General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Grahams Pharmacy, 99 Ford Green Road, Smallthorne, STOKE-ON-TRENT, Staffordshire, ST6 1NT

Pharmacy reference: 1037019

Type of pharmacy: Community

Date of inspection: 23/07/2024

Pharmacy context

This community pharmacy is situated on a main road in a residential area near Tunstall, Stoke-on-Trent. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

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	1.6	Standard not met	The pharmacy does not complete the responsible pharmacist in line with requirements. So it is unable to accurately show when a pharmacist is present. And patient-returned controlled drugs are not recorded when they are received. So the pharmacy is unable to show what it has in its possession.
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 not all met	4.3	Standard not met	The pharmacy does not keep robust records to ensure stock medicines are managed in an effective manner. This increases the risk of medicines not being fit for purpose being supplied to people. And it does not always store medicines appropriately. Some medicines are stored as loose foil strips and not in its original container. The pharmacy does not keep fridge temperature records up to date to show cold chain medicines are being stored appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy does not maintain its responsible pharmacy record in line with requirements. There are gaps in the records so it may not be able to demonstrate when a responsible pharmacist is present in the event of a query or mistake. And patient-returned controlled drugs are not recorded when they are received. So the pharmacy is unable to show what it has in its possession. The pharmacy team follows procedures to help provide services safely and effectively. And members of the team undertake training so that they know how to keep private information safe. They discuss when things go wrong, but they do not keep records. So, they are not able to review their work and may miss some learning opportunities.

Inspector's evidence

There was a historic set of standard operating procedures (SOPs) which were issued in 2016. But these had not been reviewed and it was not known how well they reflected current practice. The pharmacist confirmed these were due to be reviewed and updated. Most members of the pharmacy team had signed to say they had read and accepted the SOPs, but some had not. So, the pharmacy may not be able to show all members of the team fully understood their responsibilities.

The pharmacy made records to investigate any dispensing errors. The records documented any actions to help team members learn from the mistake. The pharmacist discussed near miss incidents with team members at the time they occurred to identify potential learning points. To help prevent similar picking errors, the team had moved amlodipine and amitriptyline away from one another. But near miss records were not kept. So, the team were not able to review their mistakes to look for common themes and underlying trends. The pharmacist acknowledged near miss records will be maintained going forwards.

The roles and responsibilities for members of the pharmacy team were described within individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The pharmacy had a complaints procedure. Any complaints were referred to the pharmacist to be followed up. But details about the complaint's procedure was not on display which would help encourage people to provide feedback. A current certificate of professional indemnity insurance was available.

The incorrect responsible pharmacist (RP) notice was on display for most of the inspection. This was rectified by a member of the team when it was identified. The required records for the RP were not kept, and in the past three months only 15 entries had been made. The pharmacist thought this was due to a software glitch and was investigating this further with the software provider. Records for private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. Four balances were checked, but only three were correct. The pharmacist confirmed the erroneous record had been corrected following the inspection. CD headers were not completed, which may increase the risk of incorrect entries being made. A register for patient returned CDs was available but the pharmacy had not recorded all of the returns that were present. The pharmacist admitted that records were only made at the point of destruction. So, the pharmacy may not be able to accurately demonstrate what returned stock was present.

An information governance (IG) policy was available. The pharmacy team had recently completed data protection training. When questioned, a dispenser was able to describe how confidential waste was destroyed using the on-site shredder. But there were no details on display about how the pharmacy handled and stored people's data, which is an important principle in data protection requirements. The pharmacist had completed level two safeguarding training. Contact details for the local safeguarding team were available in the consultation room. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough members of the team to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. But this is not provided in a structured way so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the superintendent pharmacist, two dispensers, two medicine counter assistants (MCA) and a new starter. All members of the team had completed the necessary training for their roles. The volume of work appeared to be manageable. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training booklet about data protection. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed. An MCA gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed.

The MCA said they felt a good level of support from the pharmacist and the team and was able to ask for further help if they needed it. But there was no formal appraisal programme to help identify individual development needs. The team routinely discussed their work, including when there were any errors or complaints. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no professional based targets in place.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations with members of the team.

Inspector's evidence

The pharmacy was generally clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. The space was generally clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy's services are accessible. And it manages and provides them safely. It gets its medicines from licensed sources. But it does not have robust procedures and records to ensure stock medicines are managed in an effective manner. And team members do not always record important counselling information when they supply high-risk medicines. So this may impact on the person's continuity of care.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. A ramp was available to the consultation room. An electronic screen, posters and leaflets provided information about the services offered. The pharmacy opening hours were displayed a range of leaflets provided information about various healthcare topics.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Team members were seen to confirm people's name and address when medicines were handed out.

Medicines were not dispensed in advance of people attending the pharmacy, instead they were dispensed when people were present. As part of the accuracy check, the pharmacist also conducted the clinical check. This reviewed the professional requirements of whether the prescription had expired for controlled drug prescriptions. And if any counselling was required to be provided. But records of counselling were not recorded, to help with the continuity of people's care. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply the full pack. Educational material was provided when the medicines were supplied. The pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. But details of the advice given were not recorded, which would be useful information in the event of a query or a concern. The pharmacist acknowledged that counselling notes would be recorded going forward.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack, team members discussed whether the person were suitable. But details of the conversation were not recorded, which would be a useful record in the event of a query or concern. Electronic records were used to detail the current medication. Any medication changes were confirmed with the GP surgery before details were updated. Hospital discharge information was sought and retained for future reference. But the compliance packs were not labelled with medication descriptions so people could identify their medicines. And patient information leaflets (PILs) were not routinely supplied. So people may not always have up to date information about their medicines.

The pharmacy had a delivery service, and a delivery record was kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Members of the team checked the expiry dates of medicines at times when they could. Stickers were used to highlight short-dated stock. But records were not kept, so some stock might be overlooked. A number of medicines were found which had expired or were due to expire in August 2024 and were not highlighted as short dated. So there was a risk medicines that aren't fit for purpose might be inadvertently supplied. And liquid medicines did not always have a date of opening written on, including for oral morphine sulphate solution which expired 4 weeks after opening. So team members may not know if they remained suitable for dispensing. Various loose strips of medicine foils were seen in the dispensary, without the required details of the medicine's batch number and expiry dates. This did not meet important labelling requirements to ensure people receive medicines which are fit for purpose.

Controlled drugs were stored appropriately in the CD cabinets, with clear separation between current stock, patient returns and out of date stock. There were two clean medicines fridges, each equipped with a thermometer. Both fridges remained within the required range during the inspection. The team explained they would check and record the fridge temperatures each day. But a software issue had meant only six records could be seen for the past three months. So the pharmacy may not be able to demonstrate that cold chain medicines are stored appropriately. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. But records were not always kept showing what action the pharmacy had taken, which would be useful information to show whether the pharmacy had responded in a suitable manner.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. An electronic tablet counter was available, but it did not appear to have been recently cleaned. And calibration records were not available to show it performed as is expected.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

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.