General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Audenshaw Pharmacy, 3 Chapel Street, Audenshaw, MANCHESTER, Lancashire, M34 5DE

Pharmacy reference: 1033494

Type of pharmacy: Community

Date of inspection: 08/06/2021

Pharmacy context

This busy community pharmacy is located in a parade of shops in a residential area. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and it supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The pharmacy sells a range of over-the-counter (OTC) medicines. The inspection was undertaken during the Covid 19 pandemic. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 generally manages risks to make sure its services are safe, and it acts to improve patient safety. It completes the records that it needs to by law and asks its customers for their views and feedback. Members of the pharmacy team are clear about their roles and responsibilities. The team has written procedures on keeping people's private information safe. And team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services provided and the roles and responsibilities of the team were set out in the SOPs. There were signatures showing that members of the pharmacy team had read and accepted the SOPs. Some of the SOPs had been recently reviewed and members of the team were still reading through them. An accuracy checking technician (ACT) had recently started working in the pharmacy. This was a new role and the pharmacy team was getting used to working with an ACT. The pharmacy superintendent (SI) carried out a clinical check of the prescription's accuracy checked by the ACT but he wasn't recording it anywhere. The SI confirmed he would start to record the clinical check on the prescription and develop a SOP for the process. Members of the team were not wearing uniforms or anything to indicate their role, so this might be confusing to people visiting the pharmacy. The SI was working as the responsible pharmacist (RP). His name was displayed as per the RP regulations.

There was a 'Dealing with near misses and errors' SOP. Near miss errors were brought to the attention of the relevant member of the team and they were required to rectify the error themselves, to aid their learning. The errors were recorded on a near misses log which was reviewed every couple of months. The SI pointed out where cardboard separators had been used on the dispensary shelves to separate the different strengths bisoprolol, following a near miss. All trainee dispensers were required to have their work checked by a qualified dispenser before passing it to the pharmacist or ACT for the accuracy check. The pharmacy team were encouraged to take a mental break after the assembly of medicines and carry out a self-check before passing it for the accuracy check. Incident report forms were available to report and learn from dispensing errors.

The SI had considered the risks of coronavirus for the pharmacy team and people using the pharmacy. He had introduced several steps to ensure social distancing and infection control. There were information notices about Covid-19 on display advising people with symptoms to stay out of the pharmacy and reminders to those entering of the requirement to maintain social distancing. The SI was part of a Primary Care Network (PCN) group, where information was shared via a messenger system, so he felt reasonably well supported. A business continuity plan was in place with guidance and emergency contact numbers to use in the case of systems failures and disruption to services.

There was a notice on display with the pharmacy's complaint procedure and the details of who to give feedback to in the pharmacy. Customer satisfaction surveys were completed. The pharmacy received positive feedback in the last survey.

Insurance arrangements were in place. Private prescription and emergency supply records were

maintained electronically and appeared to be in order. The controlled drug (CD) register was appropriately maintained. Records of CD running balances were kept and audited at every transaction, and weekly for methadone solution. A CD balance was checked at random and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Confidentiality was discussed with team members as part of their induction and they were required to sign confidentiality clauses. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately, so that people's details could not be seen by members of the public. A certificate was on display showing that the pharmacy was registered with the Information Commissioner's Office (ICO).

The SI, regular pharmacists and ACT had all completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. The contact details of who to report safeguarding concerns to in the local area were available. The SI said that the consultation room was always available for anyone who needed to use it for private conversations. The pharmacy had a chaperone policy and the SI said he often asked a female member of the team to act as a chaperone, but there was nothing on display highlighting this to people, so people might not realise this was an option.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members work well together in a busy environment and they have the right training for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

There was a pharmacist (SI), an ACT, a pharmacy student, two NVQ2 qualified dispensers (or equivalent), a trainee dispenser, a delivery driver and a new unqualified member on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. Another trainee dispenser and pharmacy student were part of the pharmacy team, although they were not present at the inspection. Absences were covered by re-arranging the staff hours. The SI worked most days in the pharmacy. There were two other regular pharmacists who worked at the pharmacy three days a week providing support to the SI. Their main role was checking compliance aid packs.

A variety of training resources were available for the pharmacy team and there were matrices for each member of the team to record their training on. The two trainee dispensers were on accredited courses and the SI had taken steps to ensure that the new member of staff would be enrolled onto an appropriate course within three months of her commencing in role. There was an induction checklist. The ACT who had started working at the pharmacy a few weeks ago confirmed that this had been completed. It covered SOPs, clinical governance, information governance and confidentiality. The ACT confirmed that she had read most of the SOPs since starting. Pharmacy team members received positive and negative feedback informally from the SI. They discussed their performance and development with him during their six-month probation period and before commencing training courses. Informal team meetings were held where a variety of issues were discussed, such as how to work with an ACT and the difference between a clinical check and an accuracy check. However, these meetings were not recorded and although concerns could be raised openly, they were not documented, so they might not always be addressed. The ACT said she would feel comfortable talking to the SI about any concerns she might have and there was a whistleblowing policy. Team members were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a codeine containing medicine if they didn’t feel it was appropriate.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a professional environment for people to receive healthcare services. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and facia, were reasonably clean and in an adequate state of repair. The retail area contained some empty plastic tote boxes which were being returned to the wholesalers. These detracted from the professional appearance of the pharmacy and might be a tripping hazard. The temperature and lighting were adequately controlled. Staff facilities were limited to a tiny kitchen area and a WC. There was a wash hand basin in the staff area and hand sanitizer gel was available. There was a separate dispensary sink for medicines preparation with hot and cold running water. There was a consultation room available for people who needed a private area to talk.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. It could manage its compliance aid packs service more effectively, making sure people receive all the information they need to take their medicines safely. The pharmacy team members are helpful and give healthcare advice and support to people. The pharmacy gets its medicines from licensed suppliers and it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

There was a step up to the front door of the pharmacy, but customers with prams and wheelchair users were offered assistance when entering the pharmacy. And staff would always be ready to serve customers at the door if necessary. Services provided by the pharmacy were advertised and the pharmacy team were clear what services were offered. Signposting information was available to direct people to services elsewhere if necessary. There was some health information on display. For examples, posters on men's health and prostate cancer. The SI spoke Gujarati which assisted some of the non-English speaking people in the local community. There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, in light of the pandemic.

Space was very limited in the dispensary, but the workflow was organised into separate areas with designated checking areas. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. Initials were entered on the medication labels to show who had dispensed and checked the medication, which provided an audit trail. An extra quantity check was made for CDs and medicines liable to abuse, and the initial of the person making the quantity check and the quantity was recorded on the packaging.

Around 160 people received their medication in multi-compartment compliance aid packs. The packs were assembled from the patients record sheet or repeat slip, which was based on their usual prescription, and then labelled from the actual prescription when it was received, prior to supply. This could be up-to a week later, so they were not labelled with the names of the medication until they were ready to be supplied. This breached labelling regulations and might increase the risk of error. And it was not in-line with the pharmacy's compliance aid SOP. It had been considered necessary because some of the local GP practices did not send the prescriptions to the pharmacy with enough time for the pharmacy team to assemble and check them. The SI confirmed that he would liaise with the practices and review this procedure. A label was attached to each compliance aid pack which showed who had carried out the various steps of the process including the :- medicines check, assembly, pack check, labelling and final completion check, which provided an audit trail. The medicine descriptions were usually included on the labels to enable identification of the individual medicines. Packaging leaflets were not usually included, so people might not have easy access to all of the information they need. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these changes, which could cause confusion in the event of a query. An assessment was made by the pharmacist as to the appropriateness of a compliance aid pack before supplying the

patient's medicines in this way. Other adjustments were considered such as labelling with large font, which might be more appropriate to their needs.

The team were aware of the valproate pregnancy prevention programme. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Members of the pharmacy team knew what questions to ask when making a medicine sale and knew when to refer the person to a pharmacist. They knew what action to take if they suspected a customer might be abusing medicines such as a codeine containing product. The sale of medicines SOP had been reviewed and risk assessments completed following problems with the sale of codeine linctus and Phenergan liquid. These two medicines were no longer sold from the pharmacy, because of the risk of abuse.

CDs were stored in two CD cabinets which were securely fixed to the wall/floor. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Recognised licensed wholesalers were used to obtain medicines. Records were maintained for medicines ordered from 'Specials' on the patient medication record (PMR) system. The SI did not know if this fully complied with Medicines and Healthcare products Regulatory Agency (MHRA) requirements but said he would check or return to the original method of record keeping for Specials. No extemporaneous dispensing was carried out. Medicines were stored in their original containers and date checking was carried out and documented. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. The minimum and maximum temperatures of the medical fridge were being recorded regularly and had been within range throughout the month. The thermometer was recording a temperature between 0 and 2 degrees Celsius during the inspection. The SI adjusted the fridge temperature and said he would monitor it. Alerts and recalls were received via email messages from the NHS area team and the MHRA and acted on.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

Team members wore personal protective equipment (PPE) when working in the pharmacy, which consisted of face masks and aprons. Visors and disposable gloves were also available. All team members had been vaccinated and were carrying out weekly lateral flow tests. There was a device to check body temperature and this was used if anybody felt unwell and before people entered the consultation room. Only two customers were allowed into the pharmacy at any time to allow enough space for social distancing. There were barriers to create adequate space in front of the medicine counter and there was a Perspex screen to help reduce the spread of infection.

Current versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. There was a selection of clean liquid measures. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

There was a clean medical fridge. All electrical equipment appeared to be in good working order and had been PAT tested. Computer screens were positioned so that they weren’t visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.