General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: New Springs Pharmacy, 21 Wigan Road, New Springs, WIGAN, Lancashire, WN2 1DH

Pharmacy reference: 1033992

Type of pharmacy: Community

Date of inspection: 02/09/2019

Pharmacy context

This is a community pharmacy situated in the residential area of New Springs, north-east of Wigan town centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and needle exchange. 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	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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team are given training so that they know how to keep private information safe. But they do not always learn from things that go wrong so similar mistakes could be repeated.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in June 2018 and their stated date of review was in 2020. The pharmacy team had signed to say they had read and accepted the SOPs.

When questioned, members of the pharmacy team were not clear about the procedure to follow if they discovered a dispensing error. They said they would look into reasons behind a dispensing error but could not provide an example of an error or the learning identified from it. A sheet was available to record near miss errors. But no incidents had been recorded during the month of August and no previous records were available. When questioned, a dispenser said the pharmacist would highlight mistakes to staff at the point of accuracy check and asked them to rectify their own errors. The pharmacy team would also be made aware about common picking errors. But there was no formal review to help identify underlying factors. She gave examples of action taken to help prevent similar mistakes, which included segregating procyclidine away from prochlorperazine. The pharmacy had also highlighted "look alike, sound alike" drugs using shelf edge stickers.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to describe what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms. The pharmacy had a complaints procedure. But there was no information about it on display in the retail area. So people may not always know how to raise concerns. Staff said any complaints they received would be recorded and sent to the head office to be followed up. A current certificate of professional indemnity insurance was on display in the pharmacy.

The responsible pharmacist (RP) had their notice displayed prominently and was signed in to the RP register. But the RP did not always record the end of their tenure. So the pharmacy may not always be able to identify who the pharmacist was at a specific point in time. Controlled drugs (CDs) registers were maintained. Running balances were recorded, but they were rarely audited. Balances of some drugs had not been checked since 2018. 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. This had been read by all members of the pharmacy team and they had signed confidentiality agreements. When questioned, the dispenser was able to describe how confidential waste was segregated to be destroyed by the on-site shredder. A privacy notice was on display about how the company handled and stored people's data. But an NHS smartcard was seen in use for a member of staff who was absent, which is not in line with current IG guidelines.

A safeguarding procedure was included in the SOP folder. It had been read by the pharmacists, but other members of the pharmacy team were not aware of it. So they may not always recognise concerns or know how to deal with them. The pharmacist had completed level 2 safeguarding training. Contact details of the local safeguarding board were not available. The dispenser said if she had any concerns she would speak 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 some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist and five dispensers. All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and three staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Staff from other branches could also be requested if they were needed.

The pharmacy provided staff with some additional training, for example they had recently completed a training pack about Children's oral health. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

The dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The locum pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy team and the company. The dispenser said she felt she received a good level of support from the pharmacy team and the company.

Appraisals were conducted annually by the pharmacy management. A dispenser said she felt that the appraisal process was a good chance to receive feedback and discuss her work. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were no current performance targets for pharmacy services.

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 air conditioning units. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. 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. And it manages and provides them safely. It gets its medicines from appropriate sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But the pharmacy team does not always identify people who receive higher-risk medicines. So it might not always 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. Various leaflets gave information about the services offered and information was also available on the pharmacy's website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed at the entrance of the pharmacy 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 logged onto an electronic delivery management system. Mobile devices, owned by the company, were used to obtain 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 were highlighted so that staff could check prescription validity at the time of supply. However; 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 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 pharmacy team said they were not aware of any current patients who met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. 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. But a dispensing and accuracy check audit trail was not included. So the pharmacy may not be able to identify who was involved in the event of a query or concern. And patient information leaflets (PILs) were not routinely supplied. This is a legal requirement and without the leaflets people may not always have all the information they might need.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The pharmacy team said that consent was not obtained from the patient for the prescription to be dispensed by another contractor. So people may not always be aware that their personal information is being shared. 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. Stock was date checked on a 3-month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked. Short dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. 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 was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received electronically by email. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

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. 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, all electrical equipment had been PAT tested in October 2018. A weighing scales was available to use by people in the retail area. But stickers indicated it had not been tested since 2011. 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. Equipment was kept clean by the pharmacy team.

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.