General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Whitworth Chemists Ltd, 275 Melrose Gate, Tanghall, YORK, North Yorkshire, YO10 3SN

Pharmacy reference: 1039055

Type of pharmacy: Community

Date of inspection: 04/03/2020

Pharmacy context

This is a community pharmacy in Tanghall, York. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and long-term conditions. It provides NHS services, such as the new medicines service and medicines use reviews. It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a free home delivery service.

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

The pharmacy identifies and manages the risks associated with the services it provides to people. And it has a set of written procedures for the team members to follow. The pharmacy keeps the records it must have by law. And it keeps people's private information secure. The team members openly discuss and record any mistakes that they make when dispensing. And they implement some changes to minimise the risk of similar mistakes happening in the future. But sometimes the changes made are not maintained. So, this may increase the risk of the same error happening again. The team members know when and how to raise a concern to safeguard the welfare of vulnerable adults and children.

Inspector's evidence

There was a retails area to the front. And a small dispensary to the rear. The pharmacy counter acted as a barrier between the retail area and the dispensary to prevent any unauthorised access. The pharmacist used a bench to the front to complete final checks on prescriptions.

The pharmacy had a set of standard operating procedures (SOPs). These were held electronically. The accuracy checking technician thought that most members of the pharmacy team and read and signed these. But the trainee who had started with company in April 2019 had read and signed some, but not all the SOPs relevant to her practice.

The checker highlighted near miss errors made by the team when dispensing. And the details of each near miss error were recorded onto the company electronic system. There were usually around fifteen to twenty near miss errors each month. There had been seventeen near misses recorded in February. The near misses were discussed as they occurred. Some changes were made straight away. But usually changes were made following an analysis of the errors. The manager and the ACT went through these and completed the monthly patient safety review. The team had made some changes following the February review. The team made the changes to prevent similar errors happening again. The team had noted causes as rushing because they were busy or short staffed. The ACT had referred to the separating of the lorazepam and loprazolam on the shelves. But these were still mixed together on the shelf.

The pharmacy had a procedure to record and report dispensing incidents that had reached the patient. The ACT recalled a recent error when paracetamol for a compliance pack patient in a nursing home was given out with the wrong dose. The ACT had looked at why the error had happened. And if there were any contributing factors. Bulky items were being provided to people on an ad hoc basis. So, to make the process easier they had agreed to supply all the bulky items together at the beginning of the month.

The pharmacy had a formal complaints procedure in place. And there was a pharmacy leaflet on display which detailed how people could make comments, complaints and compliments. The pharmacist said that any concerns would be dealt with in store where possible. There was also an option of making a complaint online. The ACT said that she could not recall any complaints. And people were happy with the service the pharmacy received. The pharmacy collected feedback through an annual patient satisfaction survey. The team members discussed the findings of the survey with each other. Some people had expressed their dissatisfaction with the seating arrangement. It had not been possible to

provide more chairs because of the layout of the pharmacy. But the pharmacy team had relocated the seats to a more convenient area for people to use while they were waiting for their prescriptions.

The pharmacy had up-to-date professional indemnity insurance in place provided through the NPA. And this was valid until 31 October 2020. The pharmacy displayed the correct responsible pharmacist notice. And it was easily seen from the retail area. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept CD registers. And they were completed correctly. The pharmacy team checked the running balances against physical stock weekly. A physical balance check of one randomly selected CD matched the balance in the register. The pharmacy kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and they were completed in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The team was aware of the need to keep people's personal information confidential. They had all undertaken General Data Protection Regulation (GDPR) training annually. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate container to avoid a mix up with general waste. The confidential waste was destroyed on site using a cross action shredder.

The pharmacist and ACT had completed training on safeguarding via the Centre for Pharmacy Postgraduate Education (CPPE level 2). The rest of the team had completed the virtual outcomes training level 1. The pharmacy had some basic guidance on how to manage or report a concern and the contact details of the local support teams were available in the team to refer to.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the appropriate qualifications and skills to provide the pharmacy's services safely and effectively. They work together to manage their workload. The pharmacy team members complete some training to keep their knowledge and skills up to date. And they are provided with appraisals to discuss their performance and training needs. They feel comfortable to raise professional concerns if necessary.

Inspector's evidence

At the time of the inspection an ACT, a dispensing assistant and a trainee dispenser supported the responsible pharmacist. The pharmacy team members felt that they were busy but mostly managed. The team confirmed that there was no restriction on overtime. But they tried to keep overtime to a minimum. The team members were observed managing the workload. People were welcomed as soon as they arrived at the pharmacy counter. They were informing people of the waiting time for prescriptions to be dispensed and taking time to speak with them if they had any queries.

The trainee dispenser was working her way through the buttercups course which she had started in July 2019. When asked she said that she was not given protected time for training. And she had done most of her training at home in her own time. The trainee made note of any queries and asked the pharmacy team members who were all supportive and helpful. She had not signed all the SOPs but was working her way through them.

The pharmacy was a healthy living pharmacy. And there was a healthy living stand to the side of the pharmacy counter. Team members had received training through the health hub. And they used the healthy living pharmacy leaflets to do training. The pharmacy had an appraisal process in place for its team members. The registrants had their appraisal with the manager. The rest of the team have their appraisal with the area support manager.

The team members felt comfortable to raise professional concerns with the pharmacist or the manager in the first instance. The team were aware that there was a whistle blowing procedure. Targets were set for a range of services. The team said they did not feel pressured to achieve these. The pharmacist felt able to exercise her professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is kept secure and is adequately maintained. The premises are suitable for the services the pharmacy provides. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

First impressions when entering the pharmacy was that the carpet was worn and stained. The team had mentioned this to the area support manager, the team were told that they were not due for a refit. The pharmacy was otherwise clean. The dispensary was small but best use was made of the space. And it was kept tidy and well organised during the inspection. Floor spaces were kept clear to minimise the risk of trips and falls. There was a clean, well-maintained sink in the dispensary for medicines preparation. There was sink with hot and cold water in the staff area. And there was a toilet with a sink with hot and cold running water. The pharmacy had a sound-proofed consultation room with seats where people could sit down with the team member. The room was smart and professional in appearance and was signposted by a sign on the door. There was a desk and a computer. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible to people. The pharmacy manages its services appropriately and delivers them safely. It provides medicines to some people in multi-compartment compliance packs to help them take them correctly. And it suitably manages the risks associated with this service. The pharmacy sources its medicines from licenced suppliers. And it stores and manages its medicines appropriately. The team members identify people taking high-risk medicines. And they support them to take their medicines safely and give them appropriate advice. But they do not routinely record this on the patient record. So, it may not be able to refer to this information in the future if it needs to.

Inspector's evidence

The pharmacy had level access from the street. There was a wide entrance door to the front. And so, people with prams and wheelchairs could enter the pharmacy unaided. There was advice about coronavirus prominently displayed. The pharmacy advertised its services and opening hours in the window and on the pharmacy's website. It stocked a range of healthcare related leaflets in the retail area, which people could select and take away with them. The team had access to the internet to direct people to other healthcare services.

The team members regularly used stickers. For example, to highlight the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels when the dispensing and checking processes were complete. And so, a robust audit trail of the process was in place. The team used baskets to hold prescriptions and medicines. This helped the team members to stop people's prescriptions from getting mixed up. Red baskets were used for waiters so that they could be easily seen and prioritised. The pharmacy kept records of the delivery of medicines it made to people. The records included a signature of receipt. So, there was an audit trail that could be used to solve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs for people living in their own homes. They dispensed the packs in a separate dispensary upstairs. And they kept all documents related to each person on the service in separate polypockets. The team members used charts which helped the team visually assess the progress of the dispensing. One member of the team took overall responsibility for these. They supplied the packs with information which listed the medicines in the packs and the directions. And information to help people visually identify the medicines. For example, the colour or shape of the tablet or capsule. It also routinely provided patient information leaflets with the packs. It was the plan that in the future the pharmacy would be the central hub for the area.

The pharmacy dispensed high-risk medicines for people such as warfarin. The ACT said that sometimes the person would be asked for their INR, their daily dosage and the date of their next blood test. But she said this did not always happen. And notes of conversations were not always made on the person's electronic medication record (PMR). The team members were aware of the pregnancy prevention programme for people who were prescribed valproate and of the risks. The team members had access to literature about the programme that they could provide to people to help them take their medicines safely. The pack was kept near the checking bench. The team had completed a check to see if any of its

regular patients were prescribed valproate. And met the requirements of the programme. The locum pharmacist was unsure if there were any eligible patients.

The pharmacy stored its medicines in the dispensary tidily. Every three months, the team members checked the expiry dates of its medicines to make sure none had expired. No out-of-date medicines were found after a random check in four areas in the pharmacy. And the team members used alert stickers to help identify medicines that were expiring within the next 12 months. They recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The pharmacy had a robust procedure in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The team was not currently scanning products, as required under the Falsified Medicines Directive (FMD). The team had received some training on how to follow the directive. The team members were unsure of when they were to start following the directive. Drug alerts were received electronically to the pharmacy and actioned. The alerts were printed and stored in a folder. And the team kept a record of the action it had taken. The pharmacy checked and recorded the fridge temperature ranges every day. And a sample of the records for both fridges were checked. And both were within the correct ranges. The CD cabinets were secured and of an appropriate size. The medicines inside the fridges and CD cabinets were well organised.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is well maintained and appropriate for the services it provides. The pharmacy uses its equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. And there was a range of cylinders which were used only to dispense methadone. The fridges used to store medicines were of an appropriate size. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by unauthorised people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people 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.