General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Hobbs Pharmacy, Holmesdale Road, South Darenth, DARTFORD, Kent, DA4 9AF

Pharmacy reference: 1032695

Type of pharmacy: Community

Date of inspection: 05/03/2020

Pharmacy context

The pharmacy is in the centre of a small village near to a surgery. It is part of a small chain of pharmacies and is co-located with a Post Office. The nearest large town is Dartford which is around a 15-minute drive away. The people who use the pharmacy are mainly older people. The pharmacy receives around 80% of its prescriptions electronically. It provides a range of services, including Medicines Use Reviews and the New Medicine Service. It uses patient group directions to supply influenza vaccinations and Champix. It provides multi-compartment compliance packs to large number of people who live in their own homes to help them take their medicines safely. And it provides substance misuse medications to a small number of people.

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 the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. And team members understand their role in protecting vulnerable people. The pharmacy protects people's personal information and it regularly seeks feedback from people who use the pharmacy. It keeps the records it needs to keep by law and these are largely accurate.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with pharmacy activities. There were up-to-date standard operating procedures (SOPs). And team members had signed the SOPs to indicate that these had been read and understood. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. The pharmacist said that she encouraged team members to record their own mistakes as that might help them to remember it in the future. The near miss log was reviewed regularly for patterns. And items in similar packaging were separated where possible. Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. The pharmacist said that she was not aware of any dispensing incidents since she started working at the pharmacy. She confirmed that she would inform the superintendent pharmacist about any incidents and she would ensure that these were recorded.

Workspace in the dispensary was limited, but there were cleared spaces for dispensing and checking. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members roles and responsibilities were specified in the SOPs. The medicines counter assistant (MCA) said that the premises would open if the pharmacist had not turned up, as people may need access to the Post Office. She was aware that she should not sell any medicines before the pharmacist had arrived and she knew that she should not hand out any dispensed items. The apprentice knew that she should not carry out any dispensing tasks if there was no responsible pharmacist (RP).

The pharmacy had current professional indemnity and public liability insurance in place. All necessary information was recorded when a supply of an unlicensed special was made. The responsible pharmacist (RP) log was completed correctly and the right RP notice was clearly displayed. Controlled drug (CD) running balances were checked at regular intervals and liquid overage was recorded in the register. The recorded quantity of one item checked at random was the same as the physical amount of stock available. There were signed in-date patient group directions available for the relevant services offered. The prescribers' details were not routinely recorded in the private prescription record. The pharmacist said that she would ensure that this was completed correctly in the future. The emergency supply record was completed correctly.

Confidential waste was shredded, computers were password protected and the people using the

pharmacy could not see information on the computer screens. Dispensed items waiting collection could not be viewed by people using the pharmacy. The pharmacist used her own smartcard to access the NHS electronic services. She said that she did not leave it on the premises when she was not working. Other team members had recently received their smartcards and the pharmacist was in the process of getting them unlocked.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2019 survey were available on the NHS website. Results showed that 97% of respondents were satisfied with the pharmacy overall. The complaints procedure was available for team members to refer to if needed. The pharmacist said that she was not aware of any complaints at the pharmacy.

The pharmacist said that she had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. Some team members had completed safeguarding training provided by the pharmacy. The apprentice could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The pharmacist said that there had not been any safeguarding concerns since she had been working at the pharmacy.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They do the right training for their roles. And they are provided with some ongoing training to support their learning needs and maintain their knowledge and skills. Team members can raise concerns to do with the pharmacy or other issues affecting people's safety. This means that they can help improve the systems in the pharmacy. The team members can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There was one regular full-time pharmacist and one apprentice and one trained MCA working during the inspection. The pharmacist had worked at the pharmacy for less than one month. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The MCA appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. And said that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The pharmacist was aware of the continuing professional development requirement for the professional revalidation process. She said that she had recently read some information about the Covid-19 virus and considered the impact that it might have on the operating of the pharmacy. The MCA said that she had recently undertaken some training about children's oral health and she sometimes read pharmacy related articles. The pharmacist said that there was currently no regular training for team members. But she explained that she planned to implement a more structured training regime so that team members had time during the working day to complete it. The pharmacist said that she had completed all training required to provide the services offered. And had completed consultation skills training and declarations of competence for the services.

The pharmacist said that information was passed on informally within the team. She said that she had implemented some changes since she joined the team. The MCA said that the pharmacist had discussed any potential changes with the team before these were implemented. The prescription retrieval system had been changed and team members said that they found the new system much easier to manage. The pharmacist said that she would carry out appraisals and performance reviews with the team members once she had worked at the pharmacy a little longer. She said that the previous pharmacist had carried them out before she had left. Team members appeared to have a good working relationship with the pharmacist and they felt confident to raise any issues with her.

Targets were not set for team members. The pharmacist said that she carried out the services for the benefit of the people who used the pharmacy. And she said that she felt able to take professional decisions.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was co-located with a Post Office and the premises were secured from unauthorised access. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. Air-conditioning and heaters were available; the room temperature was suitable for storing medicines.

There was one chair in the shop area. This was positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

The consultation room was located in the shop area and it was accessible to wheelchair users. Low-level conversations in the consultation room could not be heard from the shop area. It was suitably equipped, well screened and kept secured when not in use. Excess stock of some prescription-only medicines was kept in the room. A large fridge was in the room with prescription-only medicines inside. The pharmacist said that people were not left in the consultation room unsupervised and the room was always kept locked when not in use.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. The pharmacy gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. People with a range of needs can access the pharmacy's services. The pharmacy highlights prescriptions for higher-risk medicines so that there is an opportunity to speak with people when they collect these medicines.

Inspector's evidence

There were two steps up to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Team members said that the main door to the pharmacy was heavy so they often had to open it for people who struggled. Services and opening times were clearly advertised. And a variety of health information leaflets were available.

The pharmacist said that she checked monitoring record books for people taking high-risk medicines such as methotrexate and warfarin. And a record of results kept on the person's medication record. Prescriptions for higher-risk medicines were highlighted, so there was the opportunity to speak with people when they collected these medicines. Prescriptions for Schedule 3 and 4 CDs were highlighted. This helped to minimise the chance of these medicines being handed out when the prescription was no longer valid. Fridge items were kept in clear plastic bags to help aid identification. The pharmacist said CDs and fridge items were checked with people when handing them out. The pharmacy had the updated version of the valproate warning cards and patient information leaflets available. The pharmacist said that she was not aware of any people taking valproate who were in the at-risk group and needed to be on the Pregnancy Prevention Programme. She said that only dispensed these types of medicines to males. She confirmed that she would speak with any females who were taking it to ensure that they were aware of the risks and that they had discussed them with their GP.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next few months was marked. There were no expired items found with dispensing stock and medicines were kept in their original packaging.

The pharmacist said that part-dispensed prescriptions were checked twice a day. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the medicines were collected. And they were annotated with people's contact telephone number and any action that had been taken and people's contact telephone numbers. Uncollected prescriptions were checked monthly. Items uncollected after around two months were returned to dispensing stock where possible. And the person's medication record was updated. The pharmacy kept a list of these items so that people could be informed if they went to collect their medicine. Prescriptions for CDs were returned to the prescriber and other prescriptions were shredded in the pharmacy. And the person's medication record was updated.

The pharmacist said that people's GPs carried out assessments to show that they needed their

medicines in multi-compartment compliance packs. She said that she had spoken with the local GPs to ask that people's prescriptions were sent in advance so that any issues could be addressed before they needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the pharmacist said that people usually ordered these when they needed them. The pharmacy kept a record for each person which included any changes to their medication. They also kept hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each tray. But the backing sheets were not attached to the trays. This could increase the chance of them being misplaced. The pharmacist said that she would ensure that these were attached in the future. Medication descriptions were put on the packs and patient information leaflets were routinely supplied.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for deliveries where possible; but these were not recorded in a way so that another person's information was protected. The pharmacist said that she would discuss this with the driver an implement a better process to ensure that other people's information was not visible when signatures were recorded. Failed deliveries were returned to the pharmacy before the end of the working day. A card was left at the address instructing the patient to contact the pharmacy to rearrange delivery.

Licensed wholesalers were used for the supply of medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. A record of any action taken was kept, which showed what the pharmacy had done in response. The pharmacy had the equipment installed ready for the implementation of the EU Falsified Medicines Directive. The pharmacist said that it was not in use yet, but his was something she had considered. And it would likely be used in the near future.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

Suitable equipment for measuring medicines was available. Separate measures were marked for methadone use only. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The apprentice said that the blood pressure monitor had been in use for less than one year. The weighing scales and shredder were in good working order. The phone in the dispensary was portable so could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

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.