details as well as provide them with an assurance about how to take their medicines.

Staff were aware of risks associated with valproates and the pharmacy had not supplied any females at risk with this medicine. There was relevant literature available to provide to people, if required. For people prescribed higher-risk medicines, relevant parameters such as blood test results were asked about where possible and this information was recorded. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin.

Multi-compartment compliance aids were supplied to people after the GP initiated 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. All medicines were de-blistered and removed from their outer packaging before being placed into the compliance aids. Compliance aids were not left unsealed overnight, descriptions of the medicines within them were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes involved obtaining new prescriptions and supplying new compliance aids.

The pharmacy delivered dispensed prescriptions to people. There were records available to demonstrate when this took place and to whom medicines were supplied. Staff ticked against the

record once people were in receipt of their medicines, they explained that there was a risk of access to people's confidential information if they obtained signatures from the way details were laid out. This was discussed at the time. Failed deliveries were brought back to the pharmacy and notes were left to inform people about the attempt to deliver. Medicines were not 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 attached. Details about fridge items and CDs (Schedules 2-3) were identified to help staff to identify them. Although uncollected prescriptions were checked every month, Schedule 4 CDs were not routinely identified. Routinely identifying all CDs as best practice was discussed during the inspection.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as AAH, Alliance Healthcare and Sigma. The latter was used to obtain unlicensed medicines. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, there were scanners present and guidance information for the team, but the pharmacy was not yet complying with the decommissioning process.

Medicines were stored on shelves in an ordered manner. The team date-checked medicines for expiry every month and kept records to verify that the process had taken 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 and the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received via email or by post, 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. However, there were no containers or a list available for staff to identify, separate and store hazardous and cytotoxic medicines. People returning sharps for disposal were referred to the GP surgery or to the local council for collection. Relevant details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy keeps its equipment clean and uses its facilities appropriately to protect people's privacy.

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 fridge used for medicines requiring cold storage was operating at appropriate temperatures. The CD cabinet was secured in line with legal requirements. There was information on the blood pressure machine to indicate when it was last replaced, this was in January 2018. The computer terminal in the dispensary was positioned in a manner that prevented unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions and they were stored securely 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.