General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 38 Astley Road, Seaton Delaval, WHITLEY BAY, Tyne and Wear, NE25 0DG

Pharmacy reference: 1037729

Type of pharmacy: Community

Date of inspection: 18/07/2019

Pharmacy context

The pharmacy is on a row of shops in Seaton Delaval, Whitley Bay. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries and it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations, emergency hormonal contraception (EHC) supply and a substance misuse service.

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

The pharmacy generally identifies and manages the risks associated with its services. The pharmacy asks people for their views and feedback. And it deals with complaints appropriately. It keeps most of the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy team members record some mistakes that happen whilst dispensing, but they do not always take on the learning to improve ways of working.

Inspector's evidence

This was a small pharmacy with a small retail area and dispensary. There was limited bench space. There was a stock area to the back of the dispensary. The pharmacy had a range of standard operating procedures (SOPs). These were in date and authorised for use. These were available electronically. All staff have their own log in and training records. Pharmacy team members had read the SOPs.

Near misses were recorded, as they occurred on to a near miss sheet. These were then recorded on the electronic DATIX system. Members of the pharmacy team were unable to log onto the system to show the inspector the DATIX reports. The paper records showed that very few near misses were recorded. There were two near misses recorded in May. And the learning point from the monthly patient safety report (MPSR) was to record all near misses. The near miss log for July was blank. So, the learning from previous MPSRs had not been implemented. And this may mean that learning opportunities and improvements are being missed. Members of the pharmacy team recalled some changes made to reduce risks. For example, there were warnings highlighted on the shelves where look alike sound alike drugs were stored. Dispensing errors were also recorded on the DATIX system. Members of the pharmacy team could not recall a dispensing error. And were unable to access the electronic record to show the level of detail recorded and the changes made following an error. There was a 'safe and well' laminate which stated that all members of the pharmacy team were to speak to the manager to demonstrate use of the DATIX system. Members of the pharmacy team were unsure if this had taken place.

There was an information leaflet which gave details on how people could complain and other useful information including how patient data was protected. The pharmacy team members said that they would refer any complaints to the manager. The community pharmacy patient questionnaire (CPPQ) was on display. And 98% of people were happy with the level of service they received. The lack of having somewhere to speak privately had been highlighted as an area for improvement. The team were unsure why this was because the consultation room was well signposted and in a prominent area of the pharmacy. Up to date indemnity insurance was in place as notified by the GPhC Strategic Relationship Manager (SRM). The responsible pharmacist record was complete and legally compliant. The correct responsible pharmacist sign was displayed. Private prescriptions paper records were complete in most cases. But the reason for emergency supplies were not always included in the entry. Unlicensed special records including the certificates of conformity were retained in a folder. And this was tidy and organised. A sample of controlled drugs (CD) registers, looked at, found them to be compliant with the requirements including completed headers and entries made in chronological order. Running balances were maintained in all registers and were audited against the physical stock quantity weekly.

Prescriptions were filed out of view. Confidential waste was segregated for shredding off site. Pharmacy team members received Information Governance training as part of their mandatory e-Expert annual online training. The manager monitored compliance. All members of the pharmacy team had completed the basic safe guarding training. The manager had completed their CPPE level 2 training. The pharmacy team were aware of what to look out for.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained and skilled team members to provide its services safely. The pharmacy team members have the skills and qualifications appropriate for their roles and the tasks they complete. They have regular performance reviews. So, they can identify any development needs. They work together in a supportive environment and have access to ongoing training.

Inspector's evidence

There was a pharmacist manager ran the pharmacy but on the day of the inspection the manager was on holiday and a locum was the responsible pharmacist. And in addition, there were two pharmacy assistants. The team thought that they managed adequately with this level of staff. There was a relief dispenser who usually covered staff holidays. The team said that they were on top of the tasks. There was a turnaround time of 48-72 hours for electronic and repeat prescriptions.

Training was provided through the e-Expert online portal. There was mandatory training and assigned training. Staff had their own log in access. The team were in the process of completing the 15-module training for the new analyst computer system. Performance reviews took place in May and June. These gave the team a chance to receive feedback and discuss development needs. Pharmacy team members thought these were helpful. Areas such as interaction with customers and time keeping were discussed, as well as any training needs. Staff reported that the manager was approachable, and they felt encouraged to offer suggestions for improvement and they felt that their opinion was valued.

Staff advised that concerns could be raised with the manager or with the area manager depending on the issue. And who it was about. There was also a whistle blowing policy. And details were on the intranet. Pharmacy members could accurately explain which activities could not take place when there was no responsible pharmacist on site. Targets were set for a range of services. The pharmacy team members said they achieved these. The responsible pharmacist felt able to exercise his professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are secure and provide a suitable environment for the delivery of pharmacy services.

Inspector's evidence

The pharmacy, shop area and consultation room were clean and hygienic as were the benches. The sink area was untidy. The paintwork in the stock room was flaking off the wall. And there was no floor covering. It was free from trip hazards. There was adequate lighting and heating. And hot and cold running water.

There was sufficient storage space for excess stock in the pharmacy and in the stock areas. The pharmacy had an adequately sized consultation room with chairs, computer and a desk. This was clearly signed. No patient confidential information was stored here.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services to help people meet their health needs. The services are generally well managed. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts and product recalls. It adequately stores and manages its medicines, so they are safe for people to use.

Inspector's evidence

There was direct access into the pharmacy from the street. There were practice leaflets available. The team had displayed a variety leaflets advertising the services offered in the pharmacy. The pharmacy displayed their opening times on the door and on leaflets in the pharmacy. The pharmacy offered a delivery service to people in their own homes. There were records kept for the delivery service, which included signatures for most deliveries and a separate sheet for controlled drug (CD) deliveries.

The pharmacy used baskets to keep the prescription, medication and labels together throughout the dispensing process to prioritise workload and reduce the risk of errors. There was a clear audit trail of the dispensing process as team members signed the dispensed by box and the pharmacist the checked by box. Clear bags were used for the dispensing of insulin and these were observed in the fridge. This allowed the person handing over the medication, and the patient, to see what was being supplied and query any items. Clear bags were also used for completed compliance packs and CDs.

Stock was arranged alphabetically on the shelves which were overcrowded and, in some places, untidy. There were boxes upside down, so it was not possible to read the drug name easily. Medicines with different strengths were mixed together. For example, Tegretol 400, 200, 100 and different release preparations were mixed together on the shelves. Increasing the risk of a picking error. Split boxes of medicines, which had been returned to stock, were marked to indicate that stock had been removed so that dispensers could clearly see that they were not complete packs. Short-dated stock was marked with a sticker to indicate this. For example, co-amilozide was marked as out of date in August 2019. Liquid medication was marked with the date of opening. This meant that checks could be done to make sure the product was safe to supply. For example, cetirizine liquid was marked as opened on 12 July 2019.

There was an adequately sized retrieval area which was situated near to the pharmacy counter. This allowed easy access to prescriptions and allowed the pharmacist to be aware of what was being handed out. The pharmacy used licensed wholesalers such as Alliance and AAH. The pharmacy team were aware of the Falsified Medicines Directive (FMD). And the company was in the process of installing scanners. Staff were aware that the branch would be scanning stock in the future and had completed training in readiness. Appropriate containers were used to supply medicines. Stickers were also used on bags and prescriptions to alert the person handing the medication over that items such as controlled drugs and fridge lines had to be added.

Fridge medicines were stored in an organised way within the original manufacturers packaging and at an appropriate temperature of between two and eight degrees Celsius. Records were maintained daily and there was a procedure to follow if the temperature deviated from these limits. Controlled drugs

were stored in a CD cabinet which was tidy and ordered. Denaturing kits were available for the destruction of CDs. There was a record of receipt of returned CDs which people had returned. And there was a record of destruction, this indicated that returned CDs were destroyed promptly. There were some out-of-date CDs and patient returned CDs. And these were marked and segregated in the CD cabinet. Appropriate medicinal waste bins were used for out of date stock and patient returned medication.

Information and patient guidance issued as part of the Pregnancy Prevention Programme (PPP) with sodium valproate had been received at the pharmacy. The pharmacy team had completed audits. The pharmacist had checked the patients prescribed the products and found one eligible patient. The patient had been counselled by the pharmacist and referred to her GP. The information leaflets and the warning cards were with the stock on the shelf. MHRA alerts were received via email and an internal communication system. The alert was printed off, actioned and a record kept. The pharmacist informed the team about any alerts relevant to the stock held.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. It stores it appropriately and uses it in a way that protects the privacy of people.

Inspector's evidence

Up to date reference sources were available and included the BNF and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for people and to access PharmOutcomes. A range of CE quality marked measures were in use which were cleaned after use. There were also a separate range of cylinders retained for measuring methadone only.

The pharmacy also had a range of equipment for counting loose tablets and capsules. Tweezers and gloves were available for use in the dispensing of compliance packs. There was a first aid kit. The CDs were stored in CD cabinets which were securely bolted in place. The fridges used to store medicines were from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and patient medication records (PMR) were password protected. The computer screens were out of view of the public. Access to patients' records was restricted by the use of NHS smart cards. Medication awaiting collection was stored out of view and no confidential details could be observed by people using the pharmacy. Prescriptions were filed in boxes out of view of patients keeping details private.

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.