General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Wolstenholme & McDiarmid Ltd., 67 Market Street, Shaw, OLDHAM, Lancashire, OL2 8NP

Pharmacy reference: 1033771

Type of pharmacy: Community

Date of inspection: 14/01/2020

Pharmacy context

This community pharmacy is located in the centre of the town and most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It supplies medicines in multi-compartment compliance aid packs to help people take their medicines at the right time and sells a range of mobility aids.

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 and completes the records that it needs to by law. Pharmacy team members understand how to keep people's private information safe and how to protect vulnerable people. They take some action to improve patient safety but do not always record or review their mistakes, so may be missing out on learning opportunities.

Inspector's evidence

The pharmacy had 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 the SOPs and the pharmacy team members were performing duties which were in line with their role. Team members were wearing uniforms but nothing to indicate their role, so people might not be clear about this. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

There was a written procedure for dealing with dispensing incidents and near misses. However, this was not always followed, and no near misses had been recorded since May 2019. The pharmacist superintendent (SI) said he had reported one incident on the National Reporting and Learning System (NRLS), and this had been the only error since he started working in the pharmacy in August 2019. He admitted that near misses were not routinely recorded but said they were discussed with members of the team and actions were taken to prevent re-occurrences, such as placing a 'warning – check strength' sticker in front of warfarin tablets on the dispensary shelves.

The trainee medicine counter assistant (MCA) described how she would deal with a customer complaint which was to refer it to the SI or owner. The complaints procedure and the details of who to complain to and the local Patient Advice and Liaison Service (PALS) were outlined in practice leaflets, which were on display. The pharmacy team thought that customer satisfaction surveys had been carried out, but the results of previous surveys were not on display in the pharmacy, and they were not available on www.NHS.uk website. The pharmacy team could not describe any changes made as a result of feedback, and so the pharmacy might be missing out on opportunities to improve the services they provide.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supply records were recorded electronically but some private prescriptions had not been recorded as 'private' so the record was inaccurate which might be confusing in the event of a problem or query. The SI explained that the pharmacy only supplied a small number of private prescriptions and the team had not become familiar with the correct procedure to record these. He contacted the software support team during the inspection for an explanation of the correct procedure, and said he would cascade this to the rest of the team. The RP record and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were audited. Two CD balances were checked and found to be correct. Adjustments to methadone balances were attributed to manufacturer's overage following an assessment to confirm that the adjustment was within a reasonable range. However, this assessment was not usually documented. Patient returned CDs were recorded and disposed of

appropriately.

There was an information governance (IG) file which contained a training booklet on confidentiality and confidentiality clauses which team members had signed. Confidential waste was collected in a designated place and shredded. The trainee dispenser correctly described the difference between confidential and general waste. The delivery driver had a basic understanding about confidentiality and said she wouldn’t leave a prescription with a patient's neighbour unless by prior agreement. Assembled prescriptions awaiting collection were not visible from the medicines counter.

The owner and SI had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. Other staff had not received formal training, but the owner had discussed it with the team, and they knew to voice any concerns regarding children and vulnerable adults to the pharmacist. The Royal Pharmaceutical Society (RPS) safeguarding guidance was available and the SI knew where to find the contact details of who to report concerns to in the local area. The pharmacy did not have a written chaperone policy, but team members said they would accompany the pharmacist in private consultations when they felt it was appropriate. However, there was nothing to highlight this so people might not realise this was an option.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely and team members are comfortable providing feedback to their managers. They have the right qualifications or are on appropriate training courses for the jobs they do. But training does not happen regularly, so their knowledge may not always be fully up to date.

Inspector's evidence

The SI was working as the RP during the inspection. There was a dispenser (qualified under the grand parenting clause), a trainee dispenser, a trainee medicines counter assistant (MCA) and a delivery driver 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. Most team members worked part time and unplanned absences were covered by re-arranging their hours. There was an additional qualified dispenser in the team who had recently completed an accredited course. She had been given protected training time, but other members of the team were not given regular training time and were making slow progress through their courses. There were no records of any other ongoing training.

The pharmacy team did not have formal discussions about their performance and development, but one member of the team said she felt free to have informal discussions about this with the owner, and would feel comfortable talking to the SI or owner about any concerns she might have. Day to day issues were discussed within the team as they arose and team members felt they could make suggestions or criticisms informally. They felt comfortable admitting errors and tried to learn from them.

The SI 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 there was no pressure on him to achieve targets and he had not completed any Medicines Use Reviews (MURs) since starting to work in the pharmacy. He said the main pressure was managing the workload which was increasing in the pharmacy. He said he felt there was an adequate staffing level and he was supported in his role by the owner of the pharmacy, who was the previous SI.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy generally provides a suitable environment for people to receive healthcare. It has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations. But there are several outstanding maintenance issues which affect the working conditions and detract from the professional image of the pharmacy.

Inspector's evidence

The public areas of the pharmacy and the shop front and facia were professional in appearance and in a good state of repair. The retail area was clean, free from obstructions, spacious and had two waiting areas with six chairs. There had been a refit a couple of years ago and the retail area had been modernised and a large consultation room and office had been added. The rest of the premises were less well maintained. Maintenance problems were reported to the owner of the pharmacy, but there were some outstanding maintenance issues. The lights were not working in the consultation room or stockroom. A lamp had been obtained to light the consultation room until the repair had been carried out. Staff facilities included a kitchen and two WCs with wash hand basins. One WC was not in use because there was a large hole in the ceiling which had been caused by a leak in the roof. The leak had been repaired but the damage to the ceiling had not. There was a separate dispensary sink for medicines preparation, but it was not in use as it was blocked. The SI confirmed that a local contractor had visited to assess the problem but further work was required. The sink in the kitchen was used for medicine preparation and hot water was available. There were some portable heaters in the retail area, consultation room and dispensary but some parts of the pharmacy were unheated and the staff were wearing coats over their uniforms.

The consultation room was equipped with a sink and was uncluttered and clean. The availability of the room was highlighted by a sign on the door and in the practice leaflet. The pharmacy team used this room when customers needed a private area to talk and an independent organisation carried out an anticoagulant clinic in the room one morning a week.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive appropriate care. But its systems for supplying compliance packs means that people might not always get all the required information about their medicines. The pharmacy sources, stores and supplies medicines safely. And it carries out some 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. A selection of mobility aids were on display to purchase, including walking frames, sticks and trolleys. There was also a brochure which could be used for customers to order items which were not stocked.

There was a list of services offered by the pharmacy in the practice leaflet, but this was not up to date and included services no longer provided, such as vaccinations, which might cause confusion. There was a range of healthcare leaflets and some health promotion such as leaflets promoting 'Dry January' and a local exercise group. The pharmacy team were clear what services were offered and where to signpost to a service not offered. Signposting and providing healthy living advice were not recorded. It was therefore difficult to monitor the effectiveness of the health promotional activities.

The pharmacy offered a repeat prescription ordering service. Most patients informed the pharmacy of their requirements, but there was a small number of patients who did not, and their requirements were not always checked before ordering their medication, so there was a risk of stockpiling and medicine wastage. The SI said he would review this practice, to ensure all people were contacted prior to ordering. There was a home delivery service. There was a record of the deliveries made, but signatures were not obtained from the recipient to confirm safe receipt of their medicines. This would make it harder to work out what had gone wrong in the event of a problem, and was not in line with the delivery SOP. A note was left if nobody was available to receive the delivery and the medicine returned to the pharmacy. However around half of the deliveries were recorded as 'posted' or 'porch'. The delivery driver said that this was only if the patient had previously requested this. She said she knew which patients had requested these arrangements, although there was no written record, which might lead to complications if there was a problem.

The work flow was organised into separate areas in the dispensary and there was 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. 'Speak to pharmacist' notes were added to highlight when counselling was required. For example, when the SI noticed a high dose of simvastatin co-prescribed with amlodipine, and when a patient was repeatedly prescribed naproxen without gastro protection, which the SI wanted to refer to the patients' GPs for review. The team were aware of the valproate pregnancy prevention programme and none of their regular female patients were in the at-risk group. The valproate information pack and care cards

were available to ensure people in the at-risk group were given the appropriate information and counselling.

Around 50 patients received their medication in multi-compartment compliance aid packs, but they were not always assembled and checked in line with the SOP. The packs were sometimes assembled in advance of a prescription, using details from the patient's record card. The SI explained that this was because the pharmacy did not receive the prescriptions from the GP in time. He stressed that a pharmacist always checked the packs against the prescriptions, when they arrived, and this was always before the packs were supplied. A dispensing audit trail was not always completed, so it was not always clear which members of the team had been involved, which would limit learning if something went wrong. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these and the date the changes had been made, which could cause confusion in the event of a query. Medicine descriptions were not included on the labels and packaging leaflets were not supplied, so patients and their carers might not be able to easily identify the medication and access all the required information about their medicines. The SOP included an assessment that was to be made by the pharmacist as to the appropriateness of a compliance aid pack, or if other adjustments might be more appropriate to the patient's needs.

The trainee MCA explained 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. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

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 and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was not compliant with the Falsified Medicines Directive (FMD) and the team was not scanning to verify or decommission medicines. The SI did not know if the pharmacy was registered with SercurMed and he did not think it had the required software or hardware needed to comply. He said he was waiting for further advice with regard to implementing FMD post Brexit, and he was keeping an eye on communication released from the Pharmaceutical Services Negotiating Committee (PSNC).

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out but not documented, so some areas of the dispensary might be missed. 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 NHS England. These were read and acted on by a member of the pharmacy team.

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), BNF for children and Martindale were available and the pharmacist could access the internet for the most up-to-date information. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All computer equipment appeared to be in good working order and there was IT support. There was a selection of clean glass liquid measures with British standard and crown marks. 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 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.