General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 8 Grasmere Road, BLACKPOOL, Lancashire, FY1 5HU

Pharmacy reference: 1033225

Type of pharmacy: Community

Date of inspection: 11/11/2019

Pharmacy context

This is a community pharmacy located on a high street. It is situated in a residential area south of Blackpool town centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and substance misuse supplies. A number of people receive their medicines in multi-compartment compliance aids.

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	Members of the team record things that go wrong and use the records to help identify learning and reduce the chances of similar mistakes happening again.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team are given training so that they know how to keep private information safe. And they record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy keeps the records it needs to by law.

Inspector's evidence

There was an electronic set of standard operating procedures (SOPs) which were regularly updated by the head office. Members of the pharmacy team had read the SOPs and completed assessments to check their understanding.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the incorrect supply of quetiapine instead of olanzapine. The pharmacist had investigated the error and discussed her findings with the pharmacy team. Near miss errors were recorded on an electronic platform. This produced analytical graphs which the pharmacist used to identify underlying factors. Details of these were included in monthly patient safety reviews, which the pharmacist discussed with the team. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. She gave examples of action taken to help prevent similar mistakes. For example, they had introduced an extra check by a second member of staff during the dispensing of insulin products. The company shared learning between pharmacies by putting information on the intranet. Amongst other topics they covered common errors. The pharmacy team would discuss the information when it was received.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded to be followed up by the pharmacy manager or the head office. A current certificate of professional indemnity insurance was seen.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. A random balance was checked and found to be accurate. Patient returned CDs were recorded in a separate register. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team had completed IG training and each member had signed confidentiality agreements in their contracts. When questioned, the pharmacy team were able to describe how confidential waste was segregated to be removed by a waste carrier. Information about the pharmacy's privacy notice was on display in the retail area.

Safeguarding procedures were included in the SOPs and the pharmacy team had completed

safeguarding training. The pharmacist and pharmacy technician had completed level 2 safeguarding training. Contact details of the local safeguarding board were available in a folder. The pharmacy technician was able to describe how she would initially handle any concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy technician, and two dispensers. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and two other staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with an e-learning training programme. Training topics were usually related to the company’s procedures and services. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training. Additional training modules were available to help the team's development. But these were not compulsory and were not always completed.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy team and the company. A dispenser said she felt a good level of support from the pharmacy team and felt able to ask for further help if she needed it. Appraisals were conducted by the pharmacy manager. A dispenser said she felt that the appraisal process was a good chance to receive feedback and she felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were service based targets for MURs, NMS and flu. The pharmacist said she did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate. The counter area was screened to help maintain privacy of conversations. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. A separate signature was obtained to confirm receipt of CDs.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Some prescriptions were dispensed by an automated hub pharmacy. Consent to send prescriptions to another site within the company was obtained prior to commencing the service. Prescriptions for the hub were labelled electronically and the pharmacist would complete an accuracy and clinical check on the information that had been entered. This was then transmitted to the hub, and the PMR indicated any items which could not be dispensed. This included items out of stock, not stocked, or CD and fridge items. The process was auditable by use of a personal log in to identify who had labelled the prescription and who performed the accuracy and clinical check. Dispensed medicines were received back from the hub within 48 hours bagged for individual patients. These were received in a sealed tote that clearly identified that it contained dispensed medicines. The bagged medicines were then matched up against the prescription forms and did not need to be accuracy checked by the pharmacist. Any other items not dispensed by the hub were dispensed and checked in the branch.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. When people came to collect their medicines, the pharmacy team would search for a patient name on a handheld electronic device. This had a record of the storage location of the person's medicine. A member of the pharmacy team scanned the shelf and the barcode on the bag. This would need to match the recorded data otherwise the device would indicate it was the incorrect bag. This helped to reduce the likelihood of a supply to

the incorrect person.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were not always highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had completed an audit and had spoken to any patients who were at risk to make them aware of the pregnancy prevention programme. This was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy team would complete an assessment about their suitability. A record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The pharmacy team said that they did not obtain consent from the patient for the prescription to be dispensed by another contractor. So people may not always have been aware that their personal information was being shared. Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. Stock was date checked on a 3-month rotating cycle. An electronic record of what had been checked was kept. Shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and recorded for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. Some CD stock had not been destroyed for the previous 12 months. This may increase the risk of an error. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were actioned electronically before being printed and signed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested in September 2019. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean by the pharmacy team.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.