General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** A Procter & Son Ltd., 69 High Street, POLEGATE, East Sussex, BN26 6AH

**Pharmacy reference:** 1036255

**Type of pharmacy:** Community

**Date of inspection:** 09/05/2019

## Pharmacy context

This is a Healthy Living Pharmacy (HLP) located in Polegate High Street. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines. Services include Medicines Use Reviews (MURs) and home deliveries.

## 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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing most risks effectively. The pharmacy generally logs the mistakes it makes during the dispensing process, but it does not regularly review or reflect upon them. So, it may be missing opportunities to learn from them and take action to avoid problems being repeated. The pharmacy has written instructions which tell staff how to complete tasks safely. But the team members have not signed to say that they have read the latest version, so they may not be following the most up-to-date procedures. The pharmacy manages and protects confidential information well, and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

### Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards, dated December 2017 but the signature sheet was last signed in April 2016 by all staff. There was a more recent signature sheet dated 2017 but this was unsigned.

Errors and near misses were recorded using a paper form, showing what the error was, which members of staff were involved and the action taken. There was no evidence of reflection, or anything to indicate a possible cause and what had been learned. Errors and near misses were then reported to superintendent but there was no evidence of them being discussed within the team. The pharmacist said that she would mention them to the team if the same error was repeated. They have identified some items that are prone to error, such as amlodipine and amiloride, which would be highlighted at the labelling step of the dispensing process. There was little awareness of the risks associated with Look Alike Sound Alike (LASA) drugs and no evidence of any steps having been taken to reduce the risk of error. Upon reflection, the pharmacist said that she would discuss this with her team to identify ways of reducing the risk of error, including highlighting LASAs.

Roles and responsibilities of staff are not clearly documented anywhere other than in their individual contracts. However, staff who work in the pharmacy can clearly explain what they do, what they are responsible for and when they might seek help.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for patients to see.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were kept in a well organised presentation folder. An extra seat was added as a result of feedback from patients. The pharmacy complaints procedure was set out in the SOP file, but there was nothing on display for patients to see. There was no pharmacy practice leaflet available.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid until Nov 2019 was also on display in the dispensary.

Private prescription records were maintained on the PMR and were mostly complete and correct. There were several examples where the prescriber had either not been entered or had been carried over from the patients NHS GP.

The emergency supply records were seen to be correct and complete. The controlled drug (CD) register was seen to be correctly maintained, with most running balances checked monthly, although the SOP specified twice monthly. The pharmacist was going to amend the SOP to reflect current practice. Alterations made in the CD register were asterisked and a note made at the bottom of the page which was initialled and dated. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed “specials” were seen to be missing prescriber details, otherwise complete.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. The driver’s delivery sheets were not laid out in such a way as to avoid inadvertent breaches of confidentiality, but this was discussed and the pharmacist agreed to correct this. Completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste is kept separate from general waste and shredded onsite. The annual Data Security and Protection (DSP) toolkit has been completed.

There are safeguarding procedures in place and contact details of local referring agencies were seen to be held. All registrants have been trained to level 2 and the rest of the team understand the signs to look out for. All staff were dementia friends.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained, and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

### Inspector's evidence

There was one medicines counter assistant, three dispensers and the RP on duty during the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, other team members would increase their hours or the pharmacist could call upon staff from another local pharmacy within the group. Paper training records were seen confirming that all staff had completed the required training, and ongoing training to keep up to date with either new products or legislative changes.

Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. The dispenser or pharmacist were seen to serve customers when the MCA was busy, and all asking appropriate questions when responding to requests or selling medicines. The pharmacist and dispenser both confirmed that they are comfortable with making decisions and do not feel pressurised to compromise their professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Team meetings are only held when there is a specific issue to discuss but were not a matter of routine. Team members said that they could raise concerns and that there is a whistleblowing policy available for them if needed. There are targets in place but they are applied reasonably

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive its services.

### Inspector's evidence

The pharmacy premises were clean, tidy and in a good state of repair with step-free access and an automatic entrance door. There was a very large dispensary, providing plenty of space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary, although almost all of the workbench was in use due to the volume of work present at the time, and partly because of the inspection.

There was a consultation room for confidential conversations, consultations and the provision of services. The door was not kept locked when the room was not in use, but there was no confidential information present. There was a sink with hot and cold taps, neither of which appeared to be working.

The dispensary sink had hot and cold running water, and handwash was available. The sinks and toilet areas were reasonably clean and well maintained.

Room temperatures were appropriately maintained by a combined heating and air-conditioning unit, keeping staff comfortable and suitable for the storage of medicines.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It takes steps to identify people supplied with some high-risk medicines so that they can be given extra information they need to take their medicines safely. But they may be missing opportunities to help people with other high-risk medicines. The pharmacy responds well to drug alerts or product recalls to make sure people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe.

### Inspector's evidence

The pharmacy had a healthy living area with posters and information leaflets providing advice for a wide range of health issues. There was also a notice with contact details of other local services available to patients. The pharmacy provided a free blood pressure check service.

Some controls were seen to be in place to reduce the risk of picking errors, such as the labeller highlighting medicines liable to errors. Although the pharmacist and staff were aware of some of the commonly confused medicines, there was no visible evidence of the risk of errors being managed. There were no stickers on-shelf to highlight LASAs, and prescriptions were being assembled in small piles rather than being separated in baskets. The pharmacist explained that this system worked well for them and that the inspection had held up some of the checking. Prescription labels were initialled to show who had dispensed and checked them.

Owings tickets were in use when medicines could not be supplied in their entirety. Upon collection, the pharmacy retained the patient copy of the owing slip, and in the event of the patient not having it with them, they were then asked to sign for receipt of their owing. If there were a long-term problem obtaining the item, the patients were then phoned to advise them when their medication would be ready, or redirected back to their GP.

Prescriptions for CDs or fridge lines in retrieval awaiting collection were highlighted so that staff know that they will need to check the fridge or CD cupboard. Schedule 3 and 4 CDs such as tramadol or zopiclone were not highlighted but all prescriptions were scanned out when the patient collected them, and the PMR identified any that may have passed their 28-day validity. All those found in the retrieval system were still within the 28 days.

Monitored Dosage System (MDS) trays were dispensed at the front end of the pharmacy workbench, nearest to potential distractions from waiting patients. This was discussed with the pharmacist. Each patient had an individual record sheet showing their current medicines and dosage times. Any prescription changes were noted on the sheet and also on the PMR. The trays were seen to be labelled complete with product descriptions and patient information leaflets (PILs) provided.

Staff were aware of the risks involved in dispensing valproates to patients who may become pregnant, and all such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The valproate audit did not identify any female patients currently taking valproates.

Patients on warfarin are not routinely asked for their INR records, and/or yellow book unless the pharmacist is conducting a MUR. This was discussed and agreed that it would be good practice to ask patients for this information.

Medicines are obtained from licensed wholesalers including AAH, Alliance, Trident and OTC Direct. Unlicensed “specials” are obtained from Arcadia Pharmaceuticals. The pharmacy was seen to have the necessary hardware to comply with the Falsified Medicines Directive (FMD) but was waiting for their software to be registered with Secur-Med.

Routine monthly date checks were seen to be in place, and any items with a shelf-life of less than three months was recorded, highlighted or disposed of, depending on whether it was a fast-moving line or not.

There were no medicines being stored in plain white cartons but two boxes of mixed batches were found (Gabapentin 300mg caps and Perindopril 2mg tabs). There were bottles of liquid medicines which had been opened but not annotated with the date of opening (Sytron liquid and Ferrous Fumarate syrup). The pharmacist agreed to dispose of the liquids and brief the team about the risks associated with mixing batches in a single box.

Fridge temperatures were recorded daily and seen to be within the two to eight degree Celsius range. Pharmacy-only medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. One patient was seen to reach across for a pharmacy-only medicine and a member of staff intervened appropriately.

Patient-returned medicines were screened to ensure that any CDs are appropriately recorded, and that there are no sharps present. There was a list of hazardous medicines and the driver collecting the waste puts them in a separate bin for disposal. Patients with sharps were given a card signposting them to the local council for disposal. DOOP containers were seen for the safe disposal of CDs.

The pharmacy receives drug alerts and recalls from the MHRA, which were seen to be kept in a well organised file. Each alert was annotated with any actions taken, the date and initials of those involved.

The team knew what to do if they received damaged or faulty stock and they explained how they would return it to their wholesaler. The team knew what to do if a patient reported unexpected side-effects and they explained the yellow card system. The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy, with a blood pressure monitor and scales all easily available.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy keeps people's private information safe.

### Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

The Blood Pressure meter was replaced every two years, and the current one was less than a year old. The same applied to the scales. Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens are positioned so they are not visible to the public

Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area.

## 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. |