General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Barash Pharmacy, 166 Bury New Road, Whitefield, MANCHESTER, Lancashire, M45 6QJ

Pharmacy reference: 1033471

Type of pharmacy: Community

Date of inspection: 09/04/2019

Pharmacy context

The pharmacy is on a parade of shops on a main road, close to the town centre. It dispenses NHS and private prescriptions. The pharmacy offers a prescription collection service from local GP surgeries and delivers medicines to people's homes. The pharmacy team supplies medicines to a local hospice. And it supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. The pharmacy provides other services including the dispensing of substance misuse prescriptions and weight management services, including Lipotrim supply. The pharmacy team take people's blood pressure and test for diabetes.

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	1.4	Good practice	The pharmacy advertises how people can provide feedback and raise concerns. And it is good at listening to the feedback to improve its services.
		1.8	Good practice	The pharmacy team members have the skills and training to protect the welfare of children and vulnerable adults. And they stay alert to react to possible safeguarding issues.
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 identifies and manages the risks with the services it provides. It has up to date written procedures for the pharmacy team to follow. It maintains the records it must by law. And it mostly keeps people's private information secure. The pharmacy advertises how people can provide feedback and raise concerns. And it is good at listening to the feedback to improve its services. The pharmacy team members have a good understanding of their roles and responsibilities. They record errors that happen with dispensing. And they discuss their learning. The team members sometimes don't record all the detail of why errors happen. So, they may miss out on learning opportunities. They have the skills and training to protect the welfare of children and vulnerable adults. And they stay alert to react to possible safeguarding issues.

Inspector's evidence

The dispensary was at the rear of the shop. And the designated checking area faced the counter, so the pharmacist could observe and supervise the dispensary and sales at the counter. There was a small warehouse operation upstairs for transfer of stock on to other pharmacies in the chain. The pharmacy had a wholesale dealer licence. The MHRA visit was due in May 2019.

The pharmacy had a set of standard operating procedures (SOPs) for the services it provided, including SOPs for Responsible Pharmacist (RP), controlled drugs, hospice services and delivery of medicines. There was a content page for easy referral. The SOPs included a date of preparation, who had prepared them and the review date. The SOPs were within their review date. There was a sheet at the back of each SOP for the team members to sign to confirm they had read the SOP. For the SOPs checked, the team members had signed to say that they had read the SOPs except the delivery SOP by one of the drivers. The registrants working in the pharmacy had recently completed training on risk management.

The pharmacy team kept a near miss log. And the pre-registration pharmacist kept a one separate one to help his training. The team members completed entries each month for a variety of errors that had happened, including errors in the dispensing of controlled drugs and into multi-compartmental compliance packs. The team analysed the errors and completed a summary. The team held a meeting every two weeks to one month to discuss the details. But the team hadn't recorded the date the meetings occurred and there were few details on the summary. Examples of near misses included incorrect selection of citalopram strengths and similarly with amitriptyline. The team members identified that the two strengths had similar packaging. And they discussed this during the meeting to raise awareness. And they separated the two strengths on the shelves.

The pharmacy had a SOP relating to error reporting for the team members to follow. They used a separate error recording form for dispensing errors. And they recorded more detail on the error report than on the near miss report. An example viewed during the inspection reported an incorrect delivery when a name and address label for someone else became attached to another bag, probably in transit. A thorough investigation of how this might have occurred resulted in actions for the drivers and the team working in the pharmacy.

The pharmacy had a practice leaflet available for people to pick up in the shop and a poster on view.

These contained information on how people could make a complain. The pharmacy gathered feedback from people using its services. The patient satisfaction survey results on NHS.uk were positive. The main area for improvement was the comfort and convenience of the waiting area. The team said that because of the feedback it had changed the numbers of chairs from two to four and they had been put in a different position facing the counter. The pharmacy had achieved 100 per cent in mystery shopper surveys in summer 2018 and 2019. The team members described some general complaints received about prescriptions that were not ready. But they had resolved these themselves and they not had to escalate officially using the pharmacy complaints procedure. They described what they would do if they need to escalate a concern. The Pharmacy Care Plus website detailed how to contact each pharmacy.

The pharmacy had up to date indemnity insurance. The Responsible Pharmacist (RP) notice displayed the correct details of the RP on duty. Of the sample checked, the private prescription records contained full details of the private prescriptions dispensed. This included a veterinary prescription, prescribed under the cascade. There were no recent records made for any emergency supplies, but an entry from 2017 was correct. The pharmacy completed the certificates of conformity for unlicensed medicines in line with MHRA requirements.

A sample of the entries in the CD register met legal requirements. The pharmacy team maintained running balances. And it checked the physical stock balance of CDs on receipt and supply. And a regular check took place monthly, and weekly for methadone. During the inspection a check of the physical balance of Matrifen 12mcg patches against the register balance was found to be correct.
The pharmacy had a CD destruction register for patient returned medicines. The team entered returns on the date of receipt. One patient return had not been entered into the register. This was rectified during the visit.

The pharmacy team had completed training relating to Information Governance (IG), data security and the General Data Protection Regulations (GDPR). Training modules came from head office to complete. The pharmacy kept people's private information secure in the dispensary. But it did keep some people's private details in the consultation room, although not on view. The pharmacy stored prescriptions awaiting collection so people in the shop couldn't see anyone's private details. It positioned computer screens so only staff could see the details on the screen. The pharmacy displayed a privacy notice, detailing how it processed people's private data, who the data protection officer was and their contact details. It stored confidential waste separately in sacks. And these were sealed waiting for collection by a third-party contractor.

The registrants had completed NVQ Level 2 Safeguarding training. And the rest of the team had completed in-house training. The team had completed dementia friends training. The team displayed the local safeguarding contact details and process flowchart in the consultation room. The driver on duty had completed safeguarding training. He described when he would be concerned for someone's welfare. He described how he is alert to changes in people's health and how he would be concerned if someone didn't open the door and all the curtains were drawn in the afternoon. He said he escalated any concerns to the pharmacist.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough skilled people in place to provide its services. It provides good access to training to support the team keep their skills up-to-date. And the pharmacy team completes regular training. The pharmacy team members can suggest ideas. And the pharmacy uses these ideas to try and improve the way the team work. The team members work well together to support an open and honest working environment.

Inspector's evidence

On duty at the time of the inspection the responsible pharmacist was a regular locum pharmacist. Also present was a pre-registration pharmacist, a part-time pharmacy technician, a part-time dispensing assistant and an apprentice. The apprentice was completing a BTEC counter assistant course. There was also a driver working. And a member of the pharmacy superintendent's team was present for part of the inspection. A pharmacist manager, part-time dispensing assistant and two part-time drivers also worked in the pharmacy but weren't present at the time of the inspection. There was a dispensing assistant who worked in the warehouse operation upstairs and another member of staff, without a formal pharmacy qualification. He didn't complete any pharmacy related tasks requiring the qualification. The dispensing assistant was available to cover holidays and absences in the pharmacy, providing flexible cover for the team. Head office provided locum pharmacist cover and there was also the option of staff cover from other branches and from locum dispensers.

The team had a diary to ensure good ongoing day to day communication rather than having face to face meetings. The pharmacy had a daily task management book to help plan out their day. And the team members signed when they had completed their tasks. There were also weekly and monthly tasks detailed in the book to complete. The team held regular meetings to discuss patent safety and learnings from near misses and errors.

The pharmacists and the team completed regular on-going training. They received modules relevant to their role from head office. They had access to the training modules on a training tablet, including product knowledge training. A recent example of training was a module on oral health. They had also completed Healthy Living Pharmacy training. The apprentice was able to demonstrate her awareness of her role and responsibilities. And she escalated requests that were outside of her competence to other staff or the pharmacist, giving an example of the sale of co-codamol.

The team had performance development reviews (PDR). And training targets were set as part of the review. Both the apprentice and the pre-registration pharmacist said the manager, pharmacists and the team were approachable. And that they got the help they needed for their studies. The team was seen working well together throughout the inspection. The pharmacy technician said both the company and the manager were open to ideas from the staff to improve services and the way they worked. She described how the team had implemented one of her ideas relating to setting up a separate file to keep a record of prescription orders. She said this had helped answering people's queries.

The pharmacy set targets for the pharmacist and team to meet. This included locum pharmacists. The pharmacist said she felt the targets were fair and the pharmacy took into consideration events that

happened on the days she worked.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, well maintained and secure. It provides people with the facilities to have conversations in private.

Inspector's evidence

The pharmacy was clean and in a good state of repair. It had a soundproofed consultation room to have private conversations with people. And it had a sink in the room with antibacterial handwash available. The room had two points of access, one from the shop and one from the dispensary. The room wasn’t locked, but this wasn’t necessary as access was restricted due to the positioning of the door next to the pharmacy counter.

There was a sink for dispensing purposes in the dispensary. The pharmacy team had toilet facilities and separate hand washing facilities with hot and cold running water. The pharmacy had heating, with air-conditioning and it had adequate lighting throughout. The pharmacy had enough bench space for the workload. There were separate benches for assembly and checking. Multi-compartmental compliance packs were prepared on a separate bench.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy advertises the services it provides. And it makes these accessible to people. It manages its services well with effective processes. The pharmacy team take extra care when they supply high-risk medicines to people. And they provide advice and information to help people take their medicines safely. The pharmacy obtains its medicines from reputable sources. And it generally stores and manages them appropriately. But it doesn't have up to date records of date checking available. So, it can't evidence all its medicines are fit for purpose.

Inspector's evidence

The pharmacy was accessible for people with only a small step up into the shop. The pharmacy advertised its opening hours on the door. A buzzer alerted staff when people entered the shop. The pharmacy had a practice leaflet available on the pharmacy counter for people to pick up. It detailed the pharmacy services provided. The pharmacy displayed a range of health-related posters in the shop. And it had a health promotion display on cervical cancer screening. There was a poster on the front of the pharmacy counter inviting people to tell staff if they needed help with communication. And it detailed a range of different ways to communicate. The pharmacy also had a poster advertising its chaperone policy. The pharmacy advertised the services available in the pharmacy through its website.

The pharmacy team had separate areas in the dispensary for labelling, dispensing and checking of medicines. It used baskets to keep people's prescriptions and medication together throughout the dispensing and checking process. This helped the team to stop people's prescriptions from getting mixed up. The team used different coloured baskets to indicate urgency and also which prescriptions required delivery. It used a range of stickers during the dispensing process to highlight actions for the pharmacist or during the hand out process. These included CD stickers. And the team could print large print labels if requested to do so.

The pharmacy provided a prescription delivery service. And the driver used a sheet to obtain people's signatures for receipt of their medication. The pharmacy team wrote messages on the sheet e.g. fridge line, deliver before 12.30pm etc. to help provide a good service for people. The driver signed on behalf of some people who struggled to sign. And he didn't always record why he had signed the sheet. This may cause confusion if there was a query. The delivery sheet, the pharmacy used, had space for several name and address labels on the same sheet. This meant as people signed for their medication they could see other people's private details.

The pharmacy dispensed medicines into multi-compartmental compliance packs for people both on a weekly and monthly basis. The pharmacist assessed the suitability and if required asked the prescriber for seven-day prescriptions. The team ordered prescriptions seven days in advance, so it had time to manage any queries. The team members rang the patients and asked which medicines they needed. And this included any of their medicines the pharmacy didn't supply in the pack. For some people they had consent to speak to a family relative to order. They had a checklist to know when people's prescriptions were due to be ordered. The team members supplied patient information leaflets (PILs) with the packs. And they supplied backing sheets with the packs, including the descriptions of the

individual medication in the pack. So, the patient, carers or other healthcare professionals could identify the medication if they needed to. There was an audit trail completed using dispensed by and checked by signatures of the members of the team involved.

The pharmacy supplied stock and prescriptions, including controlled drugs to a local hospice. And the pharmacy technician visited the hospice once a week to provide a top-up service. The pharmacy had the appropriate wholesale dealer licence and home office licence. The hospice ordered controlled drugs via requisitions.

The pharmacist and the pre-registration pharmacist described the additional checks that the pharmacy made for high-risk medicines, including controlled drugs, methotrexate and warfarin. Records of people's blood test results were recorded on the PMR. The team members were aware of the requirement of the valproate pregnancy prevention programme (VPPP) and they had identified two people by completing an audit. They had the warning cards and stickers available.

All pharmacy (P) medicines were stored behind the pharmacy counter, which prevented self-selection. The pharmacy obtained stock from reputable wholesalers. The pharmacy used medicinal waste bins for out of date and patient returned medicines. These were stored away from the dispensary stock.

The pharmacy had a date checking matrix displayed in the dispensary. The sheet displayed was for 2018. The 2019 sheet was not available for inspection. The team said that date checking had been completed. No out of date medicines were found on the shelf from the sample checked. The team annotated opening dates on liquid medication to ensure these were used before the expiry date.

The pharmacy complied with the falsified medicines directive (FMD). It had the equipment and software it needed, and the team were scanning products. The pharmacy had produced an FMD file and SOP that was due to be read by all the team by the end of April 2019.

The pharmacy had CD denaturing kits available. The CD cabinets were tidy, with the stock stored appropriately. The pharmacy stored out of date CDs separately.

The pharmacy monitored the fridge temperature on the days the pharmacy was open. At the time of the inspection the fridge temperature read one point five degrees and it had been out of range for three out of the last seven days. This was discussed with the Responsible Pharmacist, who said she would resolve the matter.

The pharmacy received notice of safety alerts and drug recalls from head office. There was an audit trail completed as there was a requirement for the pharmacy team to email confirmation to head office that a recall had been actioned

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. But it doesn't always test the equipment regularly to make sure it is fit to use.

Inspector's evidence

The pharmacy had hard copies of reference books available for the team to use, including the BNF, BNF for children, Stockley for interactions and Martindale. The team had access to the internet to obtain up-to-date information and to help signpost people to other services.

The pharmacy had a clean and tidy fridge. But it was a Hotpoint domestic fridge, not a dedicated medical fridge. The pharmacy had enough CD cabinets, securely attached to the wall. The pharmacy had a range of CE marked measuring cylinders. And it had a separate one for measuring methadone.

All computers were password protected. The pharmacy had its electrical equipment safety tested, but the stickers attached to the equipment suggested that the requirement for testing was overdue.

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.