General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lees Road Pharmacy, 282 Lees Road, OLDHAM, Lancashire, OL4 1PA

Pharmacy reference: 1033763

Type of pharmacy: Community

Date of inspection: 21/11/2019

Pharmacy context

This is a community pharmacy situated on a main road near the town centre. It changed ownership in January 2019. Most people who use the pharmacy are from the local area which has a large Asian community. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time, including some people living in care homes.

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	1.2	Good practice	The pharmacy employs a range of review and monitoring mechanisms for staff and the services it provides to help it identify and manage any risks.
		1.4	Good practice	The pharmacy gives people the opportunity to provide feedback and raise concerns. It uses feedback to improve its services and working practices.
		1.7	Good practice	The pharmacy has robust working practices to protect people's confidential information, and these are audited and publicised.
2. Staff	Good practice	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their role and the pharmacy supports then to address their ongoing learning and development needs.
		2.4	Good practice	Team work is effective and openness, honesty and learning is embedded throughout the team.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	A wide range of people can access the services, and health and wellbeing are promoted to the community.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy effectively identifies and manages risks, so people receive their medicines safely. It completes all the records that it needs to by law and acts on customers views and feedback. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They complete regular checks and make improvements to services. And they make changes to prevent mistakes from happening. Pharmacy team members follow robust working practices to protect patient's confidential information and have a clear understanding of how to support vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. None of the team wore uniforms. The responsible pharmacist (RP) had a badge indicating his role. But none of the other members of the team had anything to indicate their role, so people might not be clear about this. The name of the RP was displayed as per the RP regulations.

A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services. There was a 'Dealing with near misses and errors' SOP. The pharmacist superintendent (SI) and pharmacy manager had completed training on risk management and an annual patient safety report was completed. The pharmacy manager said there had been no dispensing errors since the change of ownership, but templates were available to report any errors and he said the pharmacist would enter the details on national reporting website and include learning points. Near misses were reported and discussed with the pharmacy team. Documented reviews had been carried out by different members of the team who checked that the recorded actions to prevent re-occurrence had been actioned. Clear plastic bags were used for assembled CDs to allow an additional check at hand out. 'Check strength' stickers were in front of medicines with various strengths such as bisoprolol. Look-alike and sound-alike drugs (LASAs) were highlighted with Tall man lettering to highlight the differences in similar names. For example, amloDIPINE and atENOLOL.

The pharmacy team had completed pharmacy knowledge tests which included questions on SOPs, GPhC standards , information governance (IG) and dealing with complaints. This was to identify gaps in their knowledge and was used in one to one discussion with team members. A poster detailing the GPhC standards was on display. Two GPhC self-audits had been completed and action plan developed and ongoing. The team recently reviewed two GPhC inspection reports from pharmacies in the local area and made notes about how they could improve their practice to ensure compliance with the GPhC standards. One action taken was to improve the audit trail when changes were made to multi-compartment compliance aid packs.

There was a 'Dealing with a customer complaint SOP'. The pharmacy manager explained that the policy was for members of the team to attempt to resolve the issue at the time, but they could refer to him or the pharmacist if this wasn't possible. He said there had been minor complaints such as a patient not

receiving their delivery at a preferred time or having owing medication due to medicine shortages, but no complaints which needed to be escalated or reported. The complaints procedure and the details of who to complain to was outlined in the practice leaflet. A customer satisfaction survey was carried out annually. The results of the most recent survey were on display. 93.5% of respondents rated the pharmacy excellent or very good. Areas of strength (100%) included providing an efficient service, the service received from staff and the pharmacist, staff overall and being polite and taking time to listen. An area identified which required improvement was stock availability (2% dissatisfied). The pharmacy manager explained this was mainly due to medicine shortages so was beyond their control. He described some changes which had been made as a result of feedback. For example, introducing a low-level desk in response to feedback from a wheelchair user who struggled to sign her prescription. He said this had made him realise that the existing medicine counter was not really designed for people with disabilities, so they had invested in a new medicine counter and better flooring. They had also replaced the shop front to make the environment more welcoming.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription, the RP record and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Members of the pharmacy team had completed training on the General Data Protection Regulation (GDPR) and completed a pharmacy knowledge test which included information governance (IG) in 2019 and an IG assessment in 2018. A data protection impact assessment had been completed. There was a SOP on confidentiality and a SOP on data security. Staff had read and signed a confidentiality clause which was included in their contract of employment. There was an IG policy and an annual IG audit was completed. Confidential waste was placed in designated bags which were collected by an appropriate waste company for disposal. The trainee dispenser correctly described the difference between confidential and general waste. Assembled prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately. A statement that the pharmacy complies with the General Data Protection Regulation and the NHS Code of Confidentiality was given in the practice leaflet. A privacy statement was available, in line with the GDPR. Consent was received when Summary Care Records (SCR) were accessed and access was monitored by the pharmacy manager. There was a work experience assistant from a local college in the pharmacy. She had a basic understanding about confidentiality and confirmed that it had been explained to her when she started working. Her role was mainly to observe and would refer to another member of the pharmacy team if she was asked for a medicine or prescription.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. Other staff had read the safeguarding policy and SOPs. There was a child protection policy and safe guarding vulnerable groups guidance containing the contact numbers of who to report concerns to and links to useful resources. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The pharmacy had a chaperone policy, there was a notice in the consultation room highlighted this, so it was not accessible to all, and some people might not realise this was an option. Members of the pharmacy team had completed Dementia Friends training, so had a better understanding of patients living with this condition.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy team members are well trained and work effectively together. The pharmacy encourages them to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and receive feedback about their own performance.

Inspector's evidence

The pharmacy manager was an NVQ 2 dispenser. There was also a pharmacist (RP), two other NVQ2 qualified dispensers (or equivalent), a trainee dispenser and a work experience medicines counter assistant 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 patients. Planned absences were organised so that not more than one person was away at a time. Absences were covered by re-arranging the staff rota. Most of the team members worked part time so there was flexibility to cover absence when necessary. There were two regular pharmacists and the pharmacist superintendent (SI) visited regularly.

One of the dispensers was completing an accuracy checkers course and was given around two hours training time each day. Each member of the team had an individual file where their completed training was recorded. The team had a target of at least two modules of training to be completed each month. Various training resources were used. A large amount of training had been completed and included winter health, sepsis awareness, Dementia, children's health, erectile dysfunction (ED) and insomnia. The pharmacy team had protected training time to complete this.

The team were given formal appraisals where performance and development were discussed and these were documented. Informal meetings were held at least weekly where a variety of issues were discussed, and concerns could be raised. Some minutes were available of previous meetings. The pharmacy manager also discussed issues as they arose and a communication diary was used to record brief messages for the team. There was an open and honest culture and a dispenser said she would feel comfortable talking to the pharmacist or manager about any concerns she might have. The team could make suggestions or criticisms informally and there was a whistleblowing policy.

The RP said he felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine because he felt it was inappropriate. He said targets were not set for services such as Medicines Use Review (MUR) and New Medicine Service (NMS) and he didn't feel under any pressure. Prescriptions for people waiting for them were prioritised and they aimed to complete these within five minutes but he said targets such as these were to improve service and the team would never compromise patient safety.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises including the shop front and facia were clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. A cleaning rota was used. The temperature and lighting were adequately controlled. The pharmacy had been fitted out to a good standard when there was a change of ownership and the fixtures and fittings were in good order. External maintenance problems were reported to the landlord and the response time was appropriate to the nature of the issue. One of the company's delivery drivers was a joiner and general handyman so carried out internal maintenance issues. He was repairing some shelves during the inspection.

Staff facilities included a kitchen area and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door and in the practice leaflet. The pharmacy team explained they would use this room when carrying out the services and when customers 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. The pharmacy team members are helpful and give advice and support to people in the community. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. There was a SOP for supporting people with disabilities. There was a hearing loop in the pharmacy and a sign showing this. There was a TV screen to advertise the services provided by the pharmacy and the opening hours. Services were also advertised inside the pharmacy and listed in the practice leaflet. The pharmacy team were clear what services were offered and where to signpost to a service not offered. For example, needle exchange. The team were multilingual speaking Urdu, Bengali and Punjabi, which helped the non-English speakers in the Asian community.

There was a range of healthcare leaflets and a different health campaign was run most months. A summary was on display showing the action taken, the number of interventions and feedback comments. During the oral health awareness campaign between 15 May and 15 June, 25 leaflets were given out, 15 people were given further information and 6 people were signposted to a service elsewhere. Other successful campaigns included breast cancer awareness, cervical cancer awareness and bowel cancer awareness. The pharmacy had carried out some health promotion in the local mosques and community centres providing education and increasing awareness of the risk of diabetes. Information booklets on diabetes were available. Signposting, self -care and providing healthy living advice was recorded.

Three clinical audits were being carried out for patients prescribed lithium, valproate, and non-steroidal anti-inflammatory drugs (NSAIDs). An audit for patients with diabetes was due to start which checked if patients with diabetes had a retinopathy eye test or foot test in the last year. The pharmacy offered a repeat prescription ordering service and patients were contacted before their prescriptions were due to check their requirements. This was to reduce stockpiling and medicine wastage. Patients whose GP did not allow the pharmacy to order on their behalf were sent a text reminding them to order their prescription when it was due.

There was a home delivery service with associated audit trail. Patients being delivered CDs were telephoned first to ensure they would be in to receive the delivery. Each delivery was recorded, and a signature was obtained from the recipient. A separate sheet was used to record the deliveries of CDs. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary and the work flow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured 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.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. The RP said he used 'refer to Pharmacist' stickers to highlight counselling was required and high-risk medicines such as valproate and warfarin, were targeted for extra checks and counselling. INR levels were requested but not usually recorded when dispensing warfarin prescriptions. The team were aware of the valproate pregnancy prevention programme. An audit was being carried out to identify any patients in the at-risk group. The RP explained the extra checks he always made when supplying medicines for epilepsy. He said he double checked the patients records for other medication and dose changes, as this could have serious consequences if not correct. A poster was on display about the risks of taking valproate in pregnancy, but the information pack and care cards could not be located. A dispenser pointed out that most of the new packs now contained the care card. The RP described several interventions which he had made when changes had occurred to patient's doses of other medicines. For example, when a patient previously prescribed 5mg ramipril was prescribed the 5mg and 2.5mg strengths, he contacted the patient and asked if there had been any change to their dose. The patient confirmed that it was not a mistake and their GP had increased the dose to 7.5mg.

The pharmacy supplied around 120 patients from three large care homes and around 100 community patients with multi-compartment compliance packs. There was a separate room for the assembly and storage of these. The process was well managed and various systems were used depending on the needs of the care home or patient. There was a partial audit trail for changes to medication in the packs. The date of the change was recorded on the patient's medication record (PMR) but it was not always clear who had confirmed the changes, which could cause confusion in the event of a query. A dispensing audit trail was completed, and medicine descriptions or photographs of the medication were included on the labels or packaging to enable identification of the individual medicines. Any allergies which the patient had were highlighted on medicine administration record (MAR sheet). Packaging leaflets were included, and disposable equipment was used. Some packs were left unsealed until they were checked by the pharmacist and members of the pharmacy team said this could be for up to a week, which increased the risk of error and contamination. The RP and pharmacy manager said they would review this practice to avoid lengthy periods before the packs were sealed.

A dispenser knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. 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. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was compliant with the Falsified Medicines Directive (FMD). It was a standalone system and the team were able to scan medicines to verify and decommission them. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins.

Alerts and recalls were received via e-mail messages from the NHS and the MHRA. These were read and acted on by a member of the pharmacy team and then filed with the action taken noted. This enabled the team to respond to queries and provide assurance that the appropriate action had been taken.

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 and use it in a way that protects privacy.

Inspector's evidence

Current versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for other information. The RP said he used an App on his mobile phone to access the electronic BNF as this was more convenient and always up-to-date.

There were two clean medical fridges. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order.
There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. 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.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were being used appropriately. 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.