General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Horsley Hill Pharmacy, 60 Horsley Hill Square, SOUTH SHIELDS, Tyne and Wear, NE34 6RF

Pharmacy reference: 1037648

Type of pharmacy: Community

Date of inspection: 10/05/2022

Pharmacy context

This in a community pharmacy on a parade of shops in South Shields. It mainly dispenses NHS prescriptions, including some medicines in multi-compartment compliance packs. It delivers medicines to some people to their homes. The pharmacy sells a range of over-the-counter medicines.

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 a set of SOPs for the pharmacy team to follow
		1.2	Standard not met	The pharmacy doesn't have a robust procedure to record near misses and dispensing errors. And doesn't have documented review processes.
		1.6	Standard not met	Poor management of CDs. No procedures in place to support the safe handling of CDs. CD transactions not entered promptly. Running balances not checked. Patient Returned CDs not recorded or destroyed promptly. Out of date CDs not destroyed promptly.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not support its inexperienced team members enough with training. So they do not have all the skills, competence, or qualifications for their roles and the tasks they carry out.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	No fridge temperature records and no procedure in place for recording
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy doesn’t adequately identify and manage all the risks associated with its services. It doesn’t have a full set of written procedures for team members to follow so there is a risk that the team are working inconsistently. The team don’t have a system for recording or reviewing mistakes. So, they cannot identify learning points and make improvements to pharmacy services. The pharmacy doesn’t keep CD records as it needs to by law. The pharmacy keeps people’s information safe.

Inspector's evidence

The pharmacy had put measures in place to mitigate risks associated with the COVID-19 pandemic. They had hand sanitiser and personal protective equipment (PPE) available for team members to use. However, none of the team members wore face masks at the time of the inspection. The inspector reminded the SI that wearing of facemasks in health care settings was advised. They had a Perspex screen to the front to provide a barrier from cross infection. The SI advised that they didn’t have a set of Standard Operating Procedures (SOPs) because they had acquired the pharmacy in September 2021 and they had been busy with a re-fit and organising the pharmacy. So, this could mean that team members were not working consistently. The pharmacy relied on individual training on procedures but no records were kept indicating who had been trained on what. During the inspection, a team member from another branch brought over a set of instructions for the use of the Titan operating system that had been recently installed. The SI advised that he had trained the team on how the system worked when it was installed. The team had a set of instructions to follow. The Responsible Pharmacist advised that they had struggled with the system initially but with support from the SI now felt competent in its use.

The pharmacy had no procedures for recording errors and the SI advised there had been no near misses or dispensing errors since the pharmacy opened. The SI hadn’t felt the need to have a procedure in place because if correctly used the Titan system was accurate. The system had been installed in March. But the pharmacy didn't had a procedure for recording errors previously either. The SI advised that the pharmacy was 'chaotic' and they had other priorities. The system used barcode technology when labelling, dispensing and for the final accuracy check. The pharmacist did a clinical check at the beginning of the process. The system indicated any time a team member selected and scanned an incorrect medicine. And it recorded any scanned errors with the final barcode verification and bagging checks. The pharmacy didn’t run near miss error reports off the system to look for trends or have a separate form to record dispensing errors and had no records available to show. The SI showed the inspector how they had separated medicines that looked alike or sounded alike and medicines that were sometimes selected in error such as Gabapentin and Pregabalin.

The pharmacy displayed two Responsible Pharmacist (RP) notices so people may be confused about who the RP was on the day. The pharmacy didn’t have a written procedure to manage complaints. People had the opportunity to feedback by speaking with a member of the team who would refer them to the RP if they could not resolve the concern. Some people had raised concerns about prescriptions not being ready when they called to collect them. The SI explained that the pharmacy was chaotic when they first took over and it took them time to establish a workflow. Recent feedback had been positive. The team had not completed formal training relating to information governance (IG) and General Data

Protection Regulation (GDPR) and there was no privacy policy displayed. The SI discussed the need to keep people information private with team members when they first joined the company. The pharmacy didn't have documentation to show this. The pharmacy kept people's private information in areas of the pharmacy with no public access. And it used white bags to segregate confidential waste for shredding off site. The pharmacy provided evidence that it had up-to-date professional indemnity insurance by email following the inspection. It kept an electronic controlled drug (CD) register but this had not been properly linked to the operating system so the CD balances did not match the quantity in the cabinet. The SI was working with IT support to try to resolve the issue. The pharmacy hadn't completed checks of the physical quantity of stock since the initial stock check when the pharmacy had been acquired. The two balances checked on the day did not tally with the CD register balance. The pharmacy didn't keep a record of the destruction of patient-returned CDs and there were patient-returned CDs awaiting destruction in the CD cabinet that were not accounted for in any records. The SI confirmed that they hadn't dispensed any private prescriptions but had an electronic recording system to record these.

The SI had completed CPPE level 2 safeguarding training. The pharmacy technician had completed safeguarding training as part of their previous appointment. And the team were aware of what to look out for. The SI reported that they didn't have local safeguarding teams contact details on display but he could easily access these electronically if the need arose.

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

Summary findings

The pharmacy does not have enough experienced and competent team members to safely provide its services. Newer members of the team don’t have a documented training program or a full set of written procedures to follow so they may not be adequately trained for the tasks they carry out. There are no regular documented appraisals so learning needs may be missed.

Inspector's evidence

The RP was the SI and a director of the pharmacy and usually worked there, managing the team. A second pharmacist assisted on the day along with two Accuracy Checking Technicians (ACT), one trained dispensary assistant and four trainees none of whom had been enrolled onto a relevant course. A driver delivered medicines to people’s homes. The team members worked well together to manage the workload and engaged with people as soon as they came into the pharmacy. They coped well with the number of queries and the volume of prescriptions.

An ACT described how they kept up to date with their learning by completing CPD and re-validation. The pharmacy didn’t have formal ongoing training for its team members and relied on the pharmacists and the SI keeping them updated with changes. Some team members had received training on the new pharmacy system when it was introduced. A team member felt comfortable asking the SI any questions or another director. The pharmacy didn’t have regular formal team meetings and team members didn’t have formal appraisals. The ACT confirmed that the SI provided in the moment feedback which they found helpful. The pharmacy didn’t set any targets for services. The pharmacists kept their knowledge up to date for their continuous professional development (CPD) and professional revalidation. Some CPPE certificates had been filed onsite.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises provide a suitable environment for people to receive its services. And they are sufficiently clean and secure. The pharmacy has made some adjustments to help keep people safe during the pandemic.

Inspector's evidence

The pharmacy had a full refit in January 2021. The pharmacy premises had a small retail area with spaced seating. And a well laid out dispensary, with a further dispensary downstairs for the preparation of multi-compartment compliance packs. The premises had sufficient space for the current workload and footfall. The pharmacist worked at the front overseeing sales and clinically checking electronic prescriptions for the team to dispense on the separate workstation to the rear. And with separate dispensing, checking and bagging areas the team managed the dispensing workload in a safe manner. The main dispensary had very little clutter on the benches and floor. But the floor in the downstairs dispensary had large boxes obstructing the walkway. The pharmacy stored people’s prescription waiting collection on dedicated shelving behind the retail counter where details could not be seen by people in the retail area. The pharmacy was well lit. The temperature was comfortable and the pharmacy had air conditioning. The pharmacy had a sink with hot and cold running water in both dispensaries. And the pharmacy had a toilet with hand washing facilities. The pharmacy had a consultation room with access from both the dispensary and the retail area. The room was used to have private conversations with people. It was well signposted.

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

Summary findings

The pharmacy doesn't have a robust procedure for checking and recording fridge temperatures daily so there is no assurance that medicines that require refrigeration are safe to supply. The pharmacy provides a range of services that are accessible to people. It provides medicines to some people in multi-compartment compliance packs to help them take them correctly. But it doesn't supply enough information that people need so they can take their medicines safely.

Inspector's evidence

The pharmacy had a wide door to the front which allowed wheelchairs to access the pharmacy. The pharmacy delivered medicines to people's homes and it kept a record of the deliveries made in case of queries. During the pandemic, the team didn't obtain signatures from people on delivery. The delivery driver signed the back of the CD prescriptions once the medication had been delivered. The pharmacy team members used baskets during the dispensing process, to help reduce the risk of error. The pharmacy's patient medication record (PMR) system utilised barcode technology. The system held an audit trail of all transactions, recording which team member had completed which task through individual log ins. This included the clinical check, picking and labelling, barcode verification, final accuracy checks and bagging. The pharmacist and trained dispensers used the system's barcode verification technology in completing the final accuracy check.

The SI was aware of the additional care needed when dispensing valproate to some people. And that the patient alert card details were printed on the manufacturer's packs. He did not have additional cards or stickers available on site and advised that he would follow up and get a supply. The pharmacy didn't have any patients taking valproate suitable for referral to the GP under the Pregnancy Prevention Program (PPP). The ACT managed the dispensing of medicines into multi-compartment compliance packs. The team kept an up-to-date written record of each person's current medicines and the times of administration. The team members did not include descriptions of tablets in the packs unless requested. The team supplied patient information leaflets on the first dispensing only. So, people may not be receiving all the information they need to take their medicines safely.

The pharmacy obtained its medicines from licensed wholesalers. It positioned P medicines out of reach behind the pharmacy counter. The pharmacy stored medicines requiring cold storage in two new larder glass-fronted fridges. The SI told the inspector that he checked the fridge daily but had kept no records to verify this. The pharmacy team described how they usually try to fully date check the pharmacy every two months. And the pharmacy is stock checked annually. The team also rely on pharmacy system that prompts the operator that the item is short dated or out of date when medicines were scanned while dispensing. No out-of-date medicines were found on the shelves. Liquid medicines had the date of opening clearly visible on the bottles. So, team members could do checks to ensure that the medicine was fit to supply. The pharmacy had medicinal boxes and liners available for returned medication. The SI received medicine recalls and safety alerts on his telephone. But the pharmacy didn't have an audit trail to provide assurance that all recalls had been actioned.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services. It uses the equipment appropriately to keep people's private information secure.

Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. It had password-protected computers, with individual log-in according to role. People couldn't view confidential information on the computer screens due to the high counter in the dispensary and the positioning on the workstations. The pharmacy stored people's medicines awaiting delivery securely. The pharmacy team had a range of measures to help with accurate measuring, but two of the100ml measures were plastic and not suitable for accurate measuring of liquid medicines. The team had glass measure for measuring smaller quantities.

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.