General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Normoss Pharmacy Ltd, 112 Normoss Road, BLACKPOOL, Lancashire, FY3 8QP

Pharmacy reference: 1033241

Type of pharmacy: Community

Date of inspection: 03/09/2020

Pharmacy context

This is a community pharmacy located on a parade of shops. It is situated in the residential area of Normoss, north-east of Blackpool town centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a seasonal flu vaccination service. 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	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

Members of the pharmacy team follow written procedures to help them work effectively. But a new member of staff has not yet read all the procedures, so she may not fully understand her responsibilities. The pharmacy team discusses things that go wrong to identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which had been issued in November 2019. Most of the pharmacy team had signed to say they had read and accepted the SOPs. But a new member of the team had not, so she may not always be clear about what is expected of her.

The pharmacist said he had discussed new ways of working with members of the pharmacy team to help manage the risk of working during social distancing measures. But this had not been recorded. And staff had not received individual workplace risk assessments. So the pharmacy cannot demonstrate that the risks are being effectively managed.

The pharmacy had systems in place to record and learn from dispensing errors. A paper log was available to record near miss incidents, but this had not been completed for the previous two months. The pharmacist said he highlighted mistakes to staff at the point of accuracy check and asked them to rectify their own errors. He gave an example of action which had been taken to help prevent picking errors by putting warning notices on the shelves near similarly named medicines such as amlodipine and amitriptyline. A new member of staff had been given training to raise their awareness about common picking errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. When questioned, the new member of the team was able to describe what her responsibilities were. 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. A current certificate of professional indemnity insurance was on display.

Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and both 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. Most of the pharmacy team had read the policy and signed a confidentiality agreement, but the new member of the team had not. When questioned, the new member of staff was able to describe actions which would help to protect people's information. Such as how confidential waste was segregated to be destroyed using an on-site shredder. A privacy notice in the retail area provided information about how the company handled and stored people's information.

There were no current safeguarding SOPs. The pharmacist said these were included in the previous

SOPs but he hadn't realised they were missing when the SOPs were re-issued. The pharmacist said he had completed level 2 safeguarding training, but other members of the pharmacy team had not completed any additional training. So they may not always fully understand how they are expected to deal with any concerns. Contact details of the local safeguarding board were in the dispensary. The counter assistant said she would initially report any concerns to the pharmacist on duty.

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. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacist manager, one dispenser, two medicine counter assistants (MCA) and a new staff member under probation. The pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and two to three members of staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could also be requested from nearby branches.

Members of the pharmacy team completed some additional training. For example, they completed training booklets received through the post. But records for the activity were not kept, and further training was not provided in a structured or consistent manner. Appraisals were not provided to members of the pharmacy team.

The new member of staff said she would refer most medicine sales to the pharmacist until she had a better understanding. She said she felt a good level of support from the pharmacist and felt able to ask for further help when she needed it. The pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team and the superintendent. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. The pharmacist said he was set performance-based targets. But he 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. An enhanced cleaning regime was in place. To help promote social distancing, only two people were allowed in the retail area at one time. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any confidential information due to the position of the dispensary and access to the dispensary was restricted by use of a gate. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kettle, microwave, and WC facilities.

A post office formed part of the dispensary. The pharmacist said the post office staff had signed a confidentiality agreement. Post office operations were only conducted during the pharmacy's opening hours.

A consultation room was available with access restricted by use of a lock. There was a desk, seating, adequate lighting, and a wash basin. It was also used as a kitchenette, which detracted from the professional appearance people expect of a consultation area. And it may not always provide the high level of hygiene required for invasive procedures, such as flu vaccinations.

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 an automatic door, and an external purpose-built ramp enabled access for wheelchair users. There was also wheelchair access to the consultation room. A practice leaflet provided information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. A range of leaflets provided information about various healthcare topics.

A repeat prescription service was offered where patients would contact the pharmacy to order their medication. Some patients were on a managed repeat system where the pharmacy would contact the patient in advance to ask if they required any medication. A record of requested medication was kept, and any missing items were queried with the GP surgery.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a sheet was used to record the deliveries that had been made. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

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 and the baskets were colour coded to help prioritise dispensing. Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

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 routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is 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 he had completed an audit and had spoken to patients who were at risk and made them aware of the pregnancy prevention programme, which was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. 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 information was sought, and previous records were retained for future reference. Disposable equipment was used to provide

the service. Medicine descriptions and a dispensing audit trail were provided on the compliance aid. But patient information leaflets (PILs) were not routinely supplied. This is a legal requirement and without the leaflets people may not always have all of the information they might need.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy did not have the equipment needed to be able to meet the safety features of the falsified medicine directive (FMD), which is now a legal requirement. So the pharmacy team had yet to commence routine safety checks of medicines. The pharmacist said stock was date checked on a monthly basis. But this was not recorded when it was completed. So there is a risk that some medicines may be overlooked. Short dated stock was highlighted using a sticker. Liquid medication had a date of opening written on. A random selection of medicines were checked and none were found to be out of date stock.

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 2 months. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

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 use it in ways that protect confidentiality

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. Electrical equipment appeared to be in working order. 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.

Perspex screens were installed at the medicines counter and post office counter to help protect members of the pharmacy team. Disposable masks, gloves and aprons were available for staff use, as well as face visors and alcohol gel.

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.

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.