General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rusthall Pharmacy, 2 High Street, Rusthall, TUNBRIDGE WELLS, Kent, TN4 8RN

Pharmacy reference: 1032998

Type of pharmacy: Community

Date of inspection: 06/06/2019

Pharmacy context

The pharmacy is located on a high street in a village surrounded by residential premises. The people who use the pharmacy are mainly older people. The pharmacy provides a range of services, including Medicines Use Reviews and the New Medicine Service. It provides multi-compartment compliance packs to around 100 people who live in their own homes to help them take their medicines safely. And provides substance misuse medications to around eight people.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

Follow this link to find out what the inspections possible outcomes mean

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.7	Standard not met	The pharmacy does not always protect people's personal information.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not always have enough team members to manage its workload effectively. Some tasks such as date-checking of medicines and removing expired items from the retrieval system are not being completed properly. The pharmacy is not up to date with dispensing.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always remove date-expired medicines from stock promptly. And there is evidence that an expired medicine has been supplied.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy generally identifies and manages the risks associated with its services. But it does not always protect people's personal information properly. It actively seeks feedback from people who use the pharmacy. And it largely keeps the records it needs to keep by law up to date. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy adopted some measures for identifying and managing risks associated with pharmacy activities. There were up-to-date standard operating procedures (SOPs). Near misses were highlighted with the team member involved at the time of the incident. The dispenser said that team members generally identified and rectified their own mistakes. Near misses were not generally recorded. The pharmacist said that he had not had time to record these recently. There were only four recorded over the last two months. He said that he would ensure that these were recorded more frequently and would review these for any patterns. Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. A recent incident had occurred where expired medicines had been supplied to a person. But there were still several expired medicines found with dispensing stock. This could increase the chance that people receive a medicine which is past its ‘use-by’ date.

Workspace in the dispensary was limited. Baskets were used to minimise the risk of medicines being transferred to a different prescription. There was little space for dispensing and checking due to the large number of baskets on the worktops. However, there was an organised workflow which helped staff to prioritise tasks and manage the workload. 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 trainee medicine counter assistant (MCA) knew she should not sell pharmacy-only medicines or hand out bagged items if the pharmacist was not on the premises. The MCA said that the pharmacy would open if the pharmacist had not turned up. She knew that general-sales-list medicines should not be sold until the pharmacist had arrived. The dispenser knew that she should not carry out dispensing tasks if there was no responsible pharmacist (RP).

The pharmacy had current professional indemnity and public liability insurance in place. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. All necessary information was recorded when a supply of an unlicensed special was made. The address of the prescriber was not always recorded in the private prescription record. The nature of the emergency was not routinely recorded when a supply of a prescription only medicine was supplied in an emergency without a prescription. Most controlled drug (CD) running balances were checked around once every two months. Liquid methadone balances were checked around once a week; 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. The correct RP notice was clearly displayed and the RP log was completed correctly.

Confidential waste was shredded and the people using the pharmacy could not see information on the computer screens in the dispensary. Computers were password protected. Smart cards used to access

the NHS spine were stored securely and team members used their own smart cards during the inspection. But some people's personal information could potentially be seen by others on bagged items waiting collection. The pharmacy team members had completed General Data Protection Regulation training.

The pharmacy carried out yearly patient satisfaction surveys; results were available on the NHS website. The 2017 to 2018 survey results showed that 81% of the respondents were satisfied with the staff overall. The pharmacy had a complaints procedure for team members to follow if needed. The pharmacist said that he was not aware of any recent complaints. He said that complaints were monitored by head office.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. Other team members had completed safeguarding training provided by the pharmacy. The MCA 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 he was not aware of any safeguarding concerns at the pharmacy.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy does not always have enough team members to manage its workload effectively. They are provided with some ongoing training, but they are not always able to attend the external training sessions. This may mean that they are missing out on opportunities to keep their knowledge and skills up to date. Team members can take professional decisions to ensure people taking medicines are safe. These are not affected by the pharmacy's targets.

Inspector's evidence

There was one pharmacist, two dispensers, one MCA and one trainee MCA working during the inspection. The team members wore smart uniforms with name badges displaying their role. They worked well together and communicated effectively to ensure that tasks were prioritised.

Team members said that the pharmacy was currently two days behind on dispensing prescriptions and other tasks were not always being completed properly. For example, date checking and removing expired prescriptions from the retrieval system. During the inspection there was one dispenser working in the dispensary and one dispenser assembling multi-compartment compliance packs. One of them said that the issue with staffing levels had been discussed in a meeting two weeks ago, but the issue had not been resolved. She said that when there were two people working in the dispensary they were able to catch up on dispensing prescriptions. But most days there was only one dispenser. Many people who came to collect their prescriptions during the inspection had to wait extended periods for them to be dispensed. Team members spent much of their time trying to find prescriptions for people. There was a constant queue of people in the pharmacy waiting to be served. The pharmacist said that there had been an increase in the volume of prescriptions and people having their medicines in multi-compartment compliance packs.

The trainee MCA appeared confident when speaking with people. She was not aware of the restrictions on sales of pseudoephedrine containing products. But said that she would refer to the pharmacist if a person requested to purchase more than one pack of any pharmacy-only medicine. She confirmed 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 trainee MCA said that she had worked at the pharmacy for around three months. She said that she was due to be enrolled on an accredited counter assistant course. Following the inspection, the pharmacist confirmed that this team member was no longer working at the pharmacy. The dispensers had completed an accredited dispenser course. The dispenser said that she did not carry out any regular training. She said that she had attended a training evening a few years ago. But she was often unable to attend these events. She said that team members would receive additional pay and travel expenses if they attended them.

The dispenser said that the pharmacy sometimes held a meeting when there was an issue to discuss. She said that most issues were discussed informally at the time. The dispenser said that she had been working at the pharmacy for over four years. But she had not had a performance review or appraisal in this time. The pharmacist could not recall when his last review was.

Targets were set for Medicines Use Reviews and the New Medicine Service. The pharmacist said that he was not under pressure to achieve the targets. And he provided these services for the benefit of the people who used the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises generally provide a safe, secure, and clean environment for the pharmacy's services.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright and generally clean. Some areas in the pharmacy were dirty and dusty, including the room where multi-compartment compliance packs were assembled. This detracted somewhat from the overall appearance of the pharmacy. Pharmacy-only medicines were kept behind the counter. But there was no barrier to restrict access to these some of the pharmacy-only medicines to the side of the counter near to the consultation room door. These were accessible to people using the pharmacy. The MCA said that she would rearrange the medicines behind the counter, so that these were not within reach of people using the pharmacy.

Air-conditioning was available; the room temperature was suitable for storing medicines. There were two chairs in the shop area. These were close to the medicines counter. This could possibly increase the chance of conversations at the counter being overheard by people using the chairs.

The consultation room was accessible from the shop area and dispensary. There were two chairs and a desk available. The room was not password protected and people’s personal information was potentially accessible. The pharmacist was observed speaking with a person in the consultation room and the person used the desk directly in front of the computer. Someone was seen standing at the open door to the consultation room waiting to speak with the pharmacist. They had a clear view of the personal information displayed on the computer screen. The pharmacist turned the screen to face away from the shop area. Low-level conversations in the consultation room could not be heard from the shop area. The window in the door to the shop area was see-through. The pharmacist said that he would arrange for this to be covered.

There was a room to the rear of the of the consultation room. This was very small and was used to assemble the multi-compartment compliance packs. Workspace was limited and some bagged items and baskets were kept on the floor. Access to the consultation room from the dispensary was narrow. And team members could not pass one another. If the consultation room was in use, team members could not easily access or leave the room to the rear of the consultation room. As the only exit was into the consultation room.

Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy generally manages its services well. But the pharmacy does not always remove uncollected medicines from the collection area when the prescriptions are no longer valid. This could increase the risk that medicines are supplied when the prescription is not valid. The pharmacy gets its medicines from reputable suppliers. But it does not always remove expired medicines promptly. This could increase the risk of people receiving medicines which are past their 'use-by' date. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There were two steps up to pharmacy. The pharmacy team had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. The entrance was wide enough to allow access for wheelchair users. A variety of patient information leaflets were available. Services and opening times were clearly advertised.

Prescriptions for higher-risk medicines were not highlighted so there was potential that the opportunity to speak with these people could be missed. The pharmacist said that he did not routinely speak with people taking these medicines. The pharmacy did not keep a record of blood test results. This could make it harder for the pharmacy to monitor people's previous blood test results. Prescriptions for Schedule 4 CD prescriptions were not highlighted. The trainee MCA did not know that these were only valid for 28 days. The pharmacist said that prescriptions for Schedule 3 CDs were highlighted with a sticker printed from the patient's medical record. The pharmacist said that CDs and fridge items were checked with people when handing them out. He said that there was one person taking a valproate medicine who needed to be on the Pregnancy Prevention Programme. He was not aware that the warning cards should be supplied to people in the at-risk group every time they were supplied with a valproate medicine. The pharmacy had the patient information leaflets and warning cards available. The pharmacist said that he would provide these to people when needed.

Stock was stored in an organised manner in the dispensary. The pharmacist said that expiry dates were checked every three months and this activity was recorded. But there was no indication as to when each section had been last checked. Short-dated items were not always marked. There were several expired medicines found with dispensing stock. Some had expired in January 2019. Medicines were kept in appropriately labelled containers.

Part-dispensed prescriptions were checked frequently throughout the day. 'Owings' notes were provided and people were kept informed about supply issues. Prescriptions for alternative medicines were requested from prescribers where needed. The pharmacist said that uncollected prescriptions were checked around every three months. But the pharmacy had been busy so this had not been done for around six months. There were many expired prescriptions found in the retrieval system. Some had expired over eight months ago and the dispensed items were still waiting collection. The trainee MCA was not sure how long prescriptions were valid for. She said that she checked people's name and address before handing dispensed items out.

There were four members of the team who managed the processing and assembly of the multi-compartment compliance packs. Prescriptions for people receiving their medicines in compliance packs

were ordered in advance so that any issues could be addressed before they needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the dispenser said that people ordered these when they needed them. The pharmacy kept a record for each patient 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. Medication descriptions were put on the packs. Patient information leaflets were routinely supplied.

CDs were stored in accordance with legal requirements. 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; these were recorded in a way so that another person's information was protected. The driver said that he was provided with a cool box for transporting medicines requiring refrigeration.

Licensed wholesalers were used for the supply of medicines and medical devices. Drug alerts and recalls were received from head office. These were actioned and kept for future reference.

The pharmacy had the EU Falsified Medicines Directive equipment installed and team members had received some training. The pharmacist said that the equipment was not always used.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

Suitable equipment for measuring medicines was available. Separate measures were marked for methadone use only. Most of the measures were not clean and there was liquid residue on one of them. One of the team members said that she would ensure that these were cleaned. 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 pharmacist said that blood pressure monitor was replaced regularly by head office. The phone in the dispensary was portable so could be taken to a more private area where needed. The shredder was in good working order. The fax machine was not working properly on the day of the inspection. The surgery had contacted the pharmacy to raise the issue with them. The dispenser spent time on the phone to head office to try and resolve the issue. And it was resolved during the inspection.

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.