General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Belle Vale Pharmacy, 119 Belle Vale Road, LIVERPOOL, Merseyside, L25 2PE

Pharmacy reference: 1034435

Type of pharmacy: Community

Date of inspection: 17/06/2019

Pharmacy context

The pharmacy is located in a row of shops in a residential area. The pharmacy premises are accessible for people, with adequate space in the retail area and consultation room.The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. The pharmacy had changed ownership on 1 September 2018.

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

Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. The pharmacy keeps the records that are needed by law. And the team members know how to protect vulnerable people.

Inspector's evidence

Dispensing incidents were reported online and learning points were included. Near misses were reported on a near miss log. The near misses were discussed with the pharmacy team member at the time. The pharmacist reviewed the near miss log every three months to identify learning points, which were then shared with staff.

There were up-to-date Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was seen to be following the 'dispensing' SOP and was able to clearly describe her duties.

A customer satisfaction survey was carried out annually, with the results of the latest survey available online. The pharmacist explained that because of some patients requesting a place to speak privately, patients were actively signposted to the consultation room, to protect their privacy. There was a complaints procedure in place. The pharmacist said he aimed to resolve concerns or complaints in the pharmacy at the time they arose in his role as pharmacy owner.

A certificate of professional indemnity was displayed. The private prescription record, emergency supply record, unlicensed specials record and CD register were in order. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist (RP) log had the time the RP ceased their duty missing on some occasions.

Confidential waste was shredded. A dispenser described what it meant to maintain patient confidentiality, including, ensuring that all confidential information was kept out of sight of the public. Assembled prescriptions were positioned in on shelving in the dispensary to protect patient information from being visible to customers. A dispenser said she had received information governance training from the previous pharmacy owner. There was no written information governance procedure in place which means staff may not always fully understand the correct procedure to follow.

The safeguarding SOPs had been read and signed by the pharmacy team. The contact numbers required for raising concerns were available in the pharmacy and the pharmacist had completed level 2 safe guarding training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are trained and work effectively together. They are comfortable about providing feedback to the pharmacist.The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

The superintendent pharmacist and two dispensers were on duty. The staff appeared to manage the workload adequately at the time of the inspection. The dispensers training certificates were displayed in the pharmacy.

A dispenser said that the pharmacist was very supportive and approachable. She said she had not received an appraisal since change of ownership on 1 September 2018 but said she had read all of the updated SOPs for her role. She explained that no ongoing training material was provided. The lack of a regular training programme might restrict the ability of staff to keep up to date. Staff were regularly given feedback informally from the pharmacist. e.g. near miss errors.

A dispenser covering the counter was clear about her role. She knew what questions to ask when making a 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 knew what action to take if she suspected a customer might be abusing medicines such as codeine, i.e. she said she would refer to the pharmacist. The staff said they were aware of a whistle blowing process that was in place in the pharmacy and who to report to if they had a concern. The pharmacist explained that there were no targets or incentives set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. All pharmacy staff were responsible for the cleaning in the pharmacy with the dispensary benches, sink and floor cleaned regularly. The temperature in the pharmacy was controlled by heating units. Lighting was good.Maintenance issues were reported to the pharmacist and dealt with.

Staff facilities were available and included a microwave, kettle and fridge that all appeared to be in working order, a WC with antibacterial handwash and wash hand basin. There was a consultation room available which was uncluttered and clean. Staff explained this room was used when customers required a private area to talk or the pharmacist was providing one of the services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access and they are generally well managed. But members of the pharmacy team may not always know when higher risk medicines are being handed out. So, they may not always make extra checks to be sure that they are needed. The pharmacy sources and stores medicines safely and carries out checks to help make sure that 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 wheelchairs. A mobile ramp was available, to assist members of the public with access into the pharmacy.

Staff were clear about what services were offered and where to signpost to a service if this was not offered e.g. emergency hormonal contraception (EHC). There was a range of healthcare leaflets displayed.

A dispenser explained the process for delivering prescriptions to patients, which was in accordance with the SOP. She said patient signatures were obtained for the receipt of all CD prescription deliveries and provided copies of previous CD delivery notes which demonstrated this. She said that if a patient was not at home when the delivery attempt was made, a note was left. The pharmacy was not obtaining patient signatures for the receipt of all prescription deliveries, which may not provide a robust audit trail to demonstrate that medicines were supplied safely.

The work flow in the pharmacy was organised into areas – for MDS assembly and a checking area for the pharmacist. There was a dispensing audit trail on the medication labels. The pharmacist said that baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing.

The pharmacist explained the process for providing the methadone to patients which was in accordance with the SOP. He said that he offered patients receiving supervised methadone the opportunity to take their methadone in the consultation room to protect their privacy.

Stickers were applied to assembled prescriptions awaiting collection to identify when the prescription included fridge medicines or CDs. A dispenser said that the CD sticker was used to identify prescriptions with schedule 2 CDs to act as a prompt and ensure that it was not handed out after 28 days of the prescription date. Prescriptions containing schedule 3 and 4 CDs were not routinely highlighted, which may increase the possibility of supplying a CD on a prescription that had expired.

The pharmacist explained that high risk medicines including warfarin, methotrexate and lithium were not routinely highlighted, so the pharmacy team may not be aware when they were being handed out, in order to check that the supply was suitable for the patient. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. He had identified one female patient who met the risk criteria. The patient was provided with information from the pharmacist and had been

reviewed by their GP. A valproate poster was displayed in the dispensary for staff to refer to but patient information resources were not available. This means patients may not always be given full information about the risks involved.

MDS was organised with an audit trail for changes to medication being added to an individual patient medication record which was kept in the pharmacy and the PMR being updated. Disposable equipment was used. The pharmacist explained that patient information leaflets were only included with new medicines. So, patients may not receive up to date information about all their medicines with each supply. Tablet identifications were included with an assembled MDS pack that was awaiting collection.

Stock medicines were stored in an orderly fashion. Date checking was carried out and documented. A dispenser said that short dated medicines were highlighted and examples of this were present. Stock bottles of liquid medicines with limited shelf life had the date of opening written on.

There were two fridges for medicines that both appeared to be in working order, equipped with thermometers. The minimum and maximum temperatures were being recorded daily and the records showed that the temperatures had generally remained within the required range.

CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. Patient returned CDs and out of date CDs were kept segregated from stock pending destruction. A balance check for matrifen 12mcg patches was carried out and found to be correct.

The pharmacist said he was aware of the Falsified Medicines Directive (FMD). He explained that they had signed an agreement to use an FMD package and were in the process of chasing the suppliers for the package to be installed. He said currently they had no FMD SOP in place, no FMD computer software or scanning equipment. Therefore, the pharmacy was not complying with legal requirements. Alerts and recalls etc. were received via email. These were acted on by the pharmacist or staff member and a record was kept.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The BNF and BNFc were available. The pharmacist and staff used the internet to access websites for up to date information. i.e. electronic medicines compendium. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and had been PAT tested for electrical safety in the last 12 months.

There was a selection of liquid measures with British Standard and Crown marks, with designated measures for methadone use only. The pharmacy had equipment for counting loose tablets and capsules, including a designated triangle for cytotoxics. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy and the staff said they would 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.