General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Maltings Pharmacy, 6 Victoria Street, ST. ALBANS, Hertfordshire, AL1 3JB

Pharmacy reference: 1032346

Type of pharmacy: Community

Date of inspection: 07/10/2019

Pharmacy context

This is a community pharmacy located next to a GP surgery in the centre of St Albans in Hertfordshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), Emergency Hormonal Contraception (EHC), the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and seasonal flu as well as travel vaccinations. In addition, the pharmacy supplies multi-compartment compliance aids to people 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

The pharmacy identifies and manages risks appropriately. Members of the pharmacy team deal with their mistakes responsibly. They usually monitor the safety of their services by recording their mistakes and learning from them. Team members understand how to protect the welfare of vulnerable people. And, they protect people's private information well. The pharmacy largely maintains its records in accordance with the law.

Inspector's evidence

This was a relatively busy pharmacy and had recently changed ownership. Thus, some aspects of the pharmacy were still in a transitional period. There was limited space available for dispensing (see Principle 3) but the workload was manageable, and the team was making the best possible use of the space. Staff understood their roles and responsibilities. They referred appropriately to the responsible pharmacist (RP) and knew which activities were permissible in their absence.

The pharmacy team used a range of documented standard operating procedures (SOPs) to support the services. They were reviewed in 2019 under the old ownership. Staff had read and signed the SOPs, and their roles were defined within them. The pharmacist explained that new processes were being phased in gradually so that the team could adjust appropriately. An incorrect notice for a locum pharmacist was initially on display, they explained that the regular pharmacist had left the pharmacy to attend the GP surgery next door, this was changed at the start of the inspection. The regular pharmacist ensured his details were on display when he returned, and this provided people with details of the pharmacist in charge of operational activities on the day.

The workflow involved prescriptions being processed in the dispensary on one PC before they were passed to the RP. The latter checked prescriptions for accuracy in a designated area and this space as well as the rest of the dispensary was kept clear of clutter. Multi-compartment compliance aids were assembled to one side. To maintain safety, staff explained that one person processed prescriptions, and another dispensed them so that more than one person was involved in the process. This helped to identify mistakes. 'Walk in' prescriptions were prioritised with controlled drugs highlighted so that their 28-day prescription expiry could be monitored. The RP was observed asking for a double-check by another member of staff when he dispensed prescriptions. In addition, after the staff and RP accuracy checked details, a third check for accuracy was carried out by counter staff when they bagged prescriptions.

The RP explained that every quarter, reports were released by the Medication Safety Officer at the National Pharmacy Association (NPA) about common errors. They were reviewed by him with the team and minutes were kept about this. Staff then looked to implement learning from this into their practice. Team members described recording their near misses although the last records seen were from August 2019. Prior to this, staff were routinely recording their mistakes, near misses were reviewed every month by the RP and details about the action taken in response were seen documented. Trends and patterns were identified, and caution notes were placed in front of stock as an additional visual alert. Similar sounding medicines such as enalapril and escitalopram as well as amlodipine and amitriptyline were identified, highlighted and separated.

People were provided with information about the pharmacy's complaints procedure and incidents were handled by the pharmacist. This involved explaining the process to people and discussing the situation with the team to prevent the same thing happening again. Details were recorded, reported to the National Reporting and Learning System (NRLS) as well as the superintendent pharmacist and people were informed about the outcome. Previous incident reports were seen to verify this.

Staff could identify signs of concern to safeguard vulnerable people, they were trained as dementia friends, referred to the RP in the first instance and could refer to relevant local contact details that were readily available. The RP was trained to level two in safeguarding via the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy's chaperone policy and details about how it maintained people's privacy were on display.

Confidential information was protected well by the team. Staff ensured that they did not disclose information to unauthorised people, they had signed confidentiality statements and were trained on the EU General Data Protection Regulation (GDPR). Confidential waste was shredded. Generated labels on dispensed prescriptions were visible from the front counter but due to the distance between the counter and where they were stored, sensitive information could not be read. Counter staff also explained that they asked people to step back if they tried to lean over the counter. The pharmacy informed people about how it maintained their privacy and the pharmacist had accessed Summary Care Records for emergency supplies and for NUMSAS. Consent was obtained verbally from people for this.

The pharmacy's records were usually maintained in line with statutory requirements. This included a sample of controlled drug (CD) registers seen, the RP record and records of unlicensed medicines. For CDs, balances were checked and documented regularly. On randomly selecting CDs held in the cabinet, the quantities held matched balances within corresponding registers. There were occasional overwritten or crossed out entries in the RP record. Only one date was seen recorded in the records of private prescriptions and the pharmacy team were one week behind with their record keeping of supplies made against private prescriptions. This was discussed at the time. The team kept records of the minimum and maximum temperatures for the fridge every day and this verified that medicines were being appropriately stored here. Staff also maintained a full record of the receipt and destruction of CDs brought back by people for disposal although the records were made up of loose sheets. This meant that the information could potentially be lost, or records inserted inadvertently. The pharmacy's professional indemnity insurance was through the NPA and this was due for renewal after 30 November 2019.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably qualified. They understand their roles and responsibilities. And, they are provided with resources to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy's staffing profile consisted of the regular pharmacist, the pre-registration pharmacist, a part-time medicines counter assistant (MCA) and two full-time trained dispensing assistants. Team members certificates of qualifications obtained were not seen. In relation to the pharmacy's volume of dispensing, the numbers of staff were low, however, staff and the RP explained that they had enough staff to provide the pharmacy's services safely because apart from the MCA, remaining members of the team were full-time. The team was up-to-date with the workload at the point of inspection.

Counter staff asked appropriate questions and provided advice before selling over-the-counter (OTC) medicines, they referred to the pharmacist appropriately and held sufficient knowledge to make appropriate sales. Staff felt supported by the RP and were confident to raise concerns if required. The pre-registration pharmacist was provided with set-aside time to study, the RP was their designated tutor, they also felt supported and were familiar with their training plan. Previous training records for the team about different topics were seen. Staff were provided with resources to keep their knowledge current. This included literature received in the post, from trade publications, booklets from wholesalers, and resources from online providers such as the CPPE. They also took instructions from the RP. Team members received a formal appraisal every six months and they communicated verbally as they were a small team.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver its services. The pharmacy is kept clean. It is professional in its appearance and kept secure from unauthorised access.

Inspector's evidence

The pharmacy premises consisted of a small to medium sized retail area, a small open plan dispensary, a very small room at the rear which was used as a consultation room but also contained paperwork in folders, a small area for storage, staff kitchenette facilities and WC. The latter was clean. Blinds could be drawn over the folders to protect people from accessing confidential information when the room was being used. There was a sign above the entrance to this room but there was no information present in the retail space to indicate the presence of a room where private conversations or services could take place. The size of the room was adequate for its intended purpose. Staff explained that people were ushered directly into and out of the space to help limit access to confidential information contained within the dispensary.

The pharmacy was clean, tidy and organised. The dispensary was small. However, the size was still adequate for the pharmacy’s volume of dispensing and observed to be kept clear of clutter by staff. The retail space was professional in appearance. The pharmacy was suitably lit and well ventilated. Pharmacy (P) medicines were stored behind the front medicines counter and there was a drop-down barrier here to prevent unauthorised entry to this area. This also helped to restrict the self-selection of P medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible, and the team provides them in a safe and effective manner. The pharmacy obtains its medicines from reputable sources, it manages and stores them appropriately. And, the pharmacy takes the appropriate action in response to safety alerts. This includes when team members identify issues with medicines. This helps to ensure that people receive medicines and devices that are safe to use.

Inspector's evidence

People could enter the pharmacy from the street and through a wide, front door. There was clear, open space inside the premises and this assisted people with wheelchairs to easily enter and use the pharmacy's services. Staff spoke clearly and used written communication for people who were partially deaf. They provided labels with a larger sized font for people who were visually impaired and team members spoke Tagalog, Cantonese, Urdu as well as Punjabi to assist people if their first language was not English.

There were two seats available for people waiting for prescriptions and some information on display to provide information about other services. In addition, team members could signpost people to other local services from their own knowledge of the area or used online resources. The pharmacy was healthy living accredited and promoted this by running campaigns on certain topics in line with the national campaigns. There was a dedicated section at the front of the pharmacy where people were provided with relevant information.

The RP stated that the Patient Group Direction (PGD) for chemoprophylaxis against malaria had made the most impact for people. The pharmacy was situated close to a GP surgery and the convenience of the location assisted in increasing the uptake of this service. The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations and the regular pharmacist was accredited to vaccinate people requiring this, other travel vaccinations as well as influenza vaccinations. The PGDs to authorise this were readily accessible and signed by authorised pharmacists. Risk assessments were completed, and informed consent obtained before vaccinating. Consent to share details about the vaccination with people's GP was also obtained. Equipment to safely provide the service was present and this included a sharps bin as well as adrenaline in the event of a severe reaction to the vaccines. Counter staff were advised to monitor people for a short period after the vaccination to help identify the latter.

Details about interventions that the pharmacy team had previously made were seen recorded. This included prescriptions with insufficient quantities or when medicines were not in stock. For the latter, alternative options had been provided to prescribers. There were also details about previous clinical audits seen. This included an audit completed in the previous year, about whether people prescribed non-steroidal anti-inflammatory drugs (NSAIDs) were co-prescribed gastroprotection. 90% of the people surveyed were found to have been co-prescribed a proton pump inhibitor and anyone identified as not prescribed this were referred to their GP.

The initial setup for compliance aids involved the person's GP initiating and assessing suitability. Prescriptions were ordered by the pharmacy and cross-checked against people's individual records. If

any changes or missing items were identified, staff confirmed them with the prescriber and documented details. All medicines were de-blistered into the compliance aids with none left within their outer packaging. Patient information leaflets (PILs) were supplied routinely and descriptions of medicines within the compliance aids were routinely provided. Mid-cycle changes involved retrieving them, amending, re-checking and re-supplying.

The pharmacy provided a delivery service and audit trails to demonstrate this service were maintained. CDs and fridge items were highlighted and checked prior to delivery. The driver obtained people's signatures when they were in receipt of their medicines and staff explained that people's sensitive details were covered during this process. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

During the dispensing process, the team used baskets to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. Baskets were colour co-ordinated to highlight priority and a dispensing audit trail was used to identify staff involved. This was through a facility on generated labels. Dispensed prescriptions awaiting collection were stored alphabetically within a retrieval system. Fridge items and Schedule 2 CDs were assembled when people arrived to collect them. Dispensed Schedule 3 and 4 CDs were stored in a separate area to help identify the 28-day prescription expiry. Uncollected prescriptions were checked every month.

Staff were aware of the risks associated with valproates, there was educational literature available to provide to people at risk and a poster on display to highlight the risks to the team. For people prescribed higher-risk medicines, the pharmacy had previously conducted an audit to identify people that didn't have a yellow book if they were prescribed warfarin. The team was previously briefed to check relevant parameters, and this included the International Normalised Ratio (INR) levels for people prescribed warfarin. However, the pharmacy team had not maintained this and there were no details seen documented to verify this. The RP explained that staff had re-initiated identifying people prescribed higher-risk medicines.

Licensed wholesalers such as AAH, Lexon, Alliance Healthcare, Sigma, Lexon, DE South and Phoenix were used to obtain medicines and medical devices. Colorama was used to obtain unlicensed medicines. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), relevant equipment and guidance information for the team was present and the RP was in the process of training the team to comply with the decommissioning process.

Medicines were stored in an organised manner. The team date-checked medicines for expiry every three months and used a date-checking schedule to demonstrate when this process had taken place, this was largely complete although the occasional gap was seen. They also checked the expiry date on medicines upon receipt from wholesalers and when rotating stock on shelves. Short-dated medicines were identified, any medicines due to expire within the following three months were removed. Medicines were stored appropriately in the fridge and CDs were stored under safe custody. 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, the team checked stock, acted as necessary and maintained an audit trail to verify this. In addition, the RP described reporting an incident involving Metoject via the Yellow Card Scheme to the Medicines and Healthcare products Regulatory Agency (MHRA).

There were designated containers to store unwanted medicines that people had returned to the pharmacy for disposal. This included separate containers for hazardous or cytotoxic medicines.

However, there was no list seen to assist the team in identifying these medicines. People returning sharps for disposal were referred to the local council and contact details for the latter were on display. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, the CDs were segregated and stored in the cabinet prior to destruction.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean and helps to protect the privacy of people.

Inspector's evidence

There were current reference sources present, clean, crown stamped conical measures for liquid medicines, counting triangles, legally compliant CD cabinets and operating medical fridges. The dispensary sink used to reconstitute medicines was clean. There was hot as well as cold running water available and hand wash. The blood pressure machine was described as new. Computer terminals were positioned in a manner that prevented unauthorised access, a shredder was present as well as cordless phones to help keep telephone conversations private. Staff generally used their own NHS smart cards to access electronic prescriptions and took them home overnight. The RP's smart card was left on the premises whilst he attended the adjacent GP surgery. This was being used by the team. The need to store cards securely overnight was discussed at the time.

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.