General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Knights Irby Village Pharmacy, 39 Thingwall Road, Irby, WIRRAL, Merseyside, CH61 3UE

Pharmacy reference: 1034811

Type of pharmacy: Community

Date of inspection: 21/05/2019

Pharmacy context

The pharmacy is situated in a village, amongst other retails shops. The pharmacy premises are accessible for people, with wide aisles in the retail area and adequate space in the consultation room for wheelchairs or prams. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. Repeat medication is dispensed into medicine compliance aids for a number of people, using an automated process. And this is carried out offsite at a hub pharmacy in the group.

Overall inspection outcome

✔ **Standards met**

Required Action: None

Follow this link to find out what the inspections possible outcomes mean

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. It asks people for their views and uses this feedback to improve its services. 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 they act to help stop the same sort of mistakes from happening again. The team members have read the safeguarding procedures, so they know how to protect vulnerable people.

Inspector's evidence

Dispensing incidents were reported on incident report forms and learning points were included. Near misses were reported and discussed with the pharmacy team member at the time. The pharmacist said she reviewed the near miss log for trends or patterns and briefed the staff, although no record was kept for reference, so some learning opportunities may be missed. As a result of a near miss error with different formulations of lansoprazole, the stock had been separated.

There were Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. The SOPs were overdue review from June 2018 and the pharmacist explained that this was due to change in ownership and a transitional period. She said they were expecting SOPs from the new owner and the current processes and procedures remained the same as they were with the previous owner. Roles and responsibilities of staff were set out in SOPs. The dispenser was seen to be following the 'dispensing' SOP and was able to clearly describe her duties.

A customer satisfaction survey (CPPQ) was carried out annually and the results of the latest survey carried out between December 2018 and February 2019 were provided. The pharmacist explained that because of some patient feedback regarding stock availability, a WhatsApp group had been set up between branches and other branches shared stock when necessary.

There was a written complaints procedure in place. The pharmacist explained that she aimed to resolve all complaints and if necessary she escalated the complaint to the area manager or superintendent. An current certificate of employer's liability insurance was displayed in the pharmacy.

The CD register, unlicensed specials record, emergency supply record, private prescription record and responsible pharmacist (RP) record were in order. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was placed in a designated bag to be collected by an authorised carrier. All patient identifiable information was kept away from the counter and staff had signed confidentiality agreements. Assembled prescriptions were positioned away from the counter to protect patient information from being visible to customers. Computers were password protected so they could only be used by pharmacy staff.

The dispenser said she would voice any safeguarding concerns regarding children and vulnerable adults

to the pharmacist working at the time. The pharmacist explained that she had completed level 2 training for safe guarding. NHS safeguarding contact details were displayed in the pharmacy and safe guarding SOPs were in place that had been read and signed by staff.

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 their manager. 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

There was a pharmacist manager, a dispenser, a medicines counter assistant and a delivery driver on duty at the time of the inspection. The staff appeared to manage the workload adequately. The staff said that the pharmacist manager was very supportive, and she answered any questions they had.

The staff had recently completed a children's oral health training module with CPPE and training certificates were provided. The medicines counter assistant said she had completed a dementia friends training course since she commenced her role in the pharmacy approximately 12 months ago. Training records for staff were not kept and any training completed by staff was done so on an occasional basis. There was a risk that the lack of a structured training programme might restrict the ability of some staff to keep up to date with current pharmacy practice.

The medicines counter assistant said she had not received an appraisal in the pharmacy in the last 12 months, due to a change of pharmacy manager. The pharmacist said that all staff were to receive an appraisal from her every six months, with a follow up after three months to ensure the staff member was on track to achieve their objectives. Staff were regularly given feedback informally from the pharmacist. The staff held informal discussions where a variety of issues were discussed. e.g. the near miss log and any trends or patterns that had been identified.

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. i.e. she referred them to the pharmacist.

The staff were aware of a whistle blowing policy that was in place in the pharmacy and who to report to if they had a concern. i.e. the pharmacist manager and or the superintendent. The pharmacist said there was a target in place for medicines use review (MUR). She said she had felt under personal and not organisational pressure to achieve the target and felt there were no risks to patient safety or the quality of services provided because of the target. She said she was not aware of any consequences to not hitting the target.

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's retail area and dispensary were clean. The retail area was free from obstructions, professional in appearance and had a waiting area. All pharmacy staff were responsible for the cleaning in the pharmacy. Dispensary benches, the sink and floors were cleaned regularly and were clean at the time of inspection. The temperature in the pharmacy was controlled by heating units. Lighting was good.

The pharmacy premises were maintained in an adequate state of repair. Maintenance problems were reported to the pharmacist / head office and dealt with accordingly. Staff facilities included a kettle, fridge, microwave and sink. A WC with wash hand basin and antibacterial hand wash was available.

There was a consultation room available which was uncluttered, clean and professional in appearance. Staff explained they used this room when customers needed 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 accessible to most people and they are generally well managed. The pharmacy team carries out extra checks when supplying some higher-risk medicines, to make sure they are safe to supply. 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.

Staff were clear about what services were offered and where to signpost to a service if this was not offered e.g. needle exchange. There was a range of healthcare leaflets in the retail area on display. The work flow in the pharmacy was organised into areas – a designated bench for dispensing and a checking area for the pharmacist. There was a dispensing audit trail included on the medication labels. Baskets were used for dispensing to reduce the risk of medicines becoming mixed up.

Stickers were applied to assembled prescriptions awaiting collection to identify the following; fridge medicine, MUR and CD. The pharmacist said that the CD sticker was used to identify prescriptions with CDs requiring safe custody to act as a prompt and ensure it was not handed out after 28 days of the prescription date. She said the schedule 3 CDs were highlighted on the prescription to ensure the date was checked prior to supply, but schedule 4 CDs were not, which may increase the possibility of supplying a CD on a prescription that had expired.

The delivery driver explained the process for delivering prescriptions to patients. CD delivery notes were used for the delivery of CDs with signatures obtained from patients for receipt of delivery. Patient signatures were routinely obtained for all prescriptions delivered and the delivery driver asked patients to sign on a label with the patients' name and address on, which was then attached to a delivery sheet for audit trail purposes.

The pharmacist explained that patients prescribed warfarin were asked to provide their latest INR results, but these were not currently recorded on the patient medication record (PMR). She said patients prescribed methotrexate and lithium were counselled, although their prescriptions were not highlighted

The pharmacist said she was not aware of any female patients who may become pregnant that were prescribed valproate. The valproate information resources were available, including patient information leaflets, patient cards and warning stickers. She said any female patients who may become pregnant that were prescribed valproate would be spoken to by her and provided with the appropriate information resources. Patient returned CDs were destroyed using denaturing kits and records made in a designated book. A quantity of out-of-date CDs were segregated in the CD cabinet.

Some patients had their repeat medication dispensed offsite into the pouch system. The pharmacist said they had agreed to this and provided verbal consent. A medication pouch system for a patient was

present and it included tablet descriptions. Each patient had a list of medication that was cross checked with the prescription and any discrepancies or changes were clarified with the GP prior to dispensing.

The pharmacist explained that all prescriptions dispensed offsite were clinically checked by her and received their final accuracy check in this pharmacy. Any errors identified were fed back to the offsite dispensing hub. She said that patients who received their medication in the pouch system were routinely provided with patient information leaflets for their medicines. Stock medicines were stored in their original containers.

The pharmacist explained that the pharmacy was using Spider FMD by Lexon UK, as the software provider, to allow the pharmacy to be compliant with the Falsified Medicines Directive (FMD). Spider FMD was fully approved by Securemed. She provided a copy of the pharmacy login details for Spider FMD and a copy of the staff training package, which was an online presentation. She said the pharmacy team were trained on using the software and 2D barcode scanners.

The pharmacist said that the superintendent had sent out a standard operating procedure (SOP) for FMD which staff had read and signed. The staff provided examples of medicines stock that included a unique barcode and an anti-tampering seal. Due to a performance issue with the 2D barcode scanners, the pharmacy had recently returned the scanners and were awaiting replacements to be received. Therefore, the pharmacy was not currently complying with legal requirements.

The pharmacist explained that date checking had been carried out in the last couple of weeks, although no record was kept. Therefore, there was no evidence to confirm that all the stock had been checked. Short dated medicines were highlighted. No out of date stock medicines were found from several that were sampled. Alerts and recalls etc. were received via e-mail. The pharmacist said these were read and acted on, but no record was kept, so the pharmacy could not demonstrate that all drug alerts and recalls had been dealt with effectively.

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 pharmacist and staff used the internet to access websites for the most up to date information. i.e. BNF, BNFc and electronic medicines compendium (EMC). There was a fridge for medicines with a minimum/ maximum thermometer. The minimum and maximum temperature was being recorded daily and had been within range throughout the month.

Any problems with equipment were reported to the pharmacist. There were PAT testing stickers attached to electrical equipment stating the date of the last test was August 2018. 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 moved 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.