General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: The Pharmacy Clinic, The Avion Centre, 6 Bargate Drive, Whitmore Reans, WOLVERHAMPTON, West Midlands, WV6 0QW

Pharmacy reference: 1038581

Type of pharmacy: Community

Date of inspection: 26/06/2024

Pharmacy context

This is a community pharmacy in a local shopping parade. It is situated in a residential area of Wolverhampton. 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 needle exchange. 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	1.5	Standard not met	The pharmacy is not able to demonstrate it has sufficient professional indemnity insurance to cover the services it provides.
		1.6	Standard not met	The pharmacy's controlled drugs registers are unreliable and do not accurately show when these medicines are obtained or supplied. And they do not meet the record keeping requirements.
2. Staff	Standards not all met	2.2	Standard not met	Members of the team are not enrolled on to appropriate training courses in a timely manner for their role. So they may not have the correct skills or knowledge for their role.
3. Premises	Standards not all met	3.1	Standard not met	Pharmacy regulated activities are not always undertaken on the registered premises. So there is a risk these services are not provided in line with current regulations.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	CD medicines are not stored in a suitable manner.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy team follow procedures to help maintain the safety and effectiveness of the pharmacy's services. But these have not been updated for some time, and team members may not fully understand what their responsibilities are. Members of the team discuss when things go wrong, but they do not record them. So, learning opportunities might be missed. The pharmacy's controlled drugs registers are unreliable and may not be able to accurately show when these medicines were obtained or supplied. The pharmacy's professional indemnity insurance policy does not specify the pharmacy services that it covers. So it cannot demonstrate that it has adequate protection if someting goes wrong.

Inspector's evidence

The pharmacy changed ownership a few years ago and a nearby co-owned pharmacy merged into the current premises. A dispensing robot was installed in summer 2022. A file contained historic standard operating procedures (SOPs) which were issued in November 2019. But these had not been signed by team members to show they understood them. New SOPs had recently been produced, but team members had not yet read these. So, it was not clear whether team members fully understood the procedures or what their responsibilities were. The superintendent pharmacist (SI) confirmed he would ensure team members would read the new SOPs following the inspection.

There was evidence of a recent dispensing error involving an out-of-date medicine which had been supplied to a person. The SI explained he had identified learning and shared this with members of the team. This involved the correct placement of the label on the box so not to cover the expiry date of the medicine. But there was no record of the error which may make it difficult for team members to respond to any queries. The SI agreed he would ensure future errors are recorded. The pharmacy's patient medical record (PMR) software automatically logged incorrectly scanned medicines as part of its built-in accuracy checking software and it displayed an analytical summary. The pharmacy team had been using this software for around a month and had not yet reviewed the data. So the pharmacy might not be able to demonstrate that it effectively learns from mistakes that happen and takes actions to reduce the chance of similar mistakes happening again.

Members of the team understood what their roles were. A trainee medicine counter assistant was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms and had badges identifying their names. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints would be recorded and followed up by the SI. A certificate of indemnity insurance was available. But the SI could not provide any further information about the underwriter, whether the policy provided professional indemnity insurance, public liability, or product liability. So people may not be sufficiently protected in the event of an error or incident.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. But the records in controlled drugs (CDs) registers were poorly maintained. The pharmacy had fallen behind with keeping the CD records up to date and this meant there were at least nine balances which did not match the actual stock levels. So, the pharmacy could not accurately show what CD stock was present, what had been supplied and to whom.

There were some information governance (IG) procedures in place. For example, team members understood what information was required to be separated into confidential waste bags for removal by an external waste carrier. And a notice in the retail area described how the pharmacy handled and stored people's information. But there was no formal training for members of the team, and they had not read the IG policies or signed a confidentiality agreement. So, the pharmacy might not always be able to demonstrate that its team members receive adequate training to protect people's private information. The SI confirmed he would instruct the team to read the policies after the inspection. Historical safeguarding procedures were included in the SOPs. So it was difficult to understand whether these were still current. And members of the team did not have the contact details for local safeguarding teams, to help raise potential concerns quickly. However, the pharmacist had completed level 2 safeguarding training. And team members would initially report any concerns to the pharmacist on duty.

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

Summary findings

There are enough staff to manage the pharmacy's workload. Most members of the team are appropriately trained for the jobs they do. But the pharmacy does not always enrol its team members onto a training course within a suitable timescale. So, they may not always have the required underpinning knowledge for their role.

Inspector's evidence

The pharmacy team included a pharmacist, who was also the SI, a pharmacy technician who was trained to accuracy check, a dispenser, two trainee dispensers, a pharmacy student and a trainee medicine counter assistant (MCA). The MCA had been working at the pharmacy for five months but was not enrolled onto an appropriate pharmacy training course. This did not meet the GPhC guidelines for training and may mean they do not fully understand important aspects of their role. There was a high footfall into the pharmacy but despite this the workload appeared to be sufficiently managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with access to an e-learning training platform. Each month, the team completed the latest training package. The training topics appeared relevant to the services provided and those completing the e-learning. For example, treating people with over-the-counter hay fever medicines. The trainee 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 pharmacy team were seen working well together and assisting one another with any queries. Team members report a good level of support and felt able to ask the SI for help if they felt they needed it. But there was no formal appraisal programme to help identify specific development needs. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no targets in place for professional based services.

Principle 3 - Premises **Standards not all met**

Summary findings

The pharmacy premises are clean and tidy. A consultation room is available to enable private conversations with members of the team. But pharmacy regulated activities are undertaken outside of the registered premises. So there is a risk these services are not provided in line with current regulations.

Inspector's evidence

The pharmacy was located in a business premises and appeared to be clean and tidy. The size of the dispensary was sufficient for the workload. Multi-compartment compliance packs were dispensed and checked in a room on the second floor of the premises that was not part of the registered pharmacy premises.

The temperature was controlled by the use of air conditioning units, and lighting was sufficient. Team members had access to a kitchenette and WC facilities. But there was no hot water in the WC facilities or rear of the dispensary. Which may impact the ability to have effective infection control. The SI was waiting on the hot water tank to be connected.

Two consultation rooms were available. They appeared to be clean, with a computer, 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 always store CD medicines in the required conditions. And members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level and suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters and leaflets gave information about the services offered.

The pharmacy used a PMR system which had a built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The first workflow was for a pharmacist to perform the clinical check of each prescription upon receipt of a prescription. The prescription was then released to the dispensing team, who would pick the stock and place the medicines into individual baskets for each person to prevent prescriptions being mixed up. They would scan each box of medication using the PMR system to check it was correct. If the medication matched the prescription, a dispensing label would print, and the dispenser would affix this to the box. If it did not match the dispenser had to amend the product or request assistance from the pharmacist. The pharmacist did not perform a further accuracy check unless the medicine fell within an exception category. For example, a CD, a split pack, or a medicine which required refrigeration. The PMR system kept an audit trail of who carried out each stage of the process.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. The pharmacy used handheld devices linked to the PMR system which kept a record of the location of dispensed medicines ready for collection. Members of the team confirmed the person's name and address on the device, before using a barcode to check it was the correct bag before it was handed over. The PMR system alerted team members if a prescription had expired when they scanned the bag. For example, schedule 3 and 4 CD medicines. The pharmacy team advised people when their GP had requested further information or required the person to attend a blood test. But they did not routinely provide counselling to people taking high-risk medicines (such as warfarin, lithium, and methotrexate) about taking their medicines safely. Team members were aware of the risks associated with the use of valproate-containing medicines during pregnancy and the need to supply the original 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 this had not been recorded on the PMR, which would be a useful record in the event of a query or a concern.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack, the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each person, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge sheets were sought, and previous records were retained for future reference. The compliance packs were labelled with medication descriptions and patient information

leaflets (PILs) were routinely supplied.

The pharmacy had a delivery service. A record was kept of deliveries. 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. The pharmacy relied upon barcode technology built into the robot and PMR software to identify any medicines which had expired. And the SI had placed a 'pop-up' alert on the PMR for some medicines which he knew had a short expiry date on them. But there was no formal date checking process in place. The team explained they would implement this following the inspection. A spot check did not find out of date medicines. Liquid medication had the date of opening written on. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months.

Controlled drugs were not stored in a suitable manner or in line with the regulations. Patient returned medication was disposed of in designated bins located in the WC facilities. But these were overflowing, which present a risk to members of the team. Drug alerts were received by email from the MHRA. But records of how the pharmacy responded to alerts were not kept. So, they may not be able to show they responded appropriately.

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, but these were not clearly marked to help achieve this. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean.

The pharmacy had a contract with the manufacturer of the robot to ensure it is adequately maintained, and to provide technical support in the event of a fault. 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.