General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Sedgley Park Pharmacy, 33 Bury New Road, Prestwich, MANCHESTER, Lancashire, M25 9JY

Pharmacy reference: 1033478

Type of pharmacy: Community

Date of inspection: 22/06/2021

Pharmacy context

This pharmacy is on a parade of shops on a busy main road in Prestwich. It mainly dispenses NHS prescriptions, including supplying some medicines in multi-compartment compliance packs. It delivers some people's medicines to their homes and to care homes. The team gives healthcare advice and sells a range of over-the-counter medicines. The inspection was completed during the COVID-19 pandemic.

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 appropriately identifies and manages the risks with its services, including during the pandemic. It uses technology well to help make its services safer. Pharmacy team members keep people's private information secure and they know what to do to help support vulnerable people. They mostly keep the records they need to by law. And they mainly have the written procedures they need for the services they provide. Pharmacy team members know the importance of learning from mistakes. But they do not record all types of mistakes. So, they may miss opportunities to learn and make services safer.

Inspector's evidence

The pharmacy had completed risk assessments to identify risks associated with the COVID-19 pandemic. And team members felt reassured that working in the pharmacy was safe. The pharmacy restricted access to the premises using a doorbell and release system. This allowed the team to restrict numbers of people in the pharmacy at one time. The team members wore masks or face coverings and worked at a suitable distance apart. The retail area had stickers on the floor to help with social distancing and a plastic screen at the pharmacy counter. There was hand sanitiser on the pharmacy counter and in the dispensary for people to use.

The pharmacy had a set of standard operating procedures (SOPs) from 2017, dated around the time of the last inspection. Team members had signed to confirm they had read the SOPs, and this included team members that started working at the pharmacy since 2017. Most SOPs were relevant to the services the pharmacy provided, including Responsible Pharmacist (RP), management of controlled drugs (CDs), dispensing and other services. The processes the team followed did not always follow the details in the SOPs. This included for dispensing due to the introduction of a new dispensing system and patient medication record (PMR). The SOPs were overdue a review and update. This was partly attributed to the effects of the pandemic. Pharmacy team members used to record their near miss errors on a stand-alone electronic near miss log. The team had reviewed these records monthly to look for trends to discuss. There had been no entries for several months due to the new dispensing system recording near miss errors automatically as part of the dispensing process. The system showed a 0% near miss error rate on the dashboard. The system did not record all near miss errors that happened in the pharmacy such as missed deliveries, quantity errors and any manual dispensing associated with the supply of multi-compartment compliance packs. The team did not record theses errors. One of the dispensers clearly described the additional care she took selecting medicines that were look-alike and sound alike (LASA) medicines. The pharmacy had a SOP for the management of near miss errors and dispensing errors. No completed dispensing error forms were seen.

The pharmacy displayed an accurate RP notice. Pharmacy team members were clear about their roles and seen appropriately referring queries to the pharmacist when needed. The pharmacist, who was the superintendent (SI) knew the pharmacy had a SOP for the management of complaints. But it was not available during the inspection and so was not available for the team to refer to. The pharmacy used to have a poster detailing how people were to provide feedback or complain. It had not been replaced after the refit. A team member explained how she escalated complaints to the SI and if he was unavailable to the other pharmacy owner. The pharmacy had a completed annual patient feedback summary report displayed on the NHSE website. This was from 2017/18 and results were positive. A

mystery shopper result from 2019 showed a 100% result and the team was proud of the service provided. The pharmacy had up-to-date professional indemnity insurance until August 2021. It kept an up-to-date electronic CD register. The pharmacist aimed to complete two weekly balance checks of the physical quantity against the register entry in-line with the SOP. But the last recorded balance check entry seen was in January 2021. The physical balance matched the CD register balance for the two items checked. The pharmacy kept a record of the destruction of patient-returned CDs. There were none awaiting destruction. The pharmacy held electronic private prescription records, and of the ones checked these had all the required details. The system recorded emergency supplies, but no entries were seen. The pharmacy held an electronic RP record that was mostly complete except the SI regularly forgot to sign out and so breached RP regulations.

The pharmacy had a privacy notice displayed, but not in an area visible to people in the retail area. It had the information it needed to submit the annual Information Governance and data security toolkit to NHSE. It was due to be sent the week of the inspection. A team member confirmed completing training relating to confidentiality and the General Data Protection Regulation (GDPR). Team members were aware of the importance of keeping people's private information secure. They disposed of confidential waste in baskets and then later transferred the contents to confidential waste sacks. These sacks were collected by a third-party contractor for shredding. The SI and dispenser confirmed completing safeguarding training and described how to access local safeguarding contacts should they need to.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the experience, qualifications and skills to suitably support the pharmacy's services. And they manage the workload by working well together. They complete some ongoing training relevant to their roles. And they feel comfortable to discuss ideas and share concerns to help improve the pharmacy's services.

Inspector's evidence

The SI generally worked as the RP on the five days the pharmacy was open. Two dispensers supported the SI on the day of the inspection. The pharmacy used regular locum pharmacists when he was absent to provide continuity and help support the team. The pharmacy employed three dispensers. The qualification certificates were seen for the two dispensers working during the inspection. The pharmacy had a part-time driver who was clear about his role and responsibilities. Team members were seen working well together and managing the workload.

Team members provided appropriate advice to people and referred queries to the pharmacist when they needed to. The pharmacist proactively provided advice about a change in a person's medication which was appreciated. The SI regularly sent relevant training modules to the team by WhatsApp. This provided team members a degree of flexibility of when and how to complete the training. The pharmacy provided additional training modules on an electronic tablet. Team members had time during the working day to complete the training if it was needed. The team had recently completed a module relating to weight management and confirmed understanding by completing an assessment. The SI was completing a pharmacist prescribing course to upskill for future services. A dispenser described how she felt comfortable raising concerns or sharing ideas with the SI. The team had discussed some aspects of the new dispensing system together and planned to discuss this with the SI.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is generally clean with enough space for the team to provide the pharmacy's services safely. It has a clean and bright sound-proof room for people to speak privately. And it is suitably secure outside opening hours

Inspector's evidence

The pharmacy premises were over three levels, with some degree of wear and tear. The cellar was accessed down some stairs with a handrail for safety. The team members selected what they stored in the cellar due to the environment, for example they stored medicinal waste bins and paperwork. The pharmacy had refitted part of the premises during the pandemic and it had a larger dispensary and a light, bright and spacious consultation room. There was access to a medical bed in the room in preparation for future services. The room was not signed as a consultation room, this had not been completed following the refit. It was possible to social distance in this room due to its length. As the team was restricting access into the pharmacy, the team could have private conversations in the retail area. The upstairs dispensary had ample bench space, a telephone and the team dispensed medicines into multi-compartment compliance packs in this area.

The pharmacy was generally clean, although there were small bits of paper on the carpets that could be removed by vacuuming to improve the professional image. The team cleaned areas such as light switches and door handles thoroughly to help with infection control during the pandemic. The pharmacy was of a suitable size for the workload and services provided. There was enough space for storage of medicines. The pharmacy had a separate staff room, a toilet, hot and cold running water and hand washing facilities. The dispensary and consultation room had sinks for professional services. The lighting was bright and the temperature adequate.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy helps people access its services. And it provides relevant and local information, so people know how to get help from other healthcare providers. The pharmacy manages its services well to deliver them safely and effectively. It mostly stores and manages its medicines appropriately. And it has robust processes for the team to effectively manage medicine safety alerts. But the process the team follows to check the expiry dates of medicines is not always effective in identifying medicines past their expiry date.

Inspector's evidence

The pharmacy was accessed up a small step and the door was released when people rang the doorbell. This had helped restrict the numbers of people accessing the pharmacy at any one time during the pandemic. The pharmacy had a healthy living display relating to “spotting cancer early”. This was relevant for this time in the pandemic and clearly signposted people to local services. The pharmacy delivered medicines to people’s homes. It stored the deliveries for that day separately and the driver made a record of the deliveries. The driver wore a mask and worked to minimise the need to access sheltered accommodation. People came to the communal door to accept deliveries. During the pandemic the driver was not asking people to sign for receipt of their medicines and he social distanced whilst completing the deliveries. He made some additional records on the sheet for some deliveries, for example the time of delivery. This helped with any queries.

The pharmacy had two areas for dispensing prescriptions, the main dispensary and an upstairs room to dispense multi-compartment compliance packs. This ensured there was enough space to help dispense all prescriptions safely. The benches were relatively clear and there were separate areas for labelling, dispensing and checking. This helped with workflow and social distancing. The team used dispensing baskets to keep different people's medicines and prescriptions separate. The pharmacy had introduced a new dispensing system, that utilised barcode technology. The pharmacist completed clinical checks once the prescriptions had been downloaded and this then released them for dispensing. The system ordered the medicines at the download stage to help the pharmacy minimise medicines owed to people. The SI reported he was able to hold less stock and the medicines on the shelves were more easily separated. This helped reduce selection errors. Team members logged on to the system to provide an audit trail of who had dispensed, bagged and clinically checked the prescription. The pharmacist printed the picking labels and annotated these when there were any specific instructions for dispensing. The final accuracy check was completed by either the pharmacist, or in certain circumstances, by the dispensers using the system’s barcode verification technology. The SI had set the system to minimise the risk of errors. He completed the final check for CDs, all non-original pack items and any items that did not have a valid barcode.

Team members had completed the electronic training before using the system and the pharmacist supervised the complete process at the start until the team was confident of accuracy. This was not a formal documented process. The pharmacy had no records to confirm completion of training. A team member described how the process of checking the item selected from the shelves had not changed and they did not rely on the barcode technology to replace their own physical checks. When all checks were complete a team member scanned the barcode on the person’s bag label and on a location on the prescription collection shelves. This meant that people’s medication was easily located when they came

to collect. A team member scanned this barcode on the person's bag label on handout or delivery. This gave the pharmacy confirmation of the supply and highlighted which medicines were in the bag to inform the person if appropriate and to answer queries.

The pharmacy had specific SOPs for some higher-risk medicines including for the management of lithium, anticoagulants and opioid therapy. The pharmacist and dispensers were aware of the professional requirements of valproate use in pregnancy. They dispensed valproate in original packs, so people received a patient card on each dispensing. When team members needed to, they used the additional warning labels printed from the dispensing system to highlight the risks. The pharmacy had additional valproate patient cards in stock. The pharmacy team was not aware of the alert from August 2020 detailing the use of prednisolone emergency cards and did not have any of these cards in stock. The pharmacist planned to liaise with his local surgery about their use. The pharmacy did not have a clear process to confirm people prescribed anticoagulants had had a recent blood test. People often told the team their results when ordering their prescription but mostly the pharmacy relied on the surgery to complete these checks.

The pharmacy dispensed some medicines into multi-compartment compliance packs. One dispenser held overall responsibility for managing the service and the pharmacist also had visibility of the processes for when she wasn't working. The pharmacy spread the workload by separating dispensing over weeks one to four. This meant it was clear when people's prescriptions were to be ordered and when they needed to receive their packs. Team members recorded all details on the dispensing system. This included administration times and a list of current medicines. They also recorded the week number one to four when medicines were due. They recorded changes to people's medicines by keeping the list of current medicines updated. But the team did not keep records of any conversations of these changes in case of queries. The pharmacy printed backing sheets. These contained all the relevant medication and dosage information, including any warnings. But they were not suitably secured into the packs to comply with labelling requirements. The pharmacy did not regularly provide people with the patient information leaflets for their medicines as detailed in the SOP. The pharmacy supplied medicines in original packs with medication administration records (MARs) for a care home. Team members made appropriate checks on the prescriptions received to make sure people living in the care home received the right medicines and at the right time. They used the same electronic records for these prescriptions as for people receiving compliance packs. This made sure the pharmacy held an accurate record. The pharmacy had a computer and telephone in the upstairs dispensing area for efficient working.

The pharmacy had suitable storage for its medicines in the dispensary and kept Pharmacy (P) medicines stored behind the pharmacy counter. It had medicinal waste bins that were securely stored prior to collection. The pharmacy had a medical fridge with an inbuilt thermometer. The pharmacy kept an electronic record of the temperature range and records were seen to be within the required range. On a couple of days, the temperatures had not been recorded. The fridge was full of stock and adequately tidy. The pharmacy stored medicines requiring safe custody as required.

The pharmacy checked the expiry dates of its medicines and previously had recorded when these checks had been completed. These records were out of date from 2017-2020. The pharmacy made short-dated medicine lists by month of expiry. But there were no up-to-date records seen. The records for the upstairs dispensary could not be found. The pharmacy did not use short-dated stickers and there was no clear process to highlight short-dated stock on the shelves. One short-dated medicine expiring June 2021 was found in the downstairs dispensary. And three out-of-date medicines were found in the upstairs dispensary. One medicine expired in 2020. These were removed. A thorough check of the shelves did not find any other out-of-date medicines. The pharmacist described the safety checks used by scanning the falsified medicines directive (FMD) barcode during dispensing. The system highlighted any out-of-date medicines from the information held in the system. Following the inspection the

superintendent confirmed the team had completed a full date check of the pharmacy.

Pharmacy team members had a SOP detailing how to manage drug recalls and safety alerts. But the process had changed, and the team used an electronic system to receive and action recalls and safety alerts. The system was accessed to record dispensing of CDs and this meant the recalls were identified promptly.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. And the pharmacy uses its equipment in ways that protect people's private information.

Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. It used clean glass measures for measuring liquids. The computers were password protected and monitors positioned away from public view. The pharmacy reported a prompt response and updates from the IT supplier for the dispensing system. Telephones had portable handsets to allow team members to have private conversations. The pharmacy stored people's medicines awaiting collection out of public view. The pharmacy stored the consumables for the compliance packs appropriately. The pharmacy didn't store any confidential information in areas where the public would access, for example the consultation room.

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.