General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Smiths Chemist, 108a Warton Street, Lytham, LYTHAM ST ANNES, Lancashire, FY8 5HA

Pharmacy reference: 1033430

Type of pharmacy: Community

Date of inspection: 16/05/2019

Pharmacy context

This is a community pharmacy found on a major road. It is situated in a residential area of Lytham, on the Fylde coast south of Blackpool. 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 emergency hormonal contraception. 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

The pharmacy team follows written procedures to help make sure it provides services safely and effectively. Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chance of the same mistake happening again. The pharmacy keeps the records it needs to by law. People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in February 2019. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

A daily checklist was completed to check compliance with a number of professional requirements, including fridge temperature records, expiry date checks, and responsible pharmacist (RP) records. An electronic record was kept indicating it had been completed.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the incorrect supply of prednisolone 5mg tablets. The pharmacist investigated the error and action was taken to help reduce the risk of further errors by segregating their dispensary location and discussing the incident with the staff.

Near miss incidents were recorded electronically and submitted to the SI. Records were analysed every three months by the head office, and feedback was provided to the pharmacy team about common trends. But reviews were not conducted sooner than this, so some time may pass before any action is taken. The pharmacy team had responded to a near miss incident by segregating different strengths of risedronate tablets.

The company shared learning between their pharmacies by email when there was a significant error. The pharmacy team would discuss the information when it was received. Following a recent incident that had been reported by another branch the pharmacy team had been reminded to ensure the door to the consultation room remained locked.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore a standard uniform and had badges identifying their name and role. The responsible pharmacist (RP) had their notice displayed prominently.

The pharmacy had a complaints procedure. But details about it were not on display so people may not always know how they can raise concerns. Complaints were recorded on a standardised form which could be submitted to the head office if required. Complaints were followed up by the pharmacist or the head office.

A current certificate of professional indemnity insurance was on display in the pharmacy. Records for the RP, private prescriptions and emergency supplies appeared to be in order.

Controlled drugs (CDs) registers were maintained with running balances recorded and these were generally checked each month. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Confidentiality agreements had been signed by each member of staff upon commencing employment with the company. When questioned, the dispenser was able to identify what information she considered to be confidential waste and how it would be destroyed using the on-site shredder. A privacy notice was present but was obscured by another poster. The pharmacy team quickly rectified this, so it was visible to those in the retail area.

Safeguarding procedures were available which the staff had read. The pharmacist said she 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 ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. The pharmacy team complete learning modules to help them keep their knowledge up to date. They get regular feedback from their manager and discuss how they can improve.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician, three dispensers and two drivers. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and three dispensing 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 be requested from the head office, but they were not often needed.

Members of the pharmacy team were provided with learning modules such as Dementia friends and Children’s oral health. The training topics appeared relevant to the services provided and those completing the learning. But there was no structure as to how often they were provided. So learning needs may not always be addressed.

The dispenser gave examples of how she would sell a pharmacy only cough medicine using the WWHAM questioning technique, refuse 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. The dispenser had commenced her employment within the previous year, and said she felt a good level of support from the pharmacy team.

Appraisals were conducted annually by the pharmacist manager. A dispenser said the manager discussed her performance, training requirements and areas for improvement. She felt that the appraisal process was a good chance to have an open discussion about her work.

The staff held weekly team meetings about issues that had arisen, including when there was an error or complaint. Details about the meeting was recorded electronically and submitted to the head office. Members of the pharmacy team were aware of the whistle blowing policy and said that they would be comfortable escalating any concerns to the head office. There were targets set by the company for services such as MURs and NMS. 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 allow 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 the position of the counter.

The temperature was controlled in the pharmacy by the use of electric heaters and fans. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities. A consultation room was available. The space was clutter free with a 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 to help make sure that they are provided safely. But members of the pharmacy team may not always know when higher risk medicines are being handed out. So, they may not always make extra checks to be sure that they are still needed. The pharmacy 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 appeared suitable for wheelchair users. This included wheelchair access to the consultation room. Members of the pharmacy team were able to list and explain the services provided by the pharmacy. But there were no practice leaflets, so people may not always be aware about what services are available.

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 their 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. CDs were recorded on a separate delivery sheet for individual patients and a separate signature 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. 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.

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 not routinely highlighted so that staff could check the prescription validity at the time of supply. So there is a risk that these medicines could be supplied after the prescription had expired. High risk medicines (such as warfarin, lithium and methotrexate) were also 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.

Fridge items awaiting collection were not shown to patients at the point of supply. This would help them to check whether the correct item was dispensed and prescribed. 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 would speak to patients to check the supply was suitable. The pharmacist said she 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. A record sheet was kept for all compliance aid patients; containing details of 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 comlpliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were not routinely supplied. This is a legal requirement and without the leaflets people may not always have all the information they might need.

The pharmacy offered blistered medication to care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery they would be compared to the re-order sheet to confirm all medicines were received back. Any queries were chased up with the GP surgery and the care home was notified about any outstanding queries. Medicines were supplied in labelled original packs, alongside MAR charts.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The pharmacist said that consent was not obtained from the patient for the prescription to be dispensed by another contractor. So people may not always be aware that their personal information is being shared. Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a special's manufacturer.

The pharmacy was not yet meeting the safety features of the Falsified Medicines Directive (FMD), which is now a legal requirement. Equipment was installed, and the pharmacy team were starting to commence the safety checks of their medicines. But checks were not conducted routinely.

Stock was date checked on a three-month rotating cycle. A date checking record was electronically kept which indicated what medicines had been checked and when. 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. 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 three months.

Patient returned medication was disposed of in designated bins for storing waste medicine located away from the dispensary. Drug alerts were received electronically by email and alerts were recorded electronically with details of the action taken, when and by whom.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy team has access to the equipment they need for the services they provide.

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 August 2018.

There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for CDs. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication

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.