General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Hindley Pharmacy Ltd, Hindley Health Centre, 17 Liverpool Road, Hindley, WIGAN, Lancashire, WN2 3HQ

Pharmacy reference: 1033957

Type of pharmacy: Community

Date of inspection: 07/11/2019

Pharmacy context

This is a community pharmacy inside a medical centre. It is situated in the residential area of Hindley, in the borough of Wigan. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. 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	Standards met	2.2	Good practice	Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date.
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, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy generally keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which were issued in May 2015 and their stated date of review was May 2017, but this had not been completed. So they may not always reflect current practice. The pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded on a standardised form. But the SI said some errors, such as quantity-based errors, were recorded in the near miss log. The details recorded did not identify who the patient was and any contributing factors. So some learning opportunities may be missed. A recent error involved the hand out of medicines to the wrong person. The pharmacist had investigated the error and discussed her findings with the pharmacy team. Near miss incidents were recorded on a paper log and the records were reviewed monthly by the pharmacist. The pharmacist said she would discuss the review with staff each month and would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. She gave examples of action that had been taken to help prevent similar mistakes, including asking staff not to interrupt or distract anyone assembling compliance aids. The SI said she would also share other information with the pharmacy team to help them avoid mistakes. This included quarterly error reports she received from the NPA and information about look alike and sound alike medicines.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what her responsibilities were and could describe the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The pharmacy had a complaints procedure. This was described in the practice leaflet and it advised people they could give feedback to members of the pharmacy team. Any complaints were recorded and followed up by the SI. A current certificate of professional indemnity insurance was on display.

The responsible pharmacist (RP) was signed into the RP register. But the RP records did not include the times the RPs ended their tenure. So the pharmacy may not be able to demonstrate who the RP was at a specific point in time. The RP did not have his notice on display, this is a legal requirement so that people can identify the current RP. This was promptly rectified by the pharmacist.

Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked. One was found to be correct, a second was found to have a discrepancy due to a counting error in the register. This was rectified by the pharmacist during the inspection. Patient returned CDs were recorded in a separate register. Records of private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team received GDPR training and

each member of the team had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was segregated and removed by a waste carrier. A privacy notice was on display explaining how the pharmacy handled people's data.

Safeguarding procedures were on display in the dispensary and included the contact details of the local safeguarding board. The pharmacy team had completed safeguarding e-learning, and the pharmacists had completed level 2 safeguarding training. A dispenser explained that she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training modules to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist – who was the SI, an accuracy checking technician, a pharmacy technician, and six dispensers – one of whom was in training. The pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist, an ACT and four other staff. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system. The SI and a locum pharmacist were present during the inspection.

The pharmacy provided the team with an e-learning training programme. And 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.

A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. The locum pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team and the SI. The trainee dispenser said she felt a good level of support from the pharmacy team and was able to ask for further help if she needed it. Appraisals were conducted annually by the SI. A dispenser said she felt that the appraisal process was a good chance to receive feedback on her performance and she felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets set by the pharmacy for the services provided.

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 to it was restricted. Parts of the counter area was screened to help maintain privacy of conversations. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to the staff facilities in the GP surgery including WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. There was information displayed about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

A repeat prescription service was offered where patients would contact the pharmacy to order their medication. A record of requested medication was kept, and any missing items were queried with the GP surgery. The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet recorded successful deliveries. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded in a separate delivery book for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a collection shelf using an alphabetical retrieval system. But prescription forms were not always retained. So the pharmacy team may not have all of the information they need when medicines are handed out. 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 were highlighted so that staff could check prescription validity at the time of supply. But, schedule 4 CDs were not. So there was 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 were not always aware when they were being handed out in order to check that the supply was 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 pharmacist said she would speak to any patients who were at risk to make them aware of the pregnancy prevention programme, which would be recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details of their 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 supplied. So people may not have all of the information they need to take the medicines safely.

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 medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. A date checking record was present and indicated the stock was checked at least once every 3 months. Short dated stock was highlighted using a sticker. Liquid medication did not always have the date of opening written on, such as morphine sulphate solution which expired 3 months after opening. So the pharmacy team may not know how long the medicines had been open or whether they remained fit for purpose.

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 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

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, electrical equipment had been PAT tested in August 2019. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

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. Substance misuse clients were directed to the use of the consultation room to provide 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.