General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rooney Chemists, 4 Dolphin Square, TRING, Hertfordshire, HP23 5BN

Pharmacy reference: 1032353

Type of pharmacy: Community

Date of inspection: 30/10/2019

Pharmacy context

This is a community pharmacy situated in the centre of Tring in Hertfordshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines, provides advice and offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS) as well as seasonal flu vaccinations. And, it provides 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

Overall, the pharmacy operates in a satisfactory manner. It largely identifies and manages risks appropriately. Members of the pharmacy team understand the need to protect the welfare of vulnerable people. Team members monitor the safety of their services by recording their mistakes and learning from them. They modify the pharmacy's processes in response to errors to make them safer. And, the pharmacy adequately maintains most of its records in accordance with the law. But, it does not formally review its internal mistakes or always record enough details for all its records. This makes it harder for members of the pharmacy team to spot patterns and help prevent the same things happening again. And, they may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy was relatively organised although the dispensary was small with limited space to dispense prescriptions (see Principle 3). However, the team had made the best possible use of the space. Prescriptions were dispensed and accuracy-checked in batches with a few assembled at any one time. The team also restricted the number of people that could be present in the dispensary at any one time to help reduce risks and accidents. Staff were up-to-date with the workload.

To help prevent errors, a three-way check of medicine(s), the prescription and generated labels took place to help ensure the right product had been selected and assembled. The responsible pharmacist (RP) described passing dispensed prescriptions to staff to help them to identify their own mistakes. This helped them to learn. Near misses were being recorded on the pharmacy system under people's records so that this flagged up for the next dispensing. In addition, the information could also be retrieved without having to remember people's details or go into their records. Records were seen on the pharmacy system and it was evident that near misses were routinely being recorded. This included a record about the similarity of colchicine and cyclizine and that care was required for future dispensing. In addition, the RP described mistakes commonly happening with different strengths of some medicines such as sertraline and sildenafil. In response, medicines were separated. However, there was no formal review of the near misses taking place. This reduced the ability of the pharmacy to demonstrate that patterns and trends were being identified, acted upon and learnt from.

There was a documented complaints process in place and incidents were handled by pharmacists. Their process was in line with the policy and included checking details, apologising, recording and rectifying the situation. The last incident involved a mix-up about the eligibility for people when vaccinating them with the influenza vaccination. The situation was covered by the private service that was available. Details about this were seen recorded and the RP had sought advice from the National Pharmacy Association (NPA). Staff were subsequently instructed to note the age of people requesting the service and to check with the RP before booking them in. There was a box in the retail space for people to complete the annual questionnaires that were used to obtain feedback about the pharmacy's services. However, there were no details on display to inform people about the pharmacy's complaints procedure. This meant that people may not have been able to raise their concerns easily.

The pharmacy displayed details about how it maintained people's privacy. There was no confidential material left within areas that faced the public. Staff segregated confidential waste before it was

disposed of through an authorised carrier and sensitive details on dispensed prescriptions awaiting collection could not be seen from the retail space. Staff could identify signs of concern to safeguard the welfare of vulnerable people and referred to the RP in the event of a concern. The RP was trained to level two via the Centre for Pharmacy Postgraduate Education. There were relevant contact details about the local safeguarding agencies on display.

However, there were two sets of documented standard operating procedures (SOPs) present. The first were dated as last prepared in 2014, newer members of the team had not read them, and they did not contain information about legislative changes that had since been introduced. The second set of SOPs were new, they were from the NPA and described as the set the pharmacy had been working towards implementing. The team had not yet read these SOPs and relevant details had not been completed within them. However, the team's roles and responsibilities were defined within them. Staff understood their roles and responsibilities, team members in training were appropriately supervised and the correct RP notice was on display. This provided details of the pharmacist in charge of operational activities on the day. The RP was instructed to ensure the previous set of SOPs were archived so that staff were clear on the pharmacy's current processes to follow.

The pharmacy's indemnity insurance was through the NPA and due for renewal after 30 April 2020. Records for the maximum and minimum temperatures for the pharmacy fridge were kept daily to verify that medicines were appropriately held here. Records for controlled drugs (CDs) that had been returned to the pharmacy to be disposed of by the team were maintained in full. A sample of registers seen for CDs and records of unlicensed medicines were routinely maintained in line with statutory requirements. Balances were seen to be checked regularly with CDs and on randomly selecting CDs held in the cabinet, the quantities held matched the balance in the corresponding registers. The electronic RP record was also mostly completed in full although the occasional missing entry of the time that the pharmacist's responsibility ceased was seen. However, the pharmacy team only sometimes recorded the nature of the emergency when supplies were requested by people, occasionally some prescriber details were missing from the records of private prescriptions. In addition, the team had not entered details of private prescriptions from the past few days. This was not in line with the law and 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. But, once they have completed the basic training, team members don’t receive ongoing training in a structured way or regular performance reviews. This could mean that gaps in their skills and knowledge are not identified.

Inspector's evidence

Staff present during the inspection included the RP, a full-time trained dispensing assistant and four medicines counter assistants (MCAs), one of whom was undertaking accredited training for this role and another who was recently employed as well as dual trained as a dispensing assistant. The team’s certificates of qualifications obtained were seen and staff wore name badges. Team members were confident to raise concerns to the RP or owner if required and covered each other as contingency for leave or absence. They also held set roles and understood their tasks.

Counter staff asked relevant questions and used an established sales of medicines protocol before selling OTC medicines. They referred to the RP when they were unsure or when required. Unusual quantities or requests of some medicines with potential for abuse were monitored, and subsequent sales were referred to the RP. Staff in training completed their course material at work with set aside time provided. To assist with training needs, the team described reading available literature from the post, using trade magazines or information from wholesalers and taking instructions from pharmacists. They communicated verbally as they were a small team and staff progress was described as being monitored informally. There were no formal targets in place to complete services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an adequate environment to deliver healthcare services. The pharmacy is kept secure, and it has a space to offer private conversations and services. But, parts of it are old and worn.

Inspector's evidence

The pharmacy premises consisted of a medium sized and spacious retail area with a much smaller dispensary at the rear. There was significant space upstairs which included staff and stock areas, the consultation room and a large amount of unused area. There were some uncapped bottles seen left in this area which if used, meant that there was a risk of contamination from insects or dust. Staff stated that they were not used. Although still functional, the fittings and fixtures in the pharmacy were dated and the floor was worn. The approach to the consultation room could also have been better presented. Staff explained that they were due to be refurbished soon. The pharmacy was suitably lit although some of the tube lights were out, it was appropriately ventilated and presented appropriately. Pharmacy (P) medicines were stored behind the front counter, staff were always within the vicinity and this helped restrict P medicines from being self-selected.

The consultation room was signposted from the retail space to indicate that there was a room available for private conversations and services. The room was kept locked by key coded entry, there was plenty of space in here and confidential information was inaccessible from within the room itself. However, the room was somewhat cluttered as empty totes were stored in here. This detracted from the overall professional use of the room. The stairwell to the upstairs section was adjacent to the entrance that led into the dispensary and the RP was observed ushering people straight up and downstairs during the inspection. This limited their access to confidential information from within the dispensary.

Principle 4 - Services ✔ Standards met

Summary findings

In general, the pharmacy provides its services in a safe manner. The pharmacy's team members 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 largely manages them well and stores them appropriately. But, team members don't always provide medicines leaflets when they supply compliance aids. This means that people may not have all the information they need to take their medicines safely.

Inspector's evidence

People could enter the pharmacy from a slight step although this was not enough to stop people with wheelchairs from coming into the pharmacy. The wide front door, wide aisles and clear, open space inside the premises further helped people with restricted mobility or wheelchairs to easily access the pharmacy's services. Staff described taking their time with people who had different needs or taking them away to a private area of the retail space to help discuss details more clearly. There were two seats available for people waiting for prescriptions. The pharmacy's opening hours were on display and the pharmacy was currently advertising that it was administering influenza vaccinations.

In addition to the Essential services, the pharmacy provide MURs, the NMS, administered influenza vaccinations against the NHS and private Patient Group Directions (PGDs) and were due to start providing further private PGDs for a range of conditions as well as a locally commissioned service to support people with diabetes. The latter two had not yet been implemented.

The RP described the former three services being beneficial for people. According to her, there had been effective referrals to the GP under the NMS. MURs provided people with the opportunity to sit down and discuss details about their medicines and it was easier and more convenient for people to be administered with the influenza vaccination at the pharmacy because of their opening times and location. The vaccinations were normally by appointments but sometimes people could just walk in and ask for this. The PGDs were readily accessible and signed by the RP, the pharmacist's declaration of competence was seen, she was trained through accredited routes and there was relevant equipment present. This included a sharps bin and adrenaline, required in the event of a life-threatening allergic reaction to vaccines. The pharmacy carried out risk assessments, informed people's GP's and obtained informed consent before commencing the service. In addition, they also checked whether people could climb the stairs to access the consultation room and signposted otherwise or provided the service when the pharmacy was closed.

Staff were aware of risks associated with valproate and there was literature available to provide to females at risk, upon supply of this medicine. People prescribed higher-risk medicines were routinely identified and asked about relevant parameters. There were details seen recorded to verify that appropriate checks that had been made. This included information about the International Normalised Ratio (INR) level for people prescribed warfarin.

People were supplied with compliance aids after the GP initiated them. Prescriptions were ordered by the pharmacy on behalf of people and staff explained that they cross-referenced details against people's individual records or records on the pharmacy system to identify any changes or missing items.

This was confirmed with the prescriber and records were maintained. All medicines were de-blistered into the compliance aids with none left within their outer packaging. Compliance aids were prepared upstairs. Descriptions of medicines were provided, and they were not left unsealed overnight. Mid-cycle changes either involved retrieving the compliance aids, amending, re-checking and re-supplying them. However, the pharmacy did not always provide patient information leaflets (PILs). This was not in accordance with the law.

The pharmacy delivered medicines to people's homes and maintained records to verify this. Fridge items were highlighted, checked prior to delivery and signatures were obtained from people when they were in receipt of their medicines. However, there was a risk of access to people's confidential information from the way their details were laid out on the driver's drop sheet. Failed deliveries were brought back to the pharmacy and staff thought that notes may have been left to inform people about the attempt made. Medicines were not left unattended.

The team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Coloured baskets helped to highlight priority. Staff involvement in dispensing processes was apparent through the dispensing audit trail that was used. This was through a facility on generated labels. Once prescriptions were assembled, they were held within an alphabetical retrieval system. Fridge items and CDs (Schedules 3 to 4) were identified. Schedule 2 CDs that required safe custody were assembled when people came in to collect them. Uncollected medicines were removed every three to six months.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH, Phoenix, Colorama, Sigma and DE Pharmaceuticals. IPS Specials or Colorama were used to obtain unlicensed medicines. The pharmacy was not yet complying with the European Falsified Medicines Directive (FMD) and staff were unaware of and not yet trained on the decommissioning process. Medicines were stored in an organised manner. There were no date-expired medicines or mixed batches seen. Short-dated medicines were identified. The team date-checked medicines for expiry every month and described an electronic schedule being in place to help verify this. This could not be brought up to view at the point of inspection. Liquid medicines with short stability, were marked with the date upon which they were opened. CDs were stored under safe custody. Keys to the cabinet were maintained during the day and overnight in a manner that prevented unauthorised access. Drug alerts were received by email or through wholesalers, stock was checked, and action taken as necessary. An audit trail was available to verify this process.

The pharmacy used designated containers to hold medicines returned by people for disposal. They were collected in line with the pharmacy's contractual arrangements and included containers for hazardous or cytotoxic medicines. However, there was no list available for the team to identify these medicines. People returning sharps for disposal were referred to the local council and contact details were on display in the dispensary. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the CD cabinet prior to destruction.

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 uses its facilities appropriately to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with current reference sources and the team contacted the NPA's information services for advice and support if required. Relevant equipment included counting triangles and a range of crown stamped, conical measures for liquid medicines. There were also designated measures for measuring methadone. The dispensary sink used to reconstitute medicines and some of the measures could have been cleaner. There was hot and cold running water available with hand wash present. The CD cabinet was secured in line with statutory requirements. Medicines requiring cold storage were stored at appropriate temperatures within the fridge. Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access and staff could use cordless phones to help conversations to take place in private. Team members used their own NHS smart cards to access electronic prescriptions and took them home overnight.

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.