General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Temple Pharmacy, 3 Lancelyn Court Precinct, Spital, Bebington, WIRRAL, Merseyside, CH63 9JP

Pharmacy reference: 1034782

Type of pharmacy: Community

Date of inspection: 02/10/2019

Pharmacy context

This is a community pharmacy situated amongst a small number of other retail shops, in a residential area of Bebington, Wirral. The pharmacy premises are easily accessible for people, with adequate space in the consultation room and retail area. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. And it has a consultation room available for private conversations.

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 manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. And they record things that go wrong, so that they can learn from them. But they do not record all of their mistakes, so they may miss some opportunities to learn.

Inspector's evidence

There were up to date Standard Operating Procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing incidents were reported on incident report forms and were reviewed by the superintendent. Near miss errors were reported on a log and were discussed with the member of the pharmacy team at the time. No near miss errors had been reported in August 2019.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place and a practice leaflet explaining the complaints process was displayed on the medicines counter for people to refer to. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose.

A customer satisfaction survey was carried out annually with the results of the last survey displayed in the consultation room. The pharmacist explained that some patients had provided negative feedback because the number of staff working on the medicines counter had been reduced from two to one. She said that those patients had been spoken to explaining the reasons why this had happened, and were satisfied with the explanation.

The company had appropriate indemnity insurance in place. The private prescription record, emergency supply record, unlicensed specials record and the CD register were in order. Patient returned CDs were recorded and disposed of appropriately. Records of CD running balances were kept and audited regularly. The responsible pharmacist (RP) record was up-to-date but had the time the RP ceased their duty missing on some occasions.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. An information governance SOP was in place and all staff had read and signed confidentiality agreements as part of their training. The computers were password protected, computer screens were facing away from the customer and assembled prescriptions awaiting collection were stored in the dispensary in a manner that protected patient information from being visible. The staff were observed using their own NHS smart cards when using the computer. There was a privacy notice displayed in the retail area.

The pharmacist had completed level 2 safe guarding training and all staff had read and signed the safeguarding SOP. The local contact details for raising a concern were present in the dispensary for staff to refer to.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members have the training they need to be able to do their jobs. But they do little ongoing training, so their skills and knowledge may not always be up to date. They are comfortable and feel supported when speaking to the pharmacist. And receive feedback informally from them. The pharmacy enables its team members to act on their own initiative and use their professional judgement.

Inspector's evidence

There was the superintendent pharmacist, a dispenser, a trainee dispenser and a medicines counter assistant on duty. The dispenser and medicines counter assistant had completed accredited training courses for their roles. The staff were busy providing pharmacy services. They appeared to work well together as a team and manage the workload adequately.

A member of the pharmacy team spoken to said the pharmacist was supportive and was more than happy to answer any questions they had. She explained that apart from reading updated SOPs, no ongoing training material was provided. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. They were regularly given feedback informally from the pharmacist. For example, about near miss errors.

The medicines counter assistant 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 was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol, which she would refer to the pharmacist for advice. The pharmacist explained that there were no formal targets set for professional services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and generally tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and generally tidy. It was free from obstructions and had a waiting area. The pharmacist said that dispensary benches, sink and floors were cleaned regularly, and a cleaning rota was present. The temperature in the pharmacy was controlled by heating units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the pharmacist and dealt with. Pharmacy team facilities included a microwave, kettle, toaster, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive their medicines safely. 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 sources and stores medicines safely and carries out some 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. There was a selection of healthcare leaflets. Staff were clear about what services were offered and where to signpost to a service if this was not provided. The opening hours were displayed near the entrance.

The work flow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team demonstrated that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. She explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. She said prescriptions containing schedule 3 and 4 CDs were highlighted, and an example of this was present for a pregabalin prescription awaiting collection.

A member of the pharmacy team explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were not routinely highlighted prior to collection. A pharmacist had carried out a clinical audit for patients prescribed valproate and had not identified any patients who met the risk criteria. The pharmacy had patient information resources for the supply of valproate.

A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication with the computer patient medication record (PMR) being updated. Disposable equipment was used. Individual medicine descriptions were observed to be added to each compliance aid pack and patient information leaflets were included.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was generally stored tidily. Date checking was carried out and a record was kept. No out of date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. A balance check for a random CD was carried out and found to be correct. There was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy had FMD

software installed but no 2D barcode scanner. Therefore, the pharmacy was not complying with legal requirements. Alerts and recalls were received via email. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested for safety purposes.

Inspector's evidence

The pharmacy team used the internet to access websites for up to date information. For example, BNF, BNFc and Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and was PAT tested in May 2019.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy.

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.