General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Millard and Bullock, Unit 2 Josiah House, Castle Street, Coseley, BILSTON, West Midlands, WV14 9DD

Pharmacy reference: 1037869

Type of pharmacy: Community

Date of inspection: 19/02/2020

Pharmacy context

This busy community pharmacy is located on the main high street in Coseley. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines, as well as other household items. The pharmacy supplies a large number of people with multi-compartment compliance aid packs, to help make sure people take their medicines on time. Most of these packs are now assembled at another branch. It also offers several other services, including Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and a local minor ailments service. Flu vaccines are available during the relevant season and a substance misuse treatment service is also provided.

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	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

Overall, the pharmacy suitably identifies and manages the risks associated with its services and it keeps the records it needs to by law. Pharmacy team members are clear about their responsibilities. They complete training so they understand how to keep people's private information safe and raise concerns to help protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been updated in December 2018 and they defined the responsibilities of team members, but audit trails confirming their acknowledgement were sometimes incomplete. Team members verbally confirmed that they had read the procedures and they discussed their roles and the tasks they completed each day. A medicine counter assistant (MCA) also accurately described the activities which were permissible in the absence of a responsible pharmacist (RP). A professional indemnity and public liability insurance policy was provided by the National Pharmacy Association (NPA) and a valid certificate was displayed in the dispensary.

A near miss log was available. In some months such as November 2019 and January 2020, a limited number of entries had been recorded, but the pharmacist felt that overall most near misses were captured. There were some entries on the log sheets which lacked detail for example the names of people involved were incomplete and there was no indication of learning points or action that had been taken to address the issue. The pharmacist said that in a previous role he conducted a monthly review of near misses to identify trends. He had not done this since commencing his post in October 2019, which may mean that some underlying trends were unidentified. The pharmacist agreed to address this moving forward. Dispensing incidents were reported using the patient medication record (PMR) system. The pharmacist said that he would also onward report to the National Reporting and Learning System (NRLS). He was not aware of any recent errors that had occurred in the pharmacy, but records of previous incidents were maintained, and they described the actions that had been taken in response.

The pharmacy had a complaint procedure described in a practice leaflet. Notices detailing how concerns regarding NHS services could be raised were also displayed in the retail area. The MCA said that an electronic feedback form could be completed using a pharmacy tablet, but this was not working on the day. Feedback from a 2017-2018 survey appeared positive but more recent results were not available. The team were not aware of any recent concerns being raised.

The correct RP notice was displayed behind the medicine counter. The RP log contained some entries where the time RP duties ceased had not been recorded, so it was not fully compliant. Records for private prescriptions and emergency supplies were maintained, but for some private prescriptions the details of the prescriber had been recorded incorrectly. So, team members may not always be able to show what happened in the event of a query. Records for the procurement of specials preparations provided an audit trail from source to supply. Controlled drugs (CD) registers kept a running balance and regular balance checks were being carried out. A patient returns CD destruction register was

available and previous entries had been signed and witnessed.

The pharmacy had an information governance folder. Team members had completed some training on the General Data Protection Regulation (GDPR) and certificates were filed for reference. Team members answered some questions about how they would help to make sure people's private information was protected, and they segregated confidential waste for suitable disposal. Completed prescriptions were stored out of public view and a privacy notice was displayed in the consultation room. Most team members were in possession of their own NHS smartcards and suitable use was seen during the inspection. The pre-registration pharmacist was in the process of having her smartcard reallocated after having left a previous placement.

The pharmacist had completed safeguarding training and discussed some of the types of concerns that he might identify, including some relating to services such as the supply of EHC. The contact details of local safeguarding agencies were accessible to enable the escalation of concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members work together closely, and they can raise concerns and provide feedback. Team members are qualified for their roles. They complete some ongoing training and they get feedback on their development to help them learn and improve.

Inspector's evidence

On the day of the inspection the regular pharmacist was working alongside a pre-registration pharmacist, three dispensing assistants and a pharmacy student. The medicine counter was being covered by a trained MCA. Double pharmacist cover was provided at least twice a week to help with clinical and accuracy checking duties, and the pharmacy also employed several other team members. This included a second pre-registration pharmacist, two additional dispensers and two MCAs, none of whom were present. Some of the absences were due to unplanned circumstances and cover was being provided by the pharmacy student, who usually worked on Saturdays. During periods of planned and unplanned leave, the team worked flexibly to provide cover as required, and the pharmacist said that support from other nearby branches could also be sought if needed. The workload in the pharmacy was busy, but the pharmacist said that there was no backlog in dispensing. All prescriptions were dispensed and checked on the same day and deliveries were being made on time.

Several sales were observed during the inspection, where people were asked questions to establish if sales were suitable. The pre-registration pharmacist stated the questioning approach that she would use when making a sale and any concerns were referred to the pharmacist. The pre-registration pharmacist and a dispenser also discussed some medications in the area which were subject to potential abuse.

Pharmacy team members completed some ongoing training on an ad hoc basis. Team members read training materials received through the post and were made aware of any updates by the regular pharmacist. One of the pre-registration pharmacists was being supported by an external training provider, who offered regular study days for further development. The pre-registration pharmacist present at the inspection said that the same opportunity had been offered to her when she commenced employment, but as she had switched from another placement provider, she had opted to use her own training resources. Protected training time was provided, and the pre-registration pharmacist was supported by the two regular pharmacists. She had regular reviews and raised no concerns. There were also further career development opportunities available for other team members and a dispenser was near completion of an accuracy checking course for dispensing assistants, provided by Buttercups. Team members reported that appraisals were completed annually to help monitor their development and identify further learning needs.

The team worked closely together and were happy to approach the pharmacist in charge with any concerns, they also said that the superintendent pharmacist visited the branch regularly and they were able to contact him directly. The team held regular informal meetings to discuss any issues and there was an open dialogue amongst the team on the day. The pharmacist confirmed that there were no set

targets in place for professional services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides an appropriate environment for healthcare services. It has a consultation room, to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy premises, including the exterior facia was in an appropriate state of repair. Maintenance concerns were escalated to the superintendent pharmacist, who arranged for any necessary repair work to be carried out. Pharmacy team members completed cleaning duties and the pharmacy was generally clean and tidy on the day. But there were some bags and boxes being temporarily stored in the prescription retrieval area. This may increase the risk of prescriptions getting mixed up and could cause a trip hazard for team members. The lighting throughout the premises was suitable and air conditioning was fitted to help maintain an appropriate temperature for the storage of medicines.

The retail area of the pharmacy was spacious. The walkways were free from obstructions and there were chairs available for use by people waiting for their medicines. The pharmacy carried a range of stock which was generally in keeping with a pharmacy-based business. Pharmacy restricted medications were located behind the medicine counter. During the inspection a lidocaine-based teething medication, which was pharmacy restricted, was identified on the retail floor. The medication was immediately removed and given to the pharmacist, who agreed to review the reclassification of these medicines with the pharmacy team.

Off the retail area was an enclosed consultation room, which was clearly signposted. The room was fitted with a desk and seating to facilitate the provision of private and confidential discussions.

The dispensary had adequate space for the current dispensing workload. A front work bench was used for dispensing and a separate segregated area was used for accuracy checking. A further dispensing terminal was available at the rear of the dispensary, with additional work bench space available. Large storage shelves and a drawer system were used to provide adequate storage for medicines and a separate sink was available off the main dispensing area. The sink was suitably maintained and had appropriate cleaning materials. The assembly of multi-compartment compliance aid packs took place in a separate dispensing area. The room had been fitted to a good standard and had adequate dispensing work bench space, as well as a dispensing terminal and large shelving units. Other areas of the pharmacy included general storage rooms and staff facilities, which were suitably maintained.

Principle 4 - Services ✔ Standards met

Summary findings

Pharmacy services are generally accessible and suitably managed to help make sure people receive appropriate care. The pharmacy sources medicines appropriately and its team members carry out some checks to make sure they are fit for supply. But checks of alerts for the recall of faulty medicines are not always made within a suitable timeframe, which could mean the team sometimes delays dealing with potentially defective medicines.

Inspector's evidence

The pharmacy had step-free access and automatic doors were fitted to assist with entry. Additional adjustments could be made to help people with different needs, such as the use of large-print labels from the PMR system. There was some advertisement of pharmacy services in a practice leaflet, and other health promotion materials were displayed. The pharmacy also had a signposting folder, with some information on services in the local area.

Prescriptions were segregated in coloured baskets, to help prioritise the workload. An audit trail for dispensing was maintained using 'dispensed' and 'checked' boxes on dispensing labels. Prescriptions for CDs were highlighted to help make sure that supplies were made within the valid 28-day expiry date. The pharmacist said that prescriptions for high-risk medicines would be identified to help make sure people received suitable advice and counselling, but records of monitoring parameters were not maintained as an audit trail. The pharmacy had recently participated in an audit regarding the use of valproate-based medicines in people who may become pregnant. At least two people who fell within the 'at-risk' criteria had been identified and the pre-registration pharmacist explained the counselling that had been provided. The pharmacy had access to the necessary safety literature and the supply of these materials was discussed.

Prescriptions for people using multi-compartment compliance aid packs were managed by the pharmacy team, using a four-week cycle. In recent months, most compliance aid patients had moved to a Medi-Pouch system, which were assembled at a nearby branch. Prior to the change, a letter had been sent to affected patients, to inform them of how the new system worked. The first delivery of the Medi-Pouch system had also been carried out by a dispenser, who provided counselling with each delivery. A number of standard compliance aid packs were still assembled on the premises for people who did not wish to use the pouch-based system. All medicines were ordered in advance and the team kept audit trails to enable unreturned prescriptions to be identified. A master record sheet was held for each patient, and this was updated to reflect any changes that had been made. The details of prescriptions which were dispensed off-site were sent via email and a cover sheet was used as part of this process. The assembly turnaround time was two days and prescriptions were matched with the original prescription form, prior to being handed out. Each Medi-Pouch system contained the details of medication in individual pouches and patient leaflets were supplied. Compliance aid packs dispensed at the pharmacy contained patient identifying details to the front, descriptions of medicines were sometimes present, but this was not always done consistently, so there may be some medicines which cannot be individually identified. Patient leaflets were supplied.

The pharmacist said that signatures were obtained as confirmation of the secure delivery of medicines, but records to demonstrate this were not available on the day. Medications from failed deliveries were

returned to the pharmacy.The pharmacist had completed safeguarding training and additional modules for the provision of the EHC, and access was available to an in-date patient group directive (PGD) to support service delivery.

The pharmacy obtained stock from licensed wholesalers and specials from a licensed manufacturer. Stock medications were stored in their original packaging and were generally organised on the pharmacy shelves and in drawers. The team discussed the date checking systems, but records had not been recently updated, so the pharmacy may not always be able to demonstrate that regular checks are taking place. Some examples were seen where short-dated medicines had been highlighted and no expired medicines were identified from random checks of the pharmacy shelves. The pharmacy had the necessary hardware and software to enable compliance with the requirements of the European Falsified Medicine Directive (FMD). Some updated SOPs were available to cover the change in process, but team members had not yet been instructed to implement the systems by the superintendent pharmacist. Alerts for the recall of faulty medicines and medical devices were received via email. The system was only usually checked once per week and there were at least two alerts, including a class two (action within 48 hours) alert received the week before the inspection which had not yet been acknowledged. The pharmacist agreed to review all recent alerts that had been received and action them accordingly. Moving forward he agreed to check the email system daily and maintain a clear audit trail to demonstrate the action that had been taken.

All of the pharmacy refrigerators were fitted with maximum and minimum thermometers, the temperatures were checked and recorded each day. The maximum temperature of one refrigerator was in excess of the recommended range on the day, but previous records were in range, and the pharmacist took steps to rectify this during the inspection. Recent records for a fridge located in an upstairs store area were unavailable. The pharmacist confirmed that the small amount of stock in this fridge had been returned from other branches and was not being used or supplied. CDs were stored securely, and random balance checks were found to be correct. Expired and returned CDs were clearly segregated from stock and substance misuse prescriptions were stored in an organised manner until they were collected.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is suitably maintained and the team members use it in a way that protects people’s privacy. The pharmacy sometimes uses non-standardised measures when preparing medicines which could compromise accuracy.

Inspector's evidence

The pharmacy had some ISO approved and crown-stamped glass measures which were used for measuring CDs. Several plastic conical measures were available to measure other liquids. These may be more difficult to keep clean and are not British standard approved, so their accuracy cannot always be guaranteed. The pharmacy had access to paper reference texts including the British National Formulary (BNF) and internet access was also available, as were the contact details for NPA information resources.

Electrical equipment appeared to be in working order and had been recently PAT tested. The computer screens all faced away from public view to protect privacy and were username and password protected. Cordless phones were also available, so that conversations could take place in 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.