General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Hobbs Pharmacy, 197 Godstone Road, WHYTELEAFE, Surrey, CR3 0EL

Pharmacy reference: 1036818

Type of pharmacy: Community

Date of inspection: 02/07/2019

Pharmacy context

A community pharmacy set in a row of shops on a main road in Whyteleafe. The pharmacy opens five days a week. And most of the people who use it live nearby. The pharmacy dispenses NHS and private prescriptions and it sells a range of over-the-counter medicines. It provides multi-compartment compliance aids to help people take their medicines. And it delivers medicines to people who can't attend its premises in person.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy doesn't have the written procedures in place it needs to by law.
		1.7	Standard not met	The pharmacy team doesn't always keep people's information safe.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy doesn't have enough staff. And its team members struggle to cope with the workload and the tasks they're expected to do.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy is poorly maintained, doesn't present a professional appearance and is unsuitable for some of the services it provides.
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards not all met	5.3	Standard not met	The pharmacy doesn't always use its equipment to make sure people's private information is protected.

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy has appropriate insurance to protect people if things go wrong. But it doesn't have the written procedures in place it needs to by law. And this could bring risk to people who use its services. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. The pharmacy reviews the mistakes it makes to try and stop them happening again. It generally keeps all the records it needs to by law. But it could do more to make sure they're checked regularly. Its team members act upon people's feedback. And they understand their roles in protecting vulnerable people. But they don't always keep people's information safe.

Inspector's evidence

The pharmacy's standard operating procedures (SOPs) and its policies weren't available at the time of the inspection as they had been removed from the premises by the superintendent pharmacist. So, the responsible pharmacist (RP) couldn't show that procedures had been established to secure the safe and effective running of the pharmacy business.

There was little workspace available in the pharmacy's dispensary. But staff tried to keep a small area of the workbench clear to assemble and check prescriptions on. They used plastic baskets to separate people's prescriptions and to help them prioritize the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the RP who was also seen initialling the dispensing label.

Systems were in place to review the pharmacy's services. The pharmacy team recorded its mistakes, such as dispensing errors and near misses. And it discussed them as they happened to share learning and to try to stop them happening again; for example, it separated and flagged stocks of pantoprazole and pravastatin on the dispensary shelves to reduce the chances of the wrong product being picked again. The pharmacy team also reviewed all the mistakes it made at least once a year to spot any trends or patterns.

The pharmacy displayed a notice that identified the RP on duty. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, the dispensing assistant explained that repeated requests for the same or similar products were referred to the RP.

The pharmacy displayed a notice that told people how they could provide feedback about it and its team. A patient satisfaction survey was undertaken each year. And the results of a recent survey and feedback about the pharmacy were published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA).

The pharmacy's records for emergency supplies and its RP records were adequately maintained. The address from whom a controlled drug (CD) was received from was occasionally omitted from the CD

register. And the CD register's running balance was only checked two or three times a year. A prescription-only medicine was recently dispensed against a private prescription which had expired four months ago. The prescriber's details were sometimes incomplete within the pharmacy's private prescription records. The date a 'specials' line was obtained wasn't always included in the pharmacy's 'specials' records.

The pharmacy's information governance procedures weren't available at the time of the inspection. But confidential information containing people's details, such as confidential waste, consent forms and prescriptions, was left unattended and unsecured within the pharmacy's consultation room.

The pharmacy's safeguarding procedures weren't available at the time of the inspection. But details of who to contact if the pharmacy team had any safeguarding concerns were. The pharmacy's team members have completed safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy doesn’t have enough staff. And its team members struggle to cope with the workload and the tasks they’re expected to do. Members of the pharmacy team are encouraged to keep their knowledge up to date. But they often do this in their own time. They make appropriate decisions about what is right for the people they care for. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 42½ hours a week. And it dispensed about 3,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time dispensing assistant and a part-time delivery driver.

The dispensing assistant had completed accredited training relevant to her role working within the dispensary and at the pharmacy counter. The pharmacy was managed by the RP. There were vacancies for two part-time members of staff at the time of the inspection following the departure of some experienced staff. And the pharmacy has struggled to recruit the right people for these roles. The pharmacy relied upon staff from a nearby pharmacy and relief pharmacists to cover absences but not the vacancies.

The pharmacy's team members were under pressure and struggled to cope with the pharmacy’s workload or complete the routine tasks they were expected to do. So, they concentrated on the dispensing service and serving people. This meant that routine tasks, such as cleaning, date-checking, completing paperwork and replenishing stock, weren’t always done when they needed to be.

Staff performance and development needs were discussed informally throughout the year. Members of the pharmacy team were encouraged to ask the RP questions and familiarise themselves with new products. But they often completed training in their own time to keep their knowledge up to date as they didn’t get time set aside to do this whilst at work.

The RP supervised and oversaw the supply of medicines and advice given by staff. The dispensing assistant described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for animals, infants, people who were pregnant, elderly people or people with long-term health conditions.

One-to-one discussions were used to update staff and to share learning from mistakes. The pharmacy’s team members felt comfortable in making suggestions about the pharmacy. And they knew how to raise a concern with the superintendent pharmacist or one of the company’s directors if they had one. Staff feedback led to changes in the way prescriptions were processed at the pharmacy.

The company doesn't set any targets for its staff. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises **Standards not all met**

Summary findings

The pharmacy is poorly maintained, doesn't present a professional appearance and is unsuitable for some of the services it provides. The pharmacy team doesn't always have the time to make sure the pharmacy's premises are clean and tidy.

Inspector's evidence

The pharmacy was air conditioned and its shop front had been replaced recently. It was fitted out to a basic standard. But its fixtures and general decoration were dated. The public area of the premises was adequately lit.

The pharmacy's dispensary had limited workbench and storage space available. The dispensary's sink was covered over and used as an additional workbench. But the workbench area was cluttered with baskets containing partly assembled prescriptions. So, some baskets were kept on the dispensary's floor.

The pharmacy's team members were responsible for keeping the premises clean and tidy. But they didn't always get the time to do so. There was an area of damp on the walls in the corridor at the rear of the premises. And the paintwork above the pharmacy's rear exit had started to peel. The pharmacy's shelving was dusty. Its flooring had ingrained dirt within it and needed a deep clean.

The kitchenette was dirty. It was dimly lit as its light no longer worked. The kitchenette's sink was stained. And it was used to help prepare liquid medicines. But there was no suitable workspace nearby to allow this. And the over-sink water heater unit wasn't securely fixed to the kitchenette's wall. The pharmacy had antibacterial handwash available for its staff to use. But they could only use the kitchenette's sink to do so.

A consultation room was available if people needed to speak to a team member in private. But its handle was broken. And its contents couldn't be secured when it wasn't being used.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy tries to make sure its services are accessible to people. And it makes sure people have the information they need to take their medicines safely. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy team usually checks stocks of medicines to make sure they are fit for purpose. The pharmacy generally disposes of people's waste medicines safely too. But it could do more to make sure medicines requiring special handling are disposed of appropriately.

Inspector's evidence

The pharmacy's opening hours were reduced recently. And it doesn't open at the weekends anymore. Its services were advertised in-store. There was no automated door into the pharmacy and its entrance wasn't level with the outside pavement. And the pharmacy team needed to make reasonable adjustments so some people, such as mobility scooter users, could access some of the pharmacy's services. The pharmacy team was helpful and knew where to signpost people to if a service couldn't be provided.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery and people were asked to sign a delivery record to say they had received their medicines.

There wasn't much demand for the pharmacy's commissioned emergency hormonal contraception service. The pharmacy provided about 20 MURs a month but very few NMS consultations were undertaken. The pharmacy provided a winter influenza (flu) vaccination service. The RP administered between 40 and 50 flu vaccinations last winter. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience. People were required to provide their written consent when recruited for these services.

The pharmacy used disposable and tamper-evident multi-compartment compliance packs for its compliance aid dispensing service. A dispensing audit trail was maintained for the compliance aids seen. A brief description of each medicine contained within the compliance aids was provided. Patient information leaflets were routinely supplied with people's medication. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare and Day Lewis Medical Ltd., to obtain its medicines and medical devices. It stored its stock, which needed to be refrigerated, appropriately between 2 and 8 degrees Celsius. Its medicines and medical devices were kept within their original manufacturer's packaging and were stored tidily on the dispensary's shelves. Pharmaceutical stock was subject to date checks at the point of dispensing and periodically when staff got time to do so. Some out-of-date medicines were found on the dispensary shelves during the inspection. But staff disposed of these promptly.

The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock. But these have been allowed to accumulate and needed to be destroyed in the presence of an authorised witness. And some intact patient-returned midazolam pre-filled syringes were found in a pharmaceutical waste receptacle.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't verifying or decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment and software to do so. And they were unsure when the pharmacy would be FMD compliant.

Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Pharmaceutical waste receptacles, designated bins for storing wastre medicines, were available and in use. But the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products.

A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were received by email. And the dispensing assistant demonstrated that an antibiotic, subject to a recent drug recall, had been quarantined.

Principle 5 - Equipment and facilities **Standards not all met**

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide services safely. But it doesn't always use its equipment to make sure people's private information is protected.

Inspector's evidence

The pharmacy had access to up-to-date reference sources and to the NPA's information department. The pharmacy had a range of glass measures. And it also had equipment for counting loose tablets and capsules too.

A medical refrigerator was used to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked and recorded regularly. The pharmacy provided blood pressure checks on request. And its blood pressure monitor was replaced recently.

Access to the pharmacy computers and the patient medication record (PMR) system was password protected. But the PMR system within the consultation room had been left unlocked, unattended and unsecured. So, people's details could be accessed by unauthorised persons. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.