General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Sutton Pharmacy, 335 Chester Road, Little Sutton, WIRRAL, Merseyside, CH66 3RF

Pharmacy reference: 1034763

Type of pharmacy: Community

Date of inspection: 25/06/2019

Pharmacy context

A traditional community pharmacy on a main road in the village centre. NHS dispensing is the main activity and the pharmacy also offers a range of other services. Medicines were supplied in compliance aid trays for a number of people, to help them take their their medicines safely.

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 follow written instructions to help them work safely and effectively. They record their mistakes so that they can learn from them. But they do not record everything that goes wrong, so they may miss some opportunities to improve. The pharmacy generally keeps the records that it needs to keep by law. But sometimes records are incomplete which means the pharmacy may not be able to show exactly what happened. Staff know that they need to protect confidential information. But they have not had any recent training to make sure they know how to do this.

Inspector's evidence

The pharmacy had a range of written SOPs which were dated to show they had been introduced in September 2018. Training record sheets were attached to the SOPs and had been signed and dated by all staff to indicate they had read and accepted them.

The pharmacist said dispensing errors were recorded electronically and submitted to the NPSA. Copies were retained at the pharmacy. A recent record involved the supply of Ezetimibe in error against a prescription calling for Eplerenone. The record included the action that had been taken to avoid a similar error in the future – i.e. discussed with staff, tidied dispensary shelves and to avoid putting stock away during dispensing.

A near miss log was available several incidents had been recorded in the last few weeks. The pharmacist admitted that there had been other near misses that had not been recorded. She said there had been several near misses where pregabalin and gabapentin had been mixed up. In response, a warning sticker had been placed adjacent to the stock to highlight the risk. A Responsible Pharmacist (RP) notice was prominently displayed. There was a 'roles and responsibilities' SOP which referred to an appendix that included details of individual members of staff, however, the appendix was not attached so there could be some confusion about individual responsibilities.

A complaints procedure was in place but it was not advertised and there were no practice leaflets available to explain how people could make complaints or give feedback. A current professional indemnity insurance certificate was on display.RP records were kept on the pharmacy computer. The records were up to date but the pharmacist consistently neglected to record the time responsibility ceased, which is required by law. Records of Controlled Drugs were maintained. There had been recent anomalies in the running balances; but these had been investigated and resolved.

Patient returned CDs were recorded in a dedicated register. Records of unlicensed specials were in order. Private prescriptions were recorded on the pharmacy computer and the records appeared to be in order. There were no records of emergency supplies. The pharmacist said she had only made emergency supplies through the NHS NUMSAS arrangement. She demonstrated that all of the information about the supplies could be retrieved from the Pharmoutcomes database. However, these records did not fully meet the requirements of the law.

An Information Governance policy was in place, dated 2016. The policy had been signed by all staff who were employed when it had been introduced but not by newer members of the team. The policy did

not appear to have been updated to cover the more recent GDPR legislation, and there was no evidence that staff had completed any training.

Confidential waste was collected in a separate bin. The pharmacist said it was now sent to head office for destruction, but there were numerous bin bags full of confidential waste that had been left in an upstairs storage area. She realised that this was inappropriate and said she would make arrangements for it to be destroyed. The pharmacy did not have a privacy notice on display, which is a requirement of GDPR. A safeguarding SOP was available and had been read by all staff. A flow chart on display in the retail area outlined the procedure for dealing with concerns and gave details of local contacts. The pharmacist had completed level 2 training.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff and they have received the training they need for the jobs they do. But when they have completed the basic training they get little additional training. So, their knowledge may not always be up to date.

Inspector's evidence

The pharmacy employed one full time pharmacist, who normally worked for all the hours the pharmacy opened, three dispensers and one medicines counter assistant. The pharmacist said that staff would work extra hours to cover leave, so that there were normally at least two dispensers working with the pharmacist. She said if it was necessary they could also draw extra staff from another branch.The staff were able to comfortably manage their workload during the inspection. The pharmacist said the staffing level was normally adequate to handle the level of business.

Staff had access to trade magazines but did not receive any formal ongoing training.The pharmacist said staff would ask WWHAM questions when selling medicines and refer to her if they were unsure. She was aware that codeine products might be abused but said she was not currently aware of anyone making repeat requests to purchase them. She said she felt free to use her professional judgement and would refuse to sell a medicine if she thought it was not suitable. A whistleblowing policy was in place and had been signed by staff. The pharmacist said that they would normally talk to her in the first instance, if they had any concerns.There were no performance targets currently set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy. It provides an appropriate environment for healthcare.

Inspector's evidence

The pharmacy was clean and tidy. It had been fitted out to an appropriate standard and was well maintained. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing, both had hot and cold running water.

The dispensary was screened to provide privacy for the dispensing operation. A consultation room was available for private consultations and counselling, it was identified by a clear sign on the door. The pharmacy was lockable with shutters. Air conditioning was fitted.

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 do not always know when high-risk medicines are being handed out. So they may not always make extra checks or give people advice about how to take them. The pharmacy carries out some checks to help make sure that its medicines are kept in good condition. But it does not always keep records of fridge temperatures, so it cannot show that the medicines are always stored appropriately.

Inspector's evidence

Entrance to the pharmacy was level and was suitable for wheelchairs. A range of leaflets and posters provided information about the pharmacy services and various healthcare topics, but there were no practice leaflets available. Staff were aware of the need to signpost patients requiring services not available at the pharmacy.

The pharmacy offered a prescription collection and delivery service. Delivery drivers used a delivery sheet, which they annotated to confirm each delivery had been made. Signatures were obtained from the recipient when Controlled Drugs were delivered. Deliveries were sometimes posted through letterboxes if no-one was home, but the pharmacist said she only allowed this to happen if the patient had given consent on that specific occasion.

Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing.Prescription forms were retained with dispensed medicines awaiting collection. There were no arrangements in place to highlight when the prescription was for a schedule 3 or 4 controlled drug. This means staff may not be aware when they are being handed out so there is a risk that medicines could be supplied after the prescription had expired. And the pharmacist may not comply with the legal requirement to endorse the date on the prescription at the time schedule 3 CDs are supplied. High-risk medicines such as warfarin were not routinely highlighted. The pharmacist said she did not normally check INR readings or other blood tests when these medicines were dispensed. This means the pharmacy team may not be able to assess whether the dose is appropriate, and prescribing errors or changes of circumstances may not be identified

The pharmacist was aware of the risks associated with the use of valproate during pregnancy, and the need for counselling. Educational material was available. The pharmacist said the pharmacy did not currently have any female patients being treated with Valproate.

Monitored Dose System (MDS) trays were used to dispense medicines for patients who had compliance difficulties. These were labelled with descriptions to enable identification of the individual medicines and staff confirmed Patient Information Leaflets were always supplied. A paper record was kept for each patient showing their current medication and details of the treatment times. This was checked against repeat prescriptions to make sure there had been no changes.Stock medicines were ordered via St Helens Pharmacy. The pharmacist said she believed this company was linked to the owners. The medicines would then be ordered from various wholesalers to obtain the best deal. She said generic

medicines were often received from the St Helens pharmacy warehouse. She said she assumed that St Helens pharmacy had a wholesale dealers' licence, but this did not appear to be the case. The MHRA should be consulted to confirm whether this arrangement is appropriate.

Regular expiry date checks were carried out and recorded. All stock was checked about every three months. Stickers were used to highlight any medicines that were short dated. There were two medicines fridges in use, both equipped with maximum/minimum thermometers. Temperature records were available for one of the fridges, but these showed the same temperatures each day i.e. maximum 10.7; minimum 5.8, and the thermometer did not appear to ever be re-set. When this was pointed out the pharmacist adjusted the thermostat. The temperature readings for the other fridge were within range, but no recent records of daily checks were available. The pharmacist gave an assurance that both fridges would be checked daily and that records would be kept up to date.

Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Appropriate arrangements were in place for storage of Controlled Drugs. Waste medicines were disposed of in dedicated bins that were regularly collected by a specialist waste contractor.Drug alerts and recalls were received by e-mail from MHRA. Records were kept to show they had been actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy team have the equipment they need for the services they provide.

Inspector's evidence

Various reference books were in use including a recent BNF.A stamped glass 100ml measuring cylinder was available for dispensary use. All Electrical equipment appeared to be in good working order but had not been PAT tested. Patient Medication Records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. The consultation room was used to enable confidential discussion and consultation

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.