General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, Frederick Street, Farnworth, BOLTON, Lancashire, BL4 9AH

Pharmacy reference: 1033157

Type of pharmacy: Community

Date of inspection: 24/02/2020

Pharmacy context

This busy community pharmacy is located next to a medical centre. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and it sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. Around 40% of prescriptions are sent to the company's hub to be dispensed.

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	1.2	Good practice	The pharmacy team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day to day practice to help manage future risks.
		1.8	Good practice	The pharmacy team has a clear understanding of safeguarding issues and procedures. It proactively identifies concerns and reports these to the relevant agencies.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members have the appropriate skills, qualifications and competence for their role, and there is a structured approach to training and development.
		2.4	Good practice	The pharmacy team work well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
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 effectively manages risks to make sure its services are safe. It completes all the records that it needs to by law and it asks its customers for their views and feedback. Pharmacy team members work to professional standards and they are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and they act to help stop the same sort of mistakes from happening again. Team members have a clear understanding of how to protect vulnerable people and they are pro-active in raising safeguarding concerns. They have written procedures on keeping people's private information safe.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided. Members of the pharmacy team confirmed electronically via an e-Learning system that they had read and accepted the procedures and they completed an assessment to test their understanding of each SOP. Roles and responsibilities of were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Team members were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Dispensing incidents were reported electronically on 'Datix' intranet, which could be viewed at the pharmacy superintendent's (SI) office. 'Action taken at branch' was completed to show what had been done to avoid a re-occurrence. 'Safe and well' bulletins were sent from the SI office sharing learning within the organisation. For example, highlighting an incident when a patient was supplied with ropinirole 0.5mg instead of risperidone 0.5mg. The pharmacy's response to this was to alert the team to the possibility of error with these medications, and they were going to make a note on the records of any patients taking either of these medicines. The RP flagged an issue to the SI office following a change to their patient medication record (PMR) system, when a patient who normally received their medicines in compliance aid packs, was prescribed a duplicate medicine on a separate prescription at a separate time to their regular medication. The RP didn't realise that the person usually had compliance aid packs, so the medicine was nearly duplicated. He explained that there was a note on the PMR that the person had compliance aid packs, but it was not very prominent and could be easily missed by the person labelling the prescription. The RP suggested a note should be printed to alert the dispenser and pharmacist, such as on the bag label, as was the case with the previous PMR system. Near misses were recorded on a log and then reported on 'Datix' intranet and discussed with the pharmacy team. Action points such as 'continue vigilance with spironolactone and sertraline' and 'review dispensary drawers to ensure clear separation' had been recorded following near misses. The RP explained that team members were currently focusing on look-alike and sound-alike drugs (LASAs) and they had been made aware of the top LASAs. Some team members had completed the Centre for Pharmacy Postgraduate Education (CPPE) training on LASAs. Different forms of medicines had been clearly separated, such as ramipril tablets and capsules. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out. The RP carried out monthly patient safety reviews where dispensing incidents and near misses were analysed and there had been a reduction in the number of near misses involving LASAs at the last review.

A ‘Customer Care’ notice was on display next to the consultation room which gave the details of head office, in case of a complaint and it also encouraged customers to give feedback. This was also explained in the pharmacy's practice leaflet. A customer satisfaction survey was carried out annually. The results of the surveys carried out in 2019 was on display and indicated 73.9% of respondents had rated the pharmacy very good or excellent. This was around 20% lower than the previous surveys carried out in 2016, 2017 and 2018 which were available on www.NHS.uk website. The pharmacy manager suggested that this could be due to the introduction of the new PMR system in February 2019 which impacted on customer service in the following months, but had since improved. Areas of strength (100%) included ‘The staff overall’, ‘Being polite and taking the time to listen’, ‘Having somewhere available where you could speak without being overheard’ and ‘Disposing of medicines you no longer need’. An area identified which required improvement was ‘Comfort and convenience of the waiting areas’. The pharmacy manager reviewed this area and had ordered some new chairs to improve it.

A current certificate of professional indemnity insurance was available in the pharmacy. Private prescription records, the RP record and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

All staff completed annual training on confidentiality, data protection and information security. Confidential waste was collected in designated bins which were collected by a specialised disposal company. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately. ‘Your data matters to the NHS’ information leaflets were on display with information about NHS data sharing and the opt-out option. A statement that the pharmacy complied with the Data Protection Act and the NHS Code of Confidentiality was given in the practice leaflet. The pharmacy sent people’s prescriptions to the hub pharmacy in Stoke without obtaining explicit consent from the patient, which potentially breached patient confidentiality. Details of the hub pharmacy were on the bag label and medication label. But people were assumed to have ‘opted in’ unless they objected, when their record would be changed to ‘opted out’. Similarly, the pharmacy sent people’s prescriptions to a third party ‘Wardles’, a registered dispensing appliance contractor, for them to dispense, but consent was not requested for this which was a potential breach of their confidentiality. Consent was received when summary care records (SCR) were accessed.

Members of the pharmacy team had completed safeguarding training and the pharmacist and pharmacy technicians had completed CPPE level 2 training. Both delivery drivers said they would voice any concerns regarding vulnerable people to the pharmacy team and one gave an example of when he had done this the previous week. Another member of team explained that she had a concern because one of their vulnerable patients was not answering the door to the delivery drivers and had not come to collect their medicine for a couple of weeks. This was of particular concern because the patient did not have a phone and had not provided any contact numbers for family members. The team member discussed her concerns with the RP, took advice from the SI office and then contacted the police, who visited the patient to check all was well. She said she felt supported during this process. The pharmacy had a chaperone policy, and this was highlighted to patients. All members of the pharmacy team had completed Dementia Friends training, so had a better understanding of patients living with this condition.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the right qualifications for the jobs they do, and they get some ongoing training to help them keep up to date. They work well together and communicate effectively. They are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

There was an RP, an accuracy checking technician (ACT), two pharmacy technicians (PT), two NVQ2 qualified dispensers and two delivery drivers on duty at the time of the inspection. One of the dispensers was the pharmacy manager. The staffing level was adequate for the volume of work during the inspection. Planned absences were organised so that not more than one person was away at a time. There was also a pharmacy student on the pharmacy team who covered absences when he was available. Staff hours had been reduced because some prescriptions were now being assembled at the hub pharmacy.

Team members carrying out the services had completed the appropriate training and used the company's on line training system e –Expert learning to ensure their knowledge was up to date. Team members were able to display their 'learning plan' which was a record of their completed training which included SOPs and current areas of concern such as sepsis. Training was audited by head office and the pharmacy manager alerted to any outstanding training. The team did not have regular protected training time and usually carried out training in their own time as the pharmacy was very busy. A relief driver was working with the pharmacy's regular driver to assist and train him on the new delivery system 'flexipod', which had been recently introduced, and used a hand-held device rather than delivery sheets to record the deliveries on.

There was a formal appraisal and review system where performance and development were discussed. The pharmacy manager explained that the new PMR system had created a lot of additional work for the team and he spent most of his time working as a dispenser. Consequently, he had got behind with his management duties, so performance reviews were overdue. He did however give positive and negative feedback informally to team members. Communication within the company was via the intranet and there was an online alerting system, which highlighted when new information was available such as messages from the SI's office and alerts and recalls. Daily, weekly and monthly tasks were assigned via this system.

Weekly team huddles were held where a variety of issues were discussed, and concerns could be raised. These included information from the weekly conference call, which the pharmacy manager dialled into, and updates on the pharmacy's performance against targets. At the last team huddle the pharmacy manager discussed the pharmacy's texting service which informed people their prescription was due to be ordered or ready to be collected. He had highlighted to the team the option of adding a note that the person had been asked about texting and was not interested. The pharmacy manager documented the details discussed in the huddles and printed a copy as a reminder for the team. One of the team confirmed there was an open and honest culture in the pharmacy and she would feel

comfortable talking to the RP, manager, area manager or SI about any concerns she might have. She said the staff worked well as a team and were able to make suggestions or criticisms informally. The team had a meeting about the new delivery system and were able to discuss their ideas and concerns about it. There was a whistleblowing policy and a notice on display showing this.

The RP said he felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He said he had recently noticed an increase in people requesting pseudoephedrine, which he thought might be being misused, so he had passed this information onto other local pharmacies. Targets were set for Medicines Use Reviews (MURs) and New Medicine Service (NMS), which were closely monitored by the organisation. The RP said he was under pressure to meet these targets, but he didn't allow this to compromise patient safety. He said the team had achieved the MUR target so the pressure had eased a little, and the team were now focusing on the NMS.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy generally provides a suitable environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations. But the lack of storage space means some areas are less well organised and makes the working environment more challenging.

Inspector's evidence

The pharmacy premises, including the shop front and facia, were clean, well maintained and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with four chairs. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a good standard, and the fixtures and fittings were in good order. Maintenance problems were reported to Well support centre and the response time was appropriate to the nature of the issue. There was a four-hour response time if the matter was urgent.

The premises were small. The staff facilities included a kitchen area in the back dispensary but there was very limited space and no seating. Rubbish was stored in bags in this area as no waste bins were allowed outside the building. The bags were only collected every two weeks, so by the end of each fortnight, they were taking up valuable space in the pharmacy and were beginning to smell. The pharmacy manager said he was trying to find alternatives arrangements, such as arranging weekly collections of the rubbish, to prevent this build up. There was a WC with a wash hand basin. This area was difficult to access as it contained a large portable heater/cooler and cleaning equipment. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above some of the sinks and hand sanitizer gel was available.

There was a consultation room, which was a bit cluttered, but it was reasonably clean and professional in appearance. The availability of the room was highlighted by a sign on the door and in the practice leaflet. This room was used when carrying out services such as MURs, and also when customers needed a private area to talk.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. Services are generally well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. There was a power assisted door at the entrance. There was a hearing loop in the pharmacy and a sign indicating this. A list of the services provided by the pharmacy was shown in the practice leaflet and some were advertised in the pharmacy. Team members were clear what services were offered and where to signpost people to a service not offered, such as needle exchange. There was a range of healthcare leaflets and a healthy living zone with some alcohol awareness literature such as a 'know your units' poster. Healthy living interventions were not usually recorded, so it was difficult for staff to monitor the effectiveness of health campaigns.

There was a home delivery service with associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. Space was very limited in the dispensary, but the work flow was organised into separate areas with two designated checking areas for the pharmacist and ACT. The dispensary shelves were reasonably well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. Prescriptions returned from the hub were scanned at the pharmacy and an individual location allocated to them, so their location could be quickly identified, in case of query or problem. The pharmacy manager checked a random sample of prescriptions from the hub to assure accuracy of the process.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'therapy check' stickers were used to highlight when high-risk medicines such as warfarin, lithium and methotrexate required extra checks and counselling. INR levels were requested but not always recorded when dispensing warfarin prescriptions. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and three patients in the at-risk group had been identified. The RP confirmed that he had discussions with these patients about pregnancy prevention and there was a note on their PMR confirming this. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. A diabetes audit had highlighted that a large number of patients had not had the required foot check within the last 12 months. The RP discussed this with the GP practice next door who said there had been an issue with the company providing this service, which was the reason for the backlog. There was an ongoing audit of patients prescribed non-steroidal anti-inflammatory drugs (NSAIDs) to check if gastroprotection was required, and two people had been referred so far. Records of referrals to GPs and interventions were maintained and recorded on PMRs.

Multi-compartment compliance aid packs were well organised. There was a form to record communications with GPs and changes to medication. The ACT accuracy checked the compliance aid packs unless there were any changes when she asked the RP to carry out a new clinical check first. The RP confirmed he had previously clinically checked all the medications in compliance aid packs, but this had not been recorded. He confirmed that he carried out a new clinical check when any changes were made to medication in compliance aid packs, but he also did not make a record of this. This meant it might be difficult to establish who was responsible for any clinical issues in the event of a problem or query. There was a space to record the clinical check on the record sheets used for compliance aid packs and the RP confirmed he would start to use this to record his clinical check. Medicine descriptions were included for some of the medications to enable identification of the individual medicines, and packaging leaflets were included, so patients and their carers had easy access to information about their medicines. Disposable equipment was used. There was a SOP for new people requesting a compliance aid pack. A suitability form was available to record an assessment made by the pharmacist as to the appropriateness of a compliance aid pack, or if other adjustments might be more appropriate to the patient's needs. The pharmacy manager said the assessment was carried out, but it was not usually documented.

A dispenser explained what questions he asked when making a medicine sale and when to refer the patient to a pharmacist. He was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if he suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and recorded electronically. This was audited by head office. The pharmacy was a little behind with this due to the heavy work load over the last few months. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD). They had the required equipment and the team had received training, but they were not currently scanning to verify or decommission medicines. They were waiting for further instruction from head office before starting to use the system. Alerts and recalls were received electronically from the SI's office and could also be viewed directly from the intranet. These were read and acted on by the pharmacist or member of the pharmacy team and then filed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe and use it in a way that protects privacy.

Inspector's evidence

Current versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. There was a clean medical fridge. The minimum and maximum temperatures were being recorded daily and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested. Equipment was ordered through the Well support centre at head office and any problems with equipment (including IT) would be dealt with by them.

There was a selection of clean liquid measures with British Standard and crown marks. The pharmacy also had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy so staff could move to a private area if the phone call warranted privacy.

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.