General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Johns (Chemists) Ltd, 288 Poulton Road, FLEETWOOD, Lancashire, FY7 7LA

Pharmacy reference: 1033375

Type of pharmacy: Community

Date of inspection: 23/10/2019

Pharmacy context

This is a community pharmacy situated in the residential area of Fleetwood, north of Blackpool. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. 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 they do not have any procedures about safeguarding vulnerable adults and children. So they may not fully understand how to deal with concerns or the signs to look out for. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe.

Inspector's evidence

There was a set of standard operating procedures (SOPs) with a stated date of review of July 2021. These had been read and signed by members of the pharmacy team, but they did not contain SOPs related to working in the absence of the responsible pharmacist (RP). This means people who work in the pharmacy may not know what to do in those circumstances to make sure they don't break the law. But, when questioned, a dispenser was clear about the tasks that could or could not be conducted during the pharmacist's absence.

Dispensing errors were recorded electronically and submitted to the national error reporting and learning database 'NRLS'. An example of an error involved the supply of pantoprazole instead of pravastatin. The pharmacist said he had investigated the error and reported it on the NRLS website. But this was not printed and there was no record kept. So the pharmacy did not have records to show what it had done following an error. The pharmacist explained that in this case the two medicines had been moved so that they were clearly separated on the stock shelves. Near miss incidents were recorded on a paper log and the pharmacist said he would discuss the records with staff each month. But errors were not collectively analysed to identify underlying factors, and any action points were not recorded. So they may miss some learning opportunities. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. He gave examples of action they had taken to help prevent similar mistakes such as segregating amitriptyline and amlodipine tablets.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to describe what her responsibilities were. The RP had their notice displayed prominently. The pharmacy had a complaints procedure which was explained the pharmacy's practice leaflet. Any complaints would be recorded and followed up by the pharmacist or SI. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained, with running balances recorded. Three balances were checked and found to be accurate. Patient returned CDs were recorded in a separate register. The RP was signed into the register. But records did not include the end of their tenure. So the pharmacy may not be able to demonstrate who the RP was at a specific point in time.

An information governance (IG) policy was available. The pharmacy team had completed IG training and had signed confidentiality agreements. When questioned, a dispenser was able to describe how confidential waste was segregated and removed by a waste carrier. There was no privacy notice on display. So people may not always be fully informed about how the pharmacy handles their information.

The pharmacist said he was in the process of completing level 2 safeguarding training. There were no safeguarding procedures available and members of the pharmacy team had not received safeguarding training. But the dispenser said she would initially report any concerns to the pharmacist on duty. The superintendent pharmacist (SI) said he had a copy of the procedures and would make them available.

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, five dispensers – one of whom was trained to accuracy check, 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, accuracy checking dispenser 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. A pharmacist and the SI were present during the inspection.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about Children's oral health. Training records were kept but the training was not provided in a structured or consistent manner. So learning needs may not always be addressed.

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 he felt able to exercise his professional judgment, and this was respected by the pharmacy team and the SI. A dispenser said she received a good level of support from the pharmacist and felt able to ask for further help if she needed it.

Appraisals were conducted annually. A dispenser said she felt that the appraisal process was a good chance to receive feedback about her work 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 SI. There were no service based targets set by the company.

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 to the dispensary was restricted. 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 consultation room was available. The space was cluttered with files and folders, which detracted from the professional image. There was a computer, desk, seating, adequate lighting, and a wash basin.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access for most people. But the consultation room is not suitable for wheelchairs, so some people may not be able to access all the services. Members of the pharmacy team work to professional standards, but they don't always keep records to show what they did. So if things go wrong it may be unclear who was responsible. The pharmacy gets its medicines from recognised sources, stores them appropriately and carries out some 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. But there were steps leading into the consultation room and the pharmacy did not have a ramp which meant people in wheelchairs may not be able to access al of the pharmacy's services. Information about the services offered was on display. 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 poster. The 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 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.

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. The pharmacist performed a clinical check of all prescriptions. When this had been done the accuracy checker was able to perform the final accuracy check. But there was no audit trail to show a clinical check had been completed or by whom. So in the event of a concern or query it may not be possible to identify which pharmacist carried out the check. And there is a risk that medicines could be supplied without clinical checks being made.

Dispensed medicines awaiting collection were kept 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. 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 also highlighted and patients were referred to the pharmacist for counselling. 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 would speak to any patients who were at risk and made them aware of the pregnancy prevention programme, which would be recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to 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. But the compliance aids were not always labelled with medication descriptions and patient information leaflets (PILs) were not routinely supplied. So people may not be able to identify the individual medicines or have all of the information they need to take the medicines safely.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were 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 every two months. 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 with the month of expiry written on. 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. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were 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. The pharmacist said she received drug alerts by email from the MHRA. But there were no records kept so the pharmacy was not able to show whether appropriate action had been taken.

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 July 2017. There was a selection of liquid measures with British Standard and Crown marks. 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.

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.