General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Evans Pharmacy, 48A Barnby Gate, NEWARK, Nottinghamshire, NG24 1QD

Pharmacy reference: 1035572

Type of pharmacy: Community

Date of inspection: 30/04/2019

Pharmacy context

The pharmacy is situated along a quiet side street, next door to a GP surgery close to the centre of a market town. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers travel health services, and delivers medicines to people's homes.

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	4.1	Good practice	The pharmacy team members work well to promote services to help improve people's health and wellbeing. They ensure that the pharmacy is accessible and engage people in quality conversations about their health.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy has adequate systems in place to identify and manage the risks associated with the services it delivers. It generally keeps all records it must by law. The pharmacy responds appropriately to people who raise concerns and provide feedback about its services. And it manages people's information securely. The pharmacy team members share information when mistakes happen. And they act to reduce identified risks. Pharmacy team members are clear about their roles and responsibilities. But they have not all signed training records associated with the pharmacy's procedures. This may mean that there is inconsistency amongst the team when completing tasks.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. It had implemented most SOPs in Autumn 2017 with a two-year review date. And it received new SOPs following an identified need. For example, it had implemented a valproate SOP in December 2018. Roles and responsibilities of the pharmacy team were set out within SOPs. But not all members of the team had signed to confirm that they had read all SOPs associated with the roles. Pharmacy team members on duty were familiar with details within SOPs and demonstrated compliance with SOPs. A medicine counter assistant explained what tasks could and could not take place if the responsible pharmacist (RP) took absence from the premises.

The pharmacy employed an accredited checking dispenser. But there was no specific SOP in place which supported this role. The dispenser explained that the pharmacy had had a SOP in place prior to it transferring ownership approximately two years ago. Her role was unique within the new company. The dispenser demonstrated a clear understanding of her role through conversation. Systems were in place for ensuring that prescriptions were clinically checked by a pharmacist. But pharmacists did not provide a physical audit trail on prescription forms to confirm that this check had taken place.
The dispensary was organised with workflow well managed. The pharmacy team used separate areas of the dispensary for labelling, assembly and accuracy checking. The team dispensed acute prescriptions for people waiting or calling back at the front of the dispensary. A pharmacy technician explained how two different members of the team completed labelling and assembly duties to help increase the number of checks a medicine received prior to the accuracy check.

There was a near-miss reporting procedure in place. The near-miss reporting form captured details of the type of mistake which had occurred. A pharmacist reviewed the forms and provided verbal feedback to the team about trends in near misses. But details of the review process were not formally recorded each month. Pharmacy team members demonstrated actions taken to reduce risk following the informal reviews. For example, the pharmacy team had separated sumatriptan, sildenafil and sertraline in the dispensary following mistakes involving the three medicines. Different formulations of the same medicine were also separated to help prevent picking errors. For example, ramipril tablets and capsules. Pharmacy team members explained that their attention was drawn to medicines in similar packaging through ongoing discussions during the working day.

The pharmacy had an incident reporting procedure in place. A pharmacist explained how she would

manage, investigate and report an incident. The pharmacy submitted incident reports to the superintendent pharmacist's team for review. A recent incident involving a member of the team administering an incorrect strength of a vaccine had led to a review of the vaccination process. The pharmacy received prescriptions for all vaccines. So, it had taken the decision to assemble and store vaccines ahead of appointments. This increased the number of checks involved prior to administration and reduced the risk of a similar incident occurring.

The pharmacy had a complaints procedure in place. A practice leaflet advertised how people could provide feedback to the pharmacy team. A member of the team explained how she would manage feedback and seek to resolve it or escalate it if required to the pharmacist. The team were aware of how to escalate concerns through to the pharmacy superintendent's team. The pharmacy engaged people in feedback through annual 'Community Pharmacy Patient Questionnaires'. The pharmacy had used feedback from the 2017/2018 questionnaire to inform conversations relating to healthy living. A member of the team explained how she would manage a hypothetical concern relating to a failed delivery.

The pharmacy had up to date insurance arrangements in place.

The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record generally complied with legal requirements. 1 missed sign-out time was brought to a pharmacist's attention during the inspection.

A sample of the CD register found that it met legal requirements. The pharmacy maintained running balances and there was evidence of these balances being checked regularly. A physical balance check of Equasym XL 10mg capsules complied with the balance in the register. A CD destruction register for patient returned medicines was maintained and the team entered returns in the register on the date of receipt.

The pharmacy held the Prescription Only Medicine (POM) register electronically. Records for private prescriptions were maintained in full. But not all emergency supply records were made in the POM register. A pharmacist explained that some records relating to emergency supplies through the NHS 111 referral service were made on Pharmoutcomes. But these were not always labelled as an emergency supply on the clinical system. This meant that they did not show in the legal POM register. The nature of the emergency was also missing from some records made when an emergency supply had been made at the request of a patient.

The pharmacy completed full audit trails on certificates of conformity for unlicensed medicines as per MHRA record keeping requirements.

The team held records containing personal identifiable information in staff only areas of the pharmacy. The team had completed information governance training. And an employee handbook provided details of how confidential information should be managed. The pharmacy stored assembled bags of medicines in the dispensary, out of sight of the public area. The pharmacy team transferred confidential waste to designated bags. Bags were secured and collected for secure destruction periodically.

The pharmacy had procedures and information relating to safeguarding vulnerable adults and children. Pharmacy team members had completed training on the subject. Pharmacists and pharmacy technicians had completed level 2 training through the Centre for Pharmacy Postgraduate Education. The team had access to contact details for local safeguarding teams. And pharmacy team members could explain how to recognise and raise a safeguarding concern.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough skilled people in place to provide its services. It supports the team by providing access to ongoing learning. And it encourages the pharmacy team members to provide feedback. Pharmacy team members take part in team discussions. This helps them to reflect on their performance and supports an open and honest working environment.

Inspector's evidence

On duty at the time of the inspection were two pharmacists (the regular pharmacists), a pre-registration pharmacist, a pharmacy technician, the qualified accuracy checking dispenser, two qualified dispensers and a medicine counter assistant. The pharmacy's area support manager was also present for part of the inspection. Another pharmacy technician, qualified dispenser, medicine counter assistant and delivery driver also worked at the pharmacy. Most members of the pharmacy team worked part-time which allowed for flexibility when covering annual leave and unplanned leave.
The pharmacy had a busy acute and repeat prescription workload. It had reviewed workflow. And as a result, had transferred tasks associated with the company's compliance pack service to another of the company's pharmacies, several streets away.

The pharmacy displayed certificates of staff qualifications on a wall close to the medicine counter. There was some ongoing learning associated with pharmacy team members roles. For example, Child oral health training and blood pressure check training. Some training time during quiet periods was available to support continual learning. Pharmacy team members reported receiving an appraisal in Autumn 2018. But they had not received documentation as expected after the meeting. The pre-registration pharmacist felt supported and was provided with training time. The pharmacy had arranged for her to shadow the practice pharmacist at the neighbouring surgery during her placement. She was enrolled on a Buttercups pre-registration training programme.

Pharmacists discussed some targets in place for providing services such as MURs and NMS. They were not put under undue pressure by targets. And they recognised how targets supported them in providing the pharmacy's services.

Pharmacy team members communicated largely through informal conversations. Learning from mistakes was shared with the team through discussion. Formal staff meetings didn't take place. This meant that it may be difficult for the pharmacy to demonstrate that all staff had engaged in these shared learning opportunities. The pharmacy's head office also provided data relating to mistakes across the company to help inform learning.

Pharmacy team members were aware of the company's whistleblowing policy. They could explain how to raise and escalate a concern about the pharmacy or its services. And those questioned confirmed that they felt confident in providing feedback if required.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure and well maintained. It promotes a professional image for delivering its services. The pharmacy has private consultation facilities in place which help protect the confidentiality of people accessing its services.

Inspector's evidence

The pharmacy was well maintained and secure. A very recent issue with a bell at the entrance to the pharmacy was planned to be fixed the day after inspection. The pharmacy reported maintenance issues to their head office and either local contractors or a member of the pharmacy's support team attended to complete repair work. The pharmacy also had access to IT support through head office. The public area was open plan with the medicine counter accessed to the far end of the area. The pharmacy stored pharmacy only medicines behind the medicine counter. This appropriately protected them from self-selection.

The pharmacy was clean and tidy with no slip or trip hazards evident. Air conditioning and heating was in place. Lighting throughout the premises was bright. Antibacterial soap and towels were available close to designated hand washing sinks.
The dispensary was a good size for providing the pharmacy's services. The team used space well to separate acute and managed workload. Off the dispensary was access to a staff kitchen, office and a cellar. The RP reported that no medicines or equipment were stored in the cellar. A small staff break area was provided between the office and dispensary. Staff toilet facilities were accessed through a door at the back of the dispensary.

There was a private consultation room located close to the medicine counter. The room was large and could easily facilitate people in wheelchairs or with pushchairs. It was sound proof and clearly signposted. It was professional in appearance and allowed for confidential conversations to take place. Pharmacy team members also used cordless telephone handsets when speaking to people over the phone. They were observed moving towards the back of the dispensary when holding private conversations. This prevented people in the public area from overhearing details of the conversations taking place.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy team members work well to promote services to help improve people's health and wellbeing. They ensure that the pharmacy is accessible, and they engage people in quality conversations about their health. The pharmacy has good records and processes to make sure people get the right medicines at the right time. The pharmacy gets its medicines from reputable sources, and it stores and manages them appropriately to help make sure they are safe to use. It has systems in place which provide assurance that medicines are fit for purpose.

Inspector's evidence

The pharmacy was accessed up a step from street level, through a simple push/pull door. The team explained that people requiring assistance with access would normally ring the bell. Or they could knock to gain the teams attention. The pharmacy had enquired about a ramp to assist with access. But the pavement outside the pharmacy was narrow and not suitable for a ramp. Opening times and details of the pharmacy's services were clearly advertised. It had a range of service and health information leaflets available to people. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. Designated seating was available for people waiting for a prescription or service.

There was a prominent health promotion display in the public area of the pharmacy. The display focussed on managing heart disease and controlling blood pressure. Details of the current healthy living topic was also evident in the pharmacy's window display. The medicine counter assistant discussed how the displays attracted attention from people visiting the pharmacy. The team counted leaflets taken to help monitor the success of campaigns. Pharmacists also provided lifestyle advice during consultations for other services such as MURs. A pharmacist reflected on beneficial outcomes from the MUR service.

The pharmacy was running a pilot service involving checking for atrial fibrillation during blood pressure checks. Staff providing the service had received appropriate training. And the service had resulted in several people being referred to their GP for further checks. An up to date protocol was in place for the minor ailments service. Requests for medicines through the service varied. The RP had attended a staff meeting at the surgery to share information about the pharmacy's services. The team also kept the surgery up to date with medicine supply issues. The pharmacy had worked with the surgery to engage in an audit on sales of over the counter codeine medicines. The audit had been set up to provide assurance that sales of codeine related medicines were suitable for people. This was due to a change in prescribing habits. Up to date and legally valid PGDs were in place for the emergency hormonal contraception (EHC) service. And up to date procedures were in place for the travel services. Pharmacists consulted with people requiring travel vaccinations or malaria prophylaxis. They then arranged for a private prescription from a company employed pharmacist prior to administering vaccinations or dispensing medicines.

The pharmacy used baskets throughout the dispensing process. This kept medicines with the correct prescription form. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for

medicines owing to people. The prescription was used throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service. People were asked to sign at the point of delivery to confirm that they had received their medicine.

The pharmacy had systems to identify people on high-risk medicines. Pharmacy team members attached stickers to bags of assembled medicines to prompt additional checks of medicines such as warfarin and methotrexate. The RP explained that there had been a local drive to reduce the number of people on warfarin and switch them to novel anticoagulants. Some intervention records relating to INR checks were recorded on people's medication records. Dispensers could explain checks required as part of the pharmacy's compliance with the 'Valproate Pregnancy Prevention Programme' (VPPP). Valproate warning cards were available. And the team had completed a valproate audit in 2018 to help identify women and girls requiring a pregnancy prevention plan.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of the Falsified Medicines Directive (FMD). The pharmacy's SOPs had not been updated to reflect the changes caused by FMD. But the team had scanners in place and could demonstrate how steps during the dispensing process were taken to comply with FMD requirements. Information related to FMD and use of the scanners was available to the team. There was a FMD system outage at the time of inspection. This IT issue was outside of the pharmacy's control.

The pharmacy stored medicines in an orderly manner and in their original packaging. A date checking rota was in place. The team completed rolling checks of all stock at least quarterly. A system was in place for highlighting short-dated medicines. The team annotated details of opening dates on bottles of liquid medicines. No out of date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was orderly. There was a designated area in one cabinet for storing patient returns, and out-of-date CDs. The pharmacy's fridge was clean, and it was a sufficient size for the cold chain medicines held. Temperature records confirmed that it was operating between two and eight degrees. The pharmacy held assembled CDs and cold chain medicines in clear bags. This prompted additional checks of the medicines inside prior to hand-out. CD prescriptions were highlighted clearly. Including those not requiring safe custody. A dispenser explained that this informed a check of the 28-day expiry date.

The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy received drug alerts through email. They shared details of alerts during conversations and maintained copies of alerts electronically. The team were knowledgeable about recent alerts issued.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy team has access to equipment for providing its services. The pharmacy has monitoring systems in place to ensure equipment is safe to use and fit for purpose.

Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screens. Pharmacy team members had personal NHS smart cards.
Clean, crown stamped measuring cylinders were in place. Counting equipment for tablets and capsules was available.

Equipment for the treatment of anaphylaxis shock was stored in the consultation room with sharps bins. A blood pressure machine was also stored in the room. The team reported that the machine was several months old. The consultation room was not locked between use. But the team could monitor access from the medicine counter and front of the dispensary. Stickers on electrical equipment showed that safety tests had last been carried out in January 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.