General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Whitworth (Chemists) Ltd, 2A Church Street, Kirkham, PRESTON, Lancashire, PR4 2SE

Pharmacy reference: 1033803

Type of pharmacy: Community

Date of inspection: 04/07/2019

Pharmacy context

This is a community pharmacy located near to a GP surgery. It is situated in the town centre of Kirkham, in the Fylde borough. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including NHS health checks, seasonal flu vaccinations, and travel vaccinations. A number of people receive their medicines in multi-compartment compliance 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	Good practice	2.2	Good practice	The pharmacy team complete learning modules to help them keep their knowledge up to date.
		2.4	Good practice	Team meeting records, error records, and staff development portfolios demonstrate that there is a culture of openness, honesty and learning.
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 team follows written procedures to help make sure it provides services safely and effectively. Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy generally keeps the records it needs to by law. People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which were due to be reviewed by the company in October 2019. The pharmacy team had signed to say they had read and accepted the SOPs.

A daily checklist was completed to check compliance with a number of professional requirements, including fridge temperature records, expiry date checks, weekly controlled drug (CD) balance checks, and display of the responsible pharmacist (RP) notice.

Dispensing errors were recorded electronically on a standardised form and submitted to the superintendent (SI). A recent error involved the incorrect supply of salbutamol aerosol inhaler instead of the dry powder formulation. The pharmacist had investigated the error and discussed it with the pharmacy team. A flash note was placed on the patient's record to remind staff to double check the formulation when dispensing prescriptions for this patient.

Near miss errors were recorded electronically and were reviewed monthly by the pharmacist. The pharmacist would discuss reviews with staff each month about any trends or patterns identified. The pharmacy team had segregated dispensary location of common picking errors to help prevent similar errors e.g. atenolol and amitriptyline tablets.

The company shared learning between pharmacies by email. Amongst other topics they covered professional matters and common errors. The pharmacy team would discuss the information when it was received.

Roles and responsibilities of the pharmacy team were documented on a matrix. The dispenser was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist.

The pharmacy had a complaints procedure. A leaflet was available in the retail area advising how people could provide feedback to the company. Complaints were recorded and were followed up by the pharmacy manager or head office.

A current certificate of professional indemnity insurance was previously seen in place for the company. The responsible pharmacist (RP) had their notice displayed prominently and was signed in to the RP register. But there were numerous occasions where the pharmacist did not state the end of their tenure. So the company may not be able to always demonstrate when a pharmacist is present. Controlled drugs (CDs) registers were maintained with running balances recorded and these

were checked weekly. The balances of two random CDs were checked and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team had read the policy and had signed confidentiality agreements. When questioned, the dispenser was able to describe how confidential information was segregated and destroyed using the on-site shredder. An NHS Smart card was seen in use for a member of staff who was not present. This decreases the security arrangements in place to protect people's information and is not in line with good practice. A copy of the company's privacy notice was available online, but details about how to access it were not on display. So people may not always be fully informed about how the company handles their information.

Safeguarding procedures had been read by the pharmacy team. The pharmacist said he had completed level 2 safeguarding training. Contact details of the local safeguarding board were available in the safeguarding folder. The dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Good practice

Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. The pharmacy team complete learning modules to help them keep their knowledge up to date. They get regular feedback from their manager to help them improve.

Inspector's evidence

The pharmacy team included a pharmacist, three dispensers and a medicine counter assistant (MCA). All members of the team had completed the necessary training for their roles.

The staffing level was a pharmacist, two dispensary staff on a Monday and Friday, and three dispensary staff a Tuesday, Wednesday and Thursday. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could be requested but they were not often required.

The company provided the pharmacy team with e-Learning training modules. The training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

The dispenser was seen to sell a pharmacy only medicine using the WWHAM questioning technique and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by the company and the pharmacy team. A dispenser had commenced her employment about a year ago. She said she felt a good level of support and was able to ask for help if she needed it.

Appraisals were conducted each year by the company. Each member of the pharmacy team was required to retain a portfolio of evidence to demonstrate their work or learning they had completed for the previous year.

The staff held weekly huddles about issues that had arisen, including when there was an error or complaint. A daily huddle book was used to record important information so that it could be shared with staff who were not present.

Staff were aware of the whistleblowing policy and said that they would be comfortable escalating any concerns to the head office. There were targets set for services such as MURs and NMS. The locum pharmacist said he did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by the position of the counter.

The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kitchenette with a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted. A makeshift consultation area was created in the retail area of the pharmacy using partition notice board. This was to help provide NHS health checks due to the regular use of the consultation room for other services. But it did not provide as much privacy as the consultation room did. So people may not always feel comfortable in using it.

Principle 4 - Services ✔ Standards met

Summary findings

Some people, including wheelchair users, may find it difficult to enter the pharmacy. So they may not be able to access all of the pharmacy's services. The pharmacy manages its services to help make sure that they are provided safely. But the pharmacy does not always highlight important information about medicines that are waiting to be collected. So the pharmacy team may not always check that the medicines are still suitable, or give people advice about taking them. The pharmacy gets its medicines from appropriate sources, stores them appropriately and carries out some checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was via a step to a single door. Staff said they would provide assistance to people at the door if required. But there was no ramp to enable access, so some people may not be able to use all of the pharmacy's services. There was wheelchair access to the consultation room. Various leaflets provided information about the services offered. There was also information available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

There were local restrictions in the area which prevented the pharmacy from ordering prescriptions on behalf of people. The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery platform. A device was used to obtain electronic signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 CDs stored on collection shelves were highlighted to indicate their presence so that staff could check prescription validity at the time of supply. However; schedule 4 CDs were not. So there is a risk that these medicines could be supplied after the prescription had expired. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The staff said the pharmacist would speak to any patients who were at risk and make them aware of the pregnancy prevention programme. This was recorded on their PMR.

Some medicines were dispensed in compliance aids. A record sheet was kept for all compliance aid patients, containing details of current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were not routinely provided with compliance aids. This is a legal requirement and without the leaflets people may not always have all the information they might need.

The pharmacy offered medication in blister compliance aids to care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery they would be compared to the re-order sheet to confirm all medicines were received back. Any queries were written onto a query sheet and chased up with the GP surgery. Any outstanding queries were provided to the care home for their information. Medicines were supplied in original packs.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The staff said that consent was obtained from the patient for the prescription to be dispensed by another contractor.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicines Directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines.

Stock was date checked on a three month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last three months. Patient returned medication was disposed of in designated bins for storing waste medicines located away from the dispensary.

Drug alerts were received electronically by email and alerts were actioned before being printed and filed. Alerts were highlighted to staff.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources.

All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in September 2018. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

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.