General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: G.Pennant Roberts Ltd., 137 Ayres Road, Old Trafford, MANCHESTER, Lancashire, M16 9WR

Pharmacy reference: 1033433

Type of pharmacy: Community

Date of inspection: 03/03/2020

Pharmacy context

This is a traditional community pharmacy, situated in a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and it manages people's repeat prescriptions. A large number of people also receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely and the pharmacy offers a home delivery service. The pharmacy also has a meningitis ACWY vaccination service. And it provides other NHS services such as minor ailment consultations.

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 not all met	2.2	Standard not met	The pharmacy has an untrained team member working on the counter. So, they may not have the skills needed to provide this service.
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 generally manages its risks adequately. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team reviews its mistakes so that it can learn from them. Pharmacy team members know they need to protect people's information. And they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that had been issued in March 2018, which covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Staff said that they had read all these procedures in 2018. However, they had not always made a corresponding record to confirm that they had read and understood each procedure relevant to their role. The pharmacy did not have a scheduled date for when these procedures would be next reviewed.

The pharmacy had a written procedure for dealing with any mistakes that directly affected the patient. Staff members said that they always discussed any mistakes it identified when dispensing, and they addressed each of these mistakes separately by, for example, adjusting where it stored similar sounding medicine names. The team used a notebook for recording mistakes. These records were in an unstructured format, so staff members may not always record all the important information. The last recorded mistake was in March 2018, which made it more difficult for the team to be able to identify any patterns. So, staff members could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for CD transactions. The pharmacy kept an electronic RP record, but the pharmacist usually did not enter the time they ceased being the RP, which could cause ambiguity. The pharmacy kept a record of private prescription medication transactions. However, it had not made entries for around ten private prescription medications that it had supplied since August 2019, so they were not up to date. The team maintained its records for patient-returned CDs, meningitis vaccinations, and medicines manufactured under a specials licence that it had obtained and supplied.

The pharmacy rarely received any emergency supply requests and, when it did, staff members could usually obtain a prescription before the patient ran out of medication. Appropriate records were kept for the few supplies it had made in these circumstances.

Staff members had signed a confidentiality agreement, so they had a basic understanding about protecting people’s information. They secured confidential material, used passwords to protect access to people’s electronic data and had their own security cards to access people’s electronic NHS information. However, team members said that they were taking confidential papers off site to shred, but the RP said they would make sure it was shredded at the pharmacy in future. The team obtained people’s written consent in relation to the meningitis vaccination service. It also obtained their written consent to access their electronic prescriptions, but it did not keep a copy of these forwarded as they were forwarded to the relevant surgery, so it did not have a permanent record. The pharmacy acquired people’s verbal consent to obtain their information for the prescription ordering service. The pharmacy

had not completed the equivalent of a data protection audit and it did not display any information about its privacy notice, so people may not know how to find out about its policies on protecting their data. The team stored some patient identifiable information in the consultation room that remained unlocked, but the RP said they would address this.

The RP had level two safeguarding accreditation, and the dispenser had completed safeguarding training as part of their dispenser qualification. The RP had arranged access to the local safeguarding board's procedures and contact details. The team discussed any safeguarding concerns with the patient's GP, or their carer, if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent. This sometimes led to supplying their medication in compliance packs.

Most of the people who used compliance packs had their medication supplied every seven days, which could help them to avoid becoming confused. And the remaining patients who received twenty-eight days' medication per supply each had a carer who managed administering their medication. The pharmacy also kept a record of these people's care arrangements, so staff had easy access to this information if they needed it urgently when resolving issues involving their care.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy has enough staff to provide an efficient service and the team members work well together. But some team members are not qualified for their roles and training is sometimes delayed. So, they may not have the skills and competence needed to provide the services safely. And team members do not have regular performance reviews and qualified staff do not complete any additional training. This could mean that there are gaps in their skills and knowledge.

Inspector's evidence

The staff members present were the RP and a dispenser. The pharmacy also employed a delivery driver. The only other staff member was a medicines counter assistant (MCA), who had been employed for several years. However, they had not been enrolled on an accreditation course. In response to this, the RP said that they would no longer employ them as an MCA and ask them to undertake a non-healthcare role instead. There was no formal appraisal process for qualified staff to discuss their performance and they did not have access to a structured ongoing training programme.

The pharmacy had enough staff to manage its workload. It usually had repeat prescription medicines, including those dispensed in compliance packs, ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, which helped to increase service efficiency. It had a steady footfall, which meant the team avoided sustained periods of increased workload pressure and it could promptly serve people. Staff members worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision.

The pharmacy had a basic strategy for covering planned and unplanned leave. A locum pharmacist usually covered the RP when they took leave. The dispenser rarely took any leave, and the level of work load meant there was no obvious need for additional cover when the MCA was on leave.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy’s services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a retail unit. Shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the number of people who usually presented at any one time. The dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services. The consultation room was accessible from the retail area, and it could accommodate two people, but its availability was not prominently advertised, so people were less likely to know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and mostly manages them to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open from 9am to 6pm Monday to Friday and 9.30am to 1.30pm on Saturday. It had a low step at the public entrance and staff members could see anyone who needed assistance entering the premises.

The RP provided the vaccination services, so they were available across most of the week. The pharmacy had a written procedure in the form of a patient group direction (PGD) for the meningitis vaccination service, which the RP had signed to confirm they would follow. The PGD had expired in February 2019, but the RP subsequently obtained the updated version. The pharmacy also had a written procedure for administering each vaccine issued in 2017, which did not have a review date. The RP said that they had read it, but they had not signed the procedure to confirm this.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate and lithium. The RP said that they had completed an audit on the patients taking valproate, which confirmed the pharmacy did not have anyone in the at-risk group. The pharmacy did not have the MHRA approved valproate advice booklets and cards to give people in the at-risk group, so they may not have all the necessary information. The RP had also completed an audit of the patients taking lithium. The team checked if people taking warfarin and methotrexate had a recent blood test, but it did not keep any corresponding records that confirmed this. The RP usually checked that these people understood their dose, the side effects to recognise, and that methotrexate patients were taking folic acid.

The team prompted people to confirm the repeat medications they required to help it limit medication wastage and supply people their medication on time. The team made records of these requests, but it did not include the medications requested, so it might find it difficult to effectively resolve queries if needed.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. It kept a record of these people's current medication, which helped it effectively query differences between the record and prescriptions with the GP surgery, and reduced the risk of it overlooking medication changes. These records did not always include the time of day people were meant to take their medicines, so the pharmacy team might not consistently assemble packs in the same way. The team labelled compliance packs with a description of each medicine inside them, which helped people to identify them.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. However, most of the time it only left a protruding flap on part-used medication stock cartons. This could be overlooked and could potentially increase the likelihood of quantity errors.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and

stored them in an organised manner. It did not have a system required to implement the Falsified Medicines Directive (FMD), as required by law, and staff did not know when it would be installed.

The pharmacy suitably secured its CDs, it properly segregated date-expired and patient-returned CDs, and it had kits for denaturing them. The team suitably monitored the medication refrigerator storage temperatures. Staff said that they checked all the medicine stock expiry dates each month throughout 2019. However, the corresponding records that supported this had been removed from the pharmacy. Several randomly selected stock medicines each had the minimum of a reasonably long shelf life.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but it did not keep corresponding records, which could make it more difficult to explain what has happened in the event of a query. It disposed of obsolete medicines in waste bins kept away from its medicines stock to reduce the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

Staff members checked the supply deadline date before they prepared and handed out any CDs, so the pharmacy had a basic system to make sure it only supplied CDs against a valid prescription. The team used an alphabetical system to store patients' bags of dispensed medication, which meant it could efficiently retrieve people's medicines when needed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, which it properly maintains. And it has the facilities to secure people's information.

Inspector's evidence

The team kept the dispensary sink clean; it had hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures, including a separate set for methadone. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff used the latest versions of the BNF and cBNF to check pharmaceutical information if needed. The equipment needed to administer flu vaccinations was available.

The team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible from public areas and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

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.