General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Stratwicks Ltd, 1 Reardon Court, Woodloes Park, WARWICK, Warwickshire, CV34 5RN

Pharmacy reference: 1037852

Type of pharmacy: Community

Date of inspection: 07/08/2019

Pharmacy context

This is an independent community pharmacy located in a row of shops in a residential area of Warwick. It has been under the same ownership for over 30 years. It dispenses NHS prescriptions, offers sexual health services, a needle exchange scheme,a smoking cessation service, seasonal influenza vaccinations and a prescription delivery service. The pharmacy also dispenses medicines in multi-compartment compliance packs to people who have difficulty in managing with their medicines. And it has a small number of people who receive instalment supplies for substance misuse treatment.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Good practice	1.1	Good practice	The pharmacy can demonstrate that it learns from things that have gone wrong. And it puts measures in place to mitigate similar events in the future.
		1.2	Good practice	Members of the pharmacy team continually monitor the safety and quality of the pharmacy services they provide so that they can improve and further protect people's safety.
		1.3	Good practice	Members of the pharmacy team have defined roles and accountabilities and share the responsibility of making sure that the services they provide are safe.
		1.8	Good practice	Members of the pharmacy team know their responsibilities to protect vulnerable people. And they ensure they have up-to-date safeguarding guidance and local contacts to report safeguarding concerns.
2. Staff	Good practice	2.2	Good practice	The pharmacy supports its team members well to keep their skills and knowledge up to date.
		2.5	Good practice	Members of the pharmacy team work well together. They are comfortable about providing feedback to each other and are continually involved in improving the services they provide.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Good practice	4.1	Good practice	The pharmacy offers a range of services which are accessible to people and these are tailored to the needs of the local population.
		4.2	Good practice	The pharmacy offers a range of services and manages these very well. And its team members strive to help people achieve positive health outcomes.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Good practice

Summary findings

The pharmacy has safe and effective working practices. It manages risks appropriately by recording and reviewing any mistakes its staff makes. And it keeps people's private information safe. It asks people for their views and uses their feedback to improve its services where possible. It keeps the records required by law to ensure that medicines are supplied safely and legally. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date Standard Operating Procedures (SOPs) for the services provided. Members of the pharmacy team had read and signed the SOPs. A responsible pharmacist (RP) notice was prominently displayed and members of the pharmacy team were clear on the tasks they could or could not undertake in the absence of a RP. And their roles and responsibilities had been defined within the SOPs.

The pharmacy had systems to review the safety and quality of its pharmacy services. Near misses were consistently recorded and reviewed to help identify emerging trends. The actions taken by members of the pharmacy team to minimise errors during the dispensing process were very well documented. The pharmacist said that every mistake was a learning opportunity. She explained the procedure to record and report dispensing errors, and this included submitting reports to the National Reporting and Learning System. She discussed a recent dispensing error which had been fully reviewed and improvement actions implemented to prevent a similar event in the future. The pharmacy had also identified look-alike and sound-alike medicines and these were separated to minimise the risks of selection errors during the dispensing process. Members of the pharmacy team highlighted prescriptions of less commonly prescribed strengths or forms of medicines. For example, paracetamol capsules instead of tablets, omeprazole 10mg instead of 20mg, or Fostair® 200 where Fostair® 100 was a more commonly prescribed strength.

The pharmacy made use of National Pharmacy Association's Medication Safety Officer's (MSO) quarterly reports to get patient safety updates and tips to help minimise patient safety incidents. The reports were printed and these were discussed with members of the pharmacy team to share learnings. The pharmacy had implemented some of the recommendations made in the MSO's report such as ensuring people prescribed with insulin were always supplied with the same brand even though the prescriptions were written generically due to cost saving measures. It had also ensured that pre-filled insulin and pen fill cartridges had been segregated to minimise the risks of picking errors during the dispensing process. Insulin prescriptions were assembled when people came to collect their prescriptions so that the pharmacist could double check the brand the person was expecting, any problems with injecting techniques, and whether their details on the insulin passport were current.

The pharmacy's complaints procedure was prominently displayed and information about this was also included in the pharmacy's practice leaflet. Members of the pharmacy team conducted annual patient satisfactions survey and the results of the most recent survey were posted on the NHS website and displayed in the pharmacy. The results were very positive overall and the majority of respondents had rated the pharmacy as excellent. There were some very complimentary testimonials written by people on the pharmacy's website.

The RP records were up to date and complete. Records about controlled drugs (CDs) were kept in line with requirements and running balances were checked at the time of supply. A random balance check of an item during the inspection showed that the recorded balance matched the physical stock in the cabinet. CDs returned by people for disposal were recorded when received and denaturing kits were used for safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The pharmacy had an information governance policy and members of the pharmacy team had completed training about General Data Protection Regulation. And they had all signed confidentiality agreements. A privacy notice, chaperone policy and confidentiality policy were all prominently displayed in the pharmacy. The pharmacy's computers were password protected and members of the pharmacy team used their own NHS smart cards to download electronic prescriptions. Confidential waste was segregated and shredded in the pharmacy. Prescriptions awaiting collection were stored securely and private information on them was not visible to people visiting the pharmacy.

A safeguarding policy and a list of key contacts for escalating safeguarding concerns were available. Members of the pharmacy team had all completed safeguarding training relevant to their job 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. The pharmacist said that she had recently updated her safeguarding training and had downloaded the NHS safeguarding App which gave up to date safeguarding guidance and local contacts to report any safeguarding concerns.

Principle 2 - Staffing ✔ Good practice

Summary findings

Members of the pharmacy team work well together and they have the right skills to provide services safely and effectively. They are very well supported by the owner of the pharmacy to undertake on-going training to keep their skills and knowledge up to date.

Inspector's evidence

The owner of the pharmacy worked as the RP most days. A second pharmacist was employed to cover his days off and deliver advanced services such as Medicines Use Reviews, screening services and other pilot schemes that the pharmacy was currently trialling. A full-time dispenser and a pharmacy technician (owner's wife) were also present at the time of the inspection. Members of the pharmacy team were working well together and were managing their workload comfortably. All staff had appropriate qualifications for their roles and their training certificates were suitably displayed in the pharmacy. The workflow in the dispensary was very well organised and people visiting the pharmacy were acknowledged promptly. And their prescriptions were processed in a timely manner.

Members of the pharmacy team shared an excellent rapport with the people visiting the pharmacy. And this was evident from the interactions observed during the inspection. Most people visiting the pharmacy were known to the members of the pharmacy team and were addressing each other on the first-name basis.

A whistle blowing policy had been signed by all members of the pharmacy team. The dispenser said that she was very well supported by both pharmacists and was given regular feedback about her performance. She felt comfortable about raising any concerns she may have, with the owner or the pharmacist. Whilst members of the pharmacy team were encouraged to promote the pharmacy's services and deliver the best possible service to people visiting the pharmacy, there were no specific targets or incentives set.

Members of the pharmacy team were supported with ongoing training via an external training provider and the Virtual Outcomes online training, to help keep their skills and knowledge up to date. They had recently completed several training packages including oral health and anti-microbial resistance. They had also completed all the mandatory training required for the pharmacy to become a Healthy Living Pharmacy. Records of completed training were available in the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are safe, secure and suitable for the pharmacy services provided.

Inspector's evidence

The pharmacy was re-fitted to a good standard three years ago. And it was well maintained and presented a professional image. The retail area of the pharmacy was spacious and there was some seating available for people waiting for services. The dispensary was well organised and there was enough space to allow safe working. The dispensary's workstations were kept tidy and stock medicines were stored in an organised fashion.

The sink in the dispensary for preparation of medicines was clean and had hot and cold running water. There were separate hand washing facilities for members of the pharmacy team.

The pharmacy had a consultation room available for its services and private counselling. The room was private, clean and kept locked when not in use. And it had systems to monitor ambient temperatures. The pharmacy was well lit throughout and secured against unauthorised access when it was closed.

Principle 4 - Services ✔ Good practice

Summary findings

The pharmacy manages its services well. And it delivers them in a safe and effective manner. People with a range of needs can access its services and they are well supported by members of the pharmacy team to use their medicines safely. The pharmacy gets its medicines from reliable sources and stores them appropriately. And it takes the right action if any medicines or devices are not safe to use, to protect people's health and wellbeing.

Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The retail area of the pharmacy was well laid out and was clear of slip or trip hazards. And it could accommodate wheelchairs and prams. The pharmacy had some seating available for people waiting for services. A range of health-promotion posters and leaflets were suitably displayed and gave information about various healthcare matters.

Members of the pharmacy team used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. And they could speak to people in several languages including Mandarin, Polish and Gujarati. The pharmacy offered a prescription delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to show that medicines had reached the right people.

Members of the pharmacy team used different coloured baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to keep an audit trail when a prescription could not be fully supplied. Dispensing labels were initialled by members of the pharmacy team to keep an audit trail of which staff member had been involved in these stages.

The uptake of the pharmacy's needle exchange scheme was good and the pharmacist said that she made sure people were consistently reminded to bring back used needles in the containers provided for safe disposal. The pharmacist had set up a policy of a "new pack issued in exchange of an old pack" to strongly encourage people to get into the habit of returning used needles. But said supplies were never refused if there were none returned. The pharmacy kept records about returned needles and the numbers of returned containers almost matched the number of packs issued. A Standard Operating Procedure for the provision of injecting equipment and paraphernalia to drug users was in place.

The pharmacy had a handful of people on substance misuse treatment. Instalments were pre-packed to reduce waiting times when people presented for their instalment. Pre-packs were appropriately labelled. People were routinely counselled to store their medicines safely and to keep out of reach and sight of children.

The pharmacy was particularly good at looking after people with long term and chronic conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). The pharmacy routinely identified people who were prescribed a long acting bronchodilator without being prescribed a regular steroid preventer treatment. And interventions were documented and appropriate referrals made. The asthma control test template was used to determine whether a person's asthma symptoms were as

well controlled as they could be. This enabled the pharmacist to determine the level of support a person needed. For example, checking the person's coordination and inhaler techniques or whether a person would benefit from using an aero chamber. The pharmacy also used a COPD Assessment Test to help improve the management of people's COPD and ensure they get the optimum benefit from their treatment. The pharmacy had an impressive range of resources and educational material available to support people with these conditions. And it kept records of interventions and referrals to their GP or asthma nurse. The pharmacist said that she always ensured that her COPD patients kept a record of their exacerbations and had a spare supply of steroids or antibiotics to help stop their symptoms getting worse.

At the time of the inspection, the pharmacy was running a pilot seeking to detect undiagnosed hypertension and atrial fibrillation. This involved measuring the participant's blood pressure and pulse. And participants were issued with a written copy of their results along with advice and leaflets to help them improve their lifestyle. If the results were found to be above a certain level, appropriate referrals were made for further tests. The pharmacist said she had made several such referrals recently, and had kept records which were shared with the inspector.

The pharmacist said that she often contacted the University Hospitals Birmingham NHS Foundation Trust and West Midlands medicines information department to get further guidance on issues such as whether nonsteroidal anti-inflammatory medicines (NSAIDs) should be taken with food or on an empty stomach as she had found some information indicating that NSAIDs should be taken on an empty stomach for acute use such as dental pain, and with food for chronic use. She had also researched on whether a person with glaucoma can use travel-sickness medication and whether certain anti-diabetics such as pioglitazone and dapagliflozin can be taken together. Evidence of responses received from these organisations were shared with the inspector.

The pharmacy supplied medicines in multi-compartment compliance packs to people who had difficulties in managing their medicines. Each person using the service had their medicines listed on a summary sheet. Any changes to people's medication were recorded showing clearly what changes were made and by whom. Members of the pharmacy team had a system for tracking the ordering of prescriptions, assembly and supply of medicines in the compliance packs. And they used a communication book to convey any relevant information pertaining to the service to team members who may not be working on the day. The service was well managed and well organised. A compliance pack checked during the inspection included descriptions of medicines contained within it. The dispensing labels were initialled at the dispensing and checking stages to show which member of staff had completed these tasks. Patient information leaflets were routinely supplied.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme and current valproate guidelines. They knew which people needed to be provided with additional advice about its contraindications and precautions. Patient information leaflets and guides were available in the pharmacy.

Prescriptions for higher-risk medicines were highlighted to the dispensing team for them to give appropriate advice to people when these were handed out. The pharmacist said members of the pharmacy team routinely asked people about therapeutic monitoring (INR) levels when dispensing warfarin prescriptions and these were recorded on people's medication records. Evidence about this was provided.

The pharmacy had conducted a Community Pharmacy Oral Anticoagulant Safety Audit in the previous year to determine people's awareness of key information about their anticoagulant medicines, to audit

current use of anticoagulant alert cards and to monitor dietary requirements in relation to vitamin K. The pharmacist said she was mindful of ensuring people on warfarin who were undergoing dental treatment maintained their INR levels below four and were provided with appropriate dietary advice. The pharmacist had made several interventions as a result of this audit.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were generally stored in an orderly fashion and pharmacy-only (P) medicines were stored out of reach of the public.

At the time of the inspection, the pharmacy had implemented the SOPs for the Falsified Medicines Directive (FMD) and members of the pharmacy team had all signed these SOPs. The pharmacist said that although the equipment to comply with the FMD was in place, the system was not yet fully operational due to a faulty scanner. The owner was hoping to resolve this matter and be fully operational in very near future.

Expiry date checks on stock medicines were carried out every three months, and a record maintained. Short-dated stock was highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Medicines requiring refrigeration were stored between 2 and 8 degrees Celsius. Temperatures were checked and recorded each day.

All CDs were stored appropriately, and the cabinet was tidy and well organised. Designated bins were available to store waste medicines. And denaturing kits were available to denature waste CDs safely. All CDs returned by people had been destroyed appropriately. Prescriptions for CDs were marked with their validity dates to ensure these were not handed out after the prescription had expired.

The pharmacy had processes in place to deal with safety alerts and drug recalls. Records of these and the actions taken by members of the pharmacy team were recorded and kept in the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment and facilities to deliver its services safely and effectively.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. Confidential waste was appropriately managed, and a consultation room was available for private conversations and services. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

A range of clean crown-stamped glass measures and equipment for counting loose tablets and capsules was available at the pharmacy. All diagnostic equipment such as cholesterol and blood pressure meters were clean and kept securely. The meters were calibrated regularly and records kept. And all other electrical equipment appeared to be in good working order.

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.