General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Mountsorrel Pharmacy, 99 Rothley Road, Mountsorrel, LOUGHBOROUGH, Leicestershire, LE12 7JT

Pharmacy reference: 1034207

Type of pharmacy: Community

Date of inspection: 26/02/2020

Pharmacy context

This is a community pharmacy in a village. Most of the activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. Other services that the pharmacy provides include substance misuse services, seasonal flu vaccinations and smoking cessation medicine against patient group directions, prescription deliveries to people's homes, Medicines Use Reviews (MUR) and New Medicine Service (NMS) checks.

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	3.5	Good practice	The pharmacy has been refitted to a high standard both inside and out and presents a bright, professional image. And it has reasonable access for people with wheelchairs or mobility problems. The pharmacy has been designed to help protect patient confidentiality.
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

Overall the pharmacy identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has some processes for learning from mistakes. But because it doesn't fully record all its near misses it could be missing opportunities to learn from them and to improve its services.

Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of standard operating procedures (SOPs) that had a review by date of November 2018. Most, but not all the pharmacy team had signed to show that they had read the SOPs.

The counter assistant knew the questions that should be asked to sell over-the-counter medicines safely and had a good product knowledge. She was aware of the advice that should be given when selling codeine-based products. She said that prescriptions had a six-month expiry date apart from controlled drugs (CDs) which were valid for 28-days from the date on the prescription. She recalled some but not all of the CDs that were not stored in the CD cupboard. She said that dispensed prescriptions containing CDs were highlighted with a sticker so that staff were aware. But prescriptions for Schedule 4 CDs were not highlighted. Dispensed medicines had the prescriptions attached so that the counter assistant could check the medicines at the time of supply. The pharmacist said that he put a CD sticker on all CD prescriptions, including Schedule 4 CDs, with a 28-day validity.

The pharmacy had in-date patient group directions (PGDs) for providing Champix through the NHS. Records of training and declaration of competence were available. The pharmacy kept records of near misses, errors and incidents. The pharmacist explained the process for near misses. The near miss was discussed with the member of staff at the time. The aim was to then record it in the near miss log. The review recorded twelve near misses in January 2020 but only five were recorded in the near miss log. The pharmacist said that he didn't have time to fully record all the near misses. If he could not enter it in the near miss log, he made a note that a near miss had been made but not the details of the near miss. The pharmacist showed the inspector records of the patient safety reviews he carried out at the end of the month for any trends or patterns and said that he discussed outcomes with the staff at the team meeting. Staff said that the near miss review was discussed in a monthly meeting and could highlight action taken such as separation of stock.

Records to support the safe and effective delivery of pharmacy services were kept and maintained. These included the RP log, private prescription records and the controlled drug register. The pharmacy maintained an electronic CD register. Records showed that CDs were regularly audited. But the prescriber recorded in the register didn't always match the prescriber written on the prescription. This could cause a problem if the supply needed to be checked. A random check of the recorded running balance of a controlled drug reconciled with the actual stock in the CD cabinet. There was a patient return CD register in place. The record showed that all patient-returned CDs had been destroyed but there was one in the CD cupboard. The pharmacist said that it had been received the previous day and had not yet been entered in the register. Dispensed CDs waiting collection in the CD cupboard were in-

date and were highlighted with a CD sticker.

There was a complaints procedure in place. The latest satisfaction survey from 2019 was on NHS UK. Of the people completing the survey 75% were very satisfied with the service provided. Public liability and professional indemnity insurance were in place until February 2020.

The pharmacy was using an NHS smart card from a dispenser who was not working that day. Cards should only be used by the person they have been allocated to. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Confidential paper work was mainly stored securely although the cupboard in the consultation room was unlocked. The pharmacist said he would make sure it was locked. Confidential waste was shredded securely. The pharmacy had an information governance protocol in place. The pharmacist was aware of safeguarding requirements and had completed appropriate training. There was an SOP and there were local contact details available if staff needed to raise a concern.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members are suitably trained for the roles they undertake. Team members work well together and adequately manage the workload. They are able to share ideas to improve how the pharmacy operates. And they can raise concerns if needed. The team members receive some support in keeping their skills and knowledge up to date. But this on-going training is not structured, which could make it harder for them to do this.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy team effectively managed the workload. There was one pharmacist, two qualified dispensing assistants, one trainee dispensing assistant and one trained counter assistant.

The dispenser said that she had an annual review with the pharmacist and the superintendent where she was given the opportunity to give feedback or raise concerns. She said that it was easy to have informal conversations and to give suggestions and raise concerns if necessary. The pharmacy team said they were kept up-to-date with regular informal training from the pharmacist. The pharmacist said that in addition he made sure that the team understood the reasons for any audits and public health campaigns that the pharmacy undertook.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy has been refitted to a high standard both inside and out and presents a bright, professional image with reasonable access for people with wheelchairs or mobility problems. The pharmacy has been designed to protect patient confidentiality. The pharmacy keeps its premises safe, secure and appropriately maintained.

Inspector's evidence

The pharmacy had very recently been refurbished and presented a professional look both inside and out. There was a bright modern sign outside and inside the pharmacy was fitted with good quality fixtures and fittings. There was a push-pull door which provided reasonable access for people with mobility problems or those in a wheel chair. The dispensary was a good size and was clean and tidy; there was a sink with hot and cold water. The dispensary had air-conditioning to provide an appropriate temperature for the storage of medicines; soft appropriate lighting was in place.

The pharmacy had a separate room for the administration of supervised methadone. There was also a reasonable size, sound-proofed secure consultation room which was available to ensure people could have confidential conversations with pharmacy staff. Computer screens were set back from and faced away from the counter. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services safely. The pharmacist is easily accessible to people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely and it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a push-pull door which provided reasonable access for a wheelchair or those with a physical disability. Once inside the shop, there was a clear route to the dispensary counter. There were enough seats for people waiting for their medicines. Pharmacy opening hours were advertised. The pharmacy was a Healthy Living Pharmacy. The pharmacy was waiting for information for the next public health campaign so there was only one health-care leaflet on display during the inspection. The pharmacy used a dispensing audit trail which included the use of 'dispensed by' and 'checked by' boxes on the label. This helped identify who was responsible for each action. The pharmacy also used baskets during the dispensing process to reduce the risk of error.

The pharmacist understood the signposting process and used local knowledge to direct patients to local health services. The pharmacist was easily accessible for people visiting the pharmacy and during the inspection engaged with them well and provided a range of advice. This included advice on new medicines and changes in dose. The pharmacist said that he also gave advice to people on higher-risk medicines such as warfarin and lithium. For example, he gave advice to people starting a new medicine that might affect their INR levels and asked about people's INR levels during a MUR. The pharmacist said that he didn't routinely speak to people who were taking higher-risk medicines on a regular basis. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. He had given advice when it was appropriate.

The pharmacy kept records for each person who received their medicines in a multi-compartment compliance pack. Each person had a chart which recorded when medicines were taken. Charts were mainly clear and easy to read. Changes were recorded on the electronic medication record, but the date of change wasn't recorded on the chart. Most people had a weekly prescription. The dispenser explained the process. Compliance packs would be dispensed every two weeks against the backing sheet. Original packs were picked from stock and checked by the pharmacist to make sure that they were correct. There was no audit trail for this process. The dispenser assembled the trays and wrote the date of assembly on the pack. Prescriptions were downloaded weekly. The superintendent pharmacist visited the pharmacy weekly and checked the compliance packs for the following week. The following weeks prescription was downloaded on the following Monday. The surgery usually made the pharmacy aware of any changes. If this had not happened the surgery would be contacted, and the compliance pack would be changed before it was delivered. It was not clear that changes were always picked up so there might be a delay in the person receiving a new medicine until the following week. Labels on the compliance pack checked didn't record the shape and colour of the medicine which made them less easy to identify. Patient information leaflets were supplied. The pharmacist said that most of the people that were starting a compliance pack had been referred from the local surgery. The pharmacy didn't have a process for regular review but said he would introduce one. The pharmacy didn't have a specific SOP for the assembly of compliance packs. The assembly SOP did not give clear guidance for the

process.

Medicines were stored on shelves or in drawers tidily. Medicines were stored in their original containers. Open bottles mainly had the date of opening recorded. Medicines dispensed by mistake were then kept in brown bottles. The bottles recorded the name of the medicine and the batch number and the manufacturers expiry date. They didn't record the date the medicine had been put in the bottle. The pharmacist said the medicines were used up to the manufacturer's expiry date. This date reflects the date a medicine can be supplied up to when kept in the original pack. Brown bottles may not provide the same level of protection as an original pack and a shorter expiry date might need to be recorded to reflect this. The dispenser explained that date checking was carried out at least every three months; there were records available about to support this. Stickers were used to highlight short-dated medicines. CDs were mainly stored under safe custody but some were not. The superintendent said he would review this process.

The pharmacy delivered medicines to some people. The person receiving the medicine was supposed to sign to confirm they had received the prescription to create an audit trail. However, most records checked only had a tick from the driver. This created an incomplete audit trail. Only recognised wholesalers were used for the supply of medicines. The pharmacist could explain the process for drug alerts. There was no record to show the action taken. This could make it harder to check the actions taken if there was a query in the future. The pharmacy had implemented the Falsified Medicines Directive.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers. It maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy had suitable measures for measuring liquids. Separate measures were available for CDs. The pharmacy had a range of up-to-date reference sources.

The pharmacy fridge was in working order. Records showed that the fridge stored medicines correctly, between 2 and 8 degrees Celsius. The CD cupboard met legal requirements. The pharmacy had its portable electrical equipment safety tested in December 2019.

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.