General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Whitworth Chemists Ltd., 60 Whitegate Drive, BLACKPOOL, Lancashire, FY3 9DQ

Pharmacy reference: 1033267

Type of pharmacy: Community

Date of inspection: 18/09/2019

Pharmacy context

This is a community pharmacy located on a major road with other retail units. It is situated near the town centre of Blackpool, in Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, travel vaccines and substance misuse treatments. 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	Good practice	1.2	Good practice	Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
		1.7	Good practice	Information governance procedures are in place and the pharmacy team are given training so that it knows how to keep private information safe.
2. Staff	Good practice	2.2	Good practice	Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date.
		2.3	Good practice	The pharmacy keeps records to show when it provides healthy living advice.
		2.4	Good practice	Appraisals and team meetings are fully documented, showing a culture of openness, honesty and learning.
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 ✔ Good practice

Summary findings

The pharmacy team follows written procedures, to help it 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. They record things that go wrong and then discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were due to be reviewed in October 2019. The pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved labelling prescriptions for a husband and wife, under one of their names. The pharmacist had investigated the error and discussed it with the pharmacy team. Near miss incident were recorded electronically and the records were reviewed monthly by the pharmacist. The pharmacist said he would discuss the review with staff each month. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. He provided examples of action taken to help prevent similar mistakes, such as placing an alert sticker in the location of different formulations of inhalers. The company shared learning between pharmacies by email. 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. When questioned, the dispenser was able to describe what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. 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. Complaints would be recorded and followed up by the pharmacy manager or head office. A current certificate of professional indemnity insurance was on display in the pharmacy.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked and found to be correct. 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. Members of the pharmacy team had read the policy and signed confidentiality agreements. When questioned, the dispenser was able to describe how confidential waste was destroyed using an on-site shredder. A privacy notice was displayed in the retail area which described how the pharmacy handled and stored people's information.

Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist said he had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. The dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Good practice

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 regular training modules to help them keep their knowledge up to date. And they have regular appraisals when they discuss their performance, which helps them to improve. The pharmacy team gives advice to people to help them have a healthy lifestyle.

Inspector's evidence

The pharmacy team included a pharmacist manager, three dispensers and a medicine counter assistant (MCA). All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and two to three 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 local branches to provide cover.

Members of the pharmacy team completed additional training throughout the year, and this was recorded in their portfolio of evidence folders. This included online training, and training booklets. Topics appeared relevant to the member of the team completing the training. Staff were allowed learning time to complete the training.

The dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by the pharmacy team and the company. The dispenser said she received a good level of support from the pharmacist and felt able to ask for further help. Information about the provision of healthy living advice was routinely recorded by the pharmacist on a log. This identified what the type of advice was provided, and the recommendation made – such as referral to a GP, walk in centre or a sale of an OTC medicine.

Members of the pharmacy team were required to complete a portfolio of evidence each year to document the healthcare work and the training they had completed. This was discussed as part of a formal appraisal with the pharmacy manager. A dispenser said she felt the process helped her in her learning and development. The pharmacy team held daily huddles about issues that had arisen, including when there were errors or complaints. A communications diary was used to record important information so that it could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacist said he was set some service-based targets, but he did not feel under pressure to meet them.

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 dispensary was small, but it was well organised. The pharmacy team said they tried to stagger the workload to prevent overcrowding and clutter. A sink was available within the dispensary. Access was restricted by a gate. 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, and adequate lighting. 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 them so that they are safe and effective. It gets its medicines from appropriate sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

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. 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. The pharmacy opening hours were displayed at the entrance of the pharmacy 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 logged onto an electronic delivery management system. An electronic device was used to obtain signatures from the recipient to confirm delivery. Devices belonged to the company and were kept at the pharmacy overnight. 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. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. 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. Members of the pharmacy team obtained INR readings for people taking warfarin. But other high-risk medicines (such as 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 he would speak to patients to check the supply was suitable but said there were currently no relevant patients that met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Patients were assessed for suitability by either the GP surgery or by the pharmacy. 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.

A variety of travel vaccines were administered by the pharmacist as part of the pharmacy's travel clinic service. Patient group directions (PGD) for each vaccine were seen and in date. The pharmacist had completed the required training to the PGD's requirements and was up to date with his vaccination training. Suitable equipment was present to provide the service. The pharmacy provided yellow fever vaccines, and they had completed the required documentation, training and registration to allow this. The pharmacist said the service allowed people intending to travel to receive vaccinations at short notice, without creating extra burden on the NHS.

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 available but had yet to be installed. So the pharmacy team had yet to commence routine safety checks of medicines. Stock was date checked on a monthly basis. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and 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. CD denaturing kits were available for use. Methameasure equipment was used to help deliver the substance misuse service in an appropriate manner. There was a clean medicines fridge with a minimum and maximum 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 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 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, all electrical equipment had been PAT tested in September 2018. 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. The pharmacy team kept equipment clean, including the Methameasure machine which was cleaned and calibrated on a daily basis.

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.