General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Bowerham Pharmacy, 8-9 Gordon Terrace, Bowerham Road, LANCASTER, Lancashire, LA1 4DS

**Pharmacy reference:** 1033386

**Type of pharmacy:** Community

**Date of inspection:** 12/08/2019

## Pharmacy context

This is a community pharmacy situated in a residential area of Lancaster. 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 a smoking cessation service. A number of people receive their medicines in multi-compartment compliance aids.

## Overall inspection outcome

**Standards not all met**

**Required Action:** Improvement Action Plan

Follow this link to find out what the inspections possible outcomes mean

## 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 not all met | 4.3 | Standard not met | Stock medicines are not always stored in a safe and orderly way. Some have been re-packaged and are not adequately labelled and expiry date checks are not effective. This means there may be an increased risk of errors being made. Dispensing labels do not always include important warnings. |
| **5. Equipment and facilities** | Standards met | N/A | N/A | N/A |

## Principle 1 - Governance ✔ Standards met

### Summary findings

Members of the pharmacy team have written procedures to help them work safely. The pharmacy generally keeps the records it needs to by law. And staff are given training so that they know how to keep private information safe. But the way confidential waste is destroyed is unreliable. Members of the pharamcy team record things that go wrong, but they do not review the records. So they may miss some learning opportunities and there may be a risk of similar mistakes happening again.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were reviewed in February 2019 by the superintendent (SI). Most of the pharmacy team had signed to say they had read and accepted the SOPs. But those who had recently commenced employment had not. So it was not clear whether they fully understood what was expected of them.

Dispensing errors were recorded on a standardised form. The most recent error involved the incorrect supply of a Neovent inhaler instead of an Atrovent inhaler. The SI had made the pharmacy team aware about the mistake. Near miss errors were recorded on a paper log. The pharmacist said he would discuss errors with the staff each month, but the records were not formally reviewed to consider underlying factors. He provided examples of action that had been taken to help prevent similar mistakes. Such as moving bendroflumethiazide 2.5mg tablets away from bisoprolol 2.5mg tablets.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A new member of staff was able to describe what her responsibilities were and said she would not hand out any medicines during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A sign in the retail area advised people they could give feedback to members of the pharmacy team. Complaints were recorded on a standardised form to be followed up by the pharmacy manager. A current certificate of professional indemnity insurance was on display in the pharmacy.

Controlled drugs (CDs) registers were maintained. Running balances were recorded and audited each week. But there was a gap in this activity between 12th June and 3rd August when audits had not been completed. The balance of MST 5mg MR tablets, Zomorph 30mg MR capsules, Longtec 5mg MR tablets and Longtec 10mg MR tablets were checked and found to be accurate. But there had been a entry record for a supply of Longtec 40mg MR tablets which was delivered to a patient had been missed. So CD records may not always be kept up to date. Patient returned CDs were recorded appropriately. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy formed part of an SOP, which had been read by the pharmacy team. When questioned, the trainee dispenser was able to describe how confidential waste was segregated into a confidential waste bin. This was usually destroyed using an on-site shredder, but this had been broken for a couple of weeks. The manager said she would take confidential waste home to destroy it using a garden burner. This is an unreliable way to destroy waste so there may be an increased risk of a confidentiality breach. A poster in the retail area described how patient data was handled.

Safeguarding procedures were included in the SOPs, which had been read by the pharmacy team. The pharmacist said he had completed level 2 safeguarding training. But the contact details of the local safeguarding board were not available. This may cause a delay in raising concerns. The dispenser said she would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy team can generally manage the workload and are enrolled onto suitable courses for their roles. But the company do not provide enough time and support to allow them to complete their training. This may have contributed to delays in the pharmacy team's development.

### Inspector's evidence

The pharmacy team included a pharmacist, three trainee dispensers, a trainee medicine counter assistant (MCA) and two drivers. A member of staff had commenced her role about a week ago, and a family member was helping during the summer holidays. Both had yet to be enrolled onto an appropriate training course. So they may not always fully understand some aspects of their role.

The normal staffing level was a pharmacist and two other members of staff. Part-time staff would provide extra hours to help cover absences. The volume of work appeared to be managed, however; a number of staff had left which created extra pressure on the existing staff to cover holidays. So there may be some gaps in the contingency arrangements to allow staffing levels to be maintained.

A number of the trainee dispensers had been enrolled on their training course for two to three years. A trainee dispenser said she does not get time to complete the training modules in her dispensary course which has left her with little progress made. The company provided the pharmacy team with some additional training, for example they had recently attended an evening training event about confidentiality. But further training was not provided in a structured or consistent manner, and records were not always kept. So learning needs may not always be fully addressed.

The new starter said she would refer all sales to another dispenser to check they were appropriate, and if necessary refer to the pharmacist. The trainee dispenser was seen to sell a pharmacy only medicine using the WWHAM questioning technique and refer to the pharmacist where needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by the company. The trainee dispenser said she felt able to discuss any problems with the pharmacy manager. But appraisals about her work were not provided. A whistleblowing policy was available, and the staff said that they would be comfortable reporting any concerns to the manager or SI. The pharmacist said he was not set any targets.

## 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 appeared adequately maintained, but parts of the dispensary were cluttered with stock and dispensing baskets were stored on the floor. This may present a trip hazard and increase the risk of damage to stock. A sink was available within the dispensary.

Access to the dispensary was restricted by the position of the counter. The temperature was controlled by the use of heaters. Lighting was sufficient. The staff had access to a kettle, microwave and WC facilities.

A consultation room was available with access restricted by use of a lock. There was a desk, seating, adequate lighting, and a wash basin. The room was used to store people’s personal belongings and appeared cluttered with paperwork. This detracted from the professional image of a consultation room.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy's services are easy to access. But its medicines are not always managed appropriately, which may increase the risk of things going wrong. And the pharmacy team does not always identify people who receive higher-risk medicines. So it might not always 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 wheelchair access to the consultation room. A service panel gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed at the entrance of the pharmacy and 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. 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 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. Delivery of CDs were also recorded in a book for individual patients and a separate signature was obtained to confirm receipt.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and 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 pharmacy had run out of their normal dispensing labels which contained pre-populated information. They had resorted to using blank labels, but this meant standard warnings such as "keep out of the reach and sight of children" were not printed on when medicines were supplied. Staff said they had been using the blank labels for the last few days. So the pharmacy was not complying with important labelling requirements.

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. The pharmacist said he would expect staff to refer high-risk medicines (such as warfarin, lithium and methotrexate) to him to hand out. But there was no procedure in place to remind staff to do this. So the pharmacy team may not be aware when they are being handed out in order for checks to be made 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 would speak to any patients who were at risk and make them

aware of the pregnancy prevention programme, which would be 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, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were not routinely supplied. So people may not have all of the information they need to take the medicines safely.

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 monthly cycle. A date checking matrix was signed by staff as a record of what had been checked. But this had not been signed since May 2019. The manager said she had completed date checking but the sheet had not been signed. A random sample of stock was checked and several out of date medicines were found, including Propranolol 80mg tablets, Budenofalk 3mg capsules and Lamotrigine 100mg dispersible tablets. Some short-dated stock had been highlighted using stickers. However, a number of medicines were found which had not been highlighted but were due to expire in the next month. Liquid medication had the date of opening written on. A number of medicines were stored as loose blister strips on dispensary shelves and some others had been re-packaged in plain tablet boxes. These were not labelled with all of the required information, such as the batch number and expiry date. This does not meet the labelling requirements and may increase the risk of error. Stocks of medicines used for de-blistering into compliance aids were kept separately in the area used to assemble the trays. The medicines were stored untidily and were not kept in any logical order, which may increase the risk of a picking error.

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 were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had generally been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically by email. But there were no records of the actions taken. So the pharmacy may not be able to demonstrate what they have done in response to drug alerts.

## 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. But the consultation room was not always offered to people to discuss private matters. This does not protect the privacy and dignity of people who receive pharmacy services.

### 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. There were no stickers attached to indicate they had been PAT tested. 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

A patient was counselled on sensitive information about their catheter and leg bag. This involved the pharmacist calling the GP surgery for advice, but this was done in an open part of the dispensary next to the retail area. And the patient was not offered use of the consultation room whilst he spoke to the surgery in the retail area.

## 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. |