General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Weldricks Pharmacy, 44 Church Street, Conisbrough, DONCASTER, South Yorkshire, DN12 3HR

Pharmacy reference: 1039128

Type of pharmacy: Community

Date of inspection: 09/05/2019

Pharmacy context

The pharmacy is next to other local retail businesses in the centre of a small town. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It provides substance misuse services and it also delivers medicines to people's homes.

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	1.2	Good practice	Pharmacy team members fully contribute to learning and improvement processes following mistakes.
		1.4	Good practice	The pharmacy advertises how people can provide feedback. And it is good at using this feedback to inform improvements to the way its team delivers its services.
		1.7	Good practice	The pharmacy regularly monitors the systems it has for maintaining people's private information.
		1.8	Good practice	Pharmacy team members are particularly good at using their knowledge and skills to protect the welfare of vulnerable people.
2. Staff	Good practice	2.2	Good practice	Pharmacy team members complete continual learning relevant to their roles. And they demonstrate how they apply this learning when providing services.
		2.4	Good practice	Pharmacy team members openly discuss mistakes and engage in continual shared learning opportunities. And the pharmacy has a culture of listening to people, including its staff, to improve its services.
		2.5	Good practice	The pharmacy supports its team members in providing feedback and they know how to raise concerns. They demonstrate how their feedback has been listened to and used to inform the safe delivery of the pharmacy's services.
3. Premises	Standards met	3.2	Good practice	The pharmacy has dedicated private areas for providing its specialist services. And pharmacy team members promote the use of these private consultation facilities well.
4. Services, including medicines management	Standards met	N/A	N/A	N/A

Principle	Principle finding	Exception standard reference	Notable practice	Why
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy has appropriate systems in place to identify and manage the risks associated with the services it delivers. It generally keeps all records it must by law. Some minor omissions in record keeping do not affect the safety of the pharmacy's services. The pharmacy advertises how people can provide feedback. And it uses this feedback to inform improvements to the way its team delivers its services. The pharmacy maintains people's confidentiality. And it regularly monitors the systems it has for maintaining people's private information. Pharmacy team members are clear about their roles and responsibilities. They fully contribute to learning and improvement processes following mistakes. And they demonstrate how they work to reduce risks during the dispensing process. They are particularly good at using their knowledge and skills to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. SOPs had last been updated prior to electronic versions being made available to the team in 2018. But details of these reviews were not recorded on all SOPs. Some information in SOPs required updating. This was due to a change in the clinical software used by the pharmacy. Roles and responsibilities of the pharmacy team were set out within SOPs. Training records confirmed that most members of the team had completed all training associated with SOPs. One trainee dispenser who had worked at the pharmacy for a couple of months was in the process of reading and completing learning associated with SOPs relevant to her role. A different trainee dispenser discussed her job role. She explained what tasks could and could not take place if the responsible pharmacist (RP) took absence from the premises.

Most of the pharmacy's workload came from repeat prescriptions. This reduced the amount of workload pressure on the team. The dispensary was exceptionally organised. Workflow was efficient and work benches were clear of clutter. Separate areas of the dispensary were used for labelling, assembly and accuracy checking. The team assembled and checked multi-compartmental compliance packs in a quiet area at the back of the dispensary. This reduced interruptions during the dispensing process. The pharmacy identified high-risk activities and managed them well. For example, assembly of substance misuse medicines took place in a separate room. A MethaMeasure machine was in place for dispensing methadone. The team completed daily three-way calibration checks of the machine to ensure that doses measured were accurate.

The pharmacy had a near-miss reporting record. Pharmacy team members engaged well with the near-miss reporting process. They were fully involved in feedback following mistakes. The RP was observed providing constructive feedback to a dispenser about a near-miss during the inspection. The manager completed monthly trend analysis reviews of the pharmacy's near-misses. This helped the team identify improvements and direct learning. Pharmacy team members used a number of learning aids to support safe dispensing practices. For example, photographs of 'look alike and sound alike' (LASA) medicines were taken and shared during team discussions. This increased vigilance when unpacking medicine orders and picking medicines for assembly against a prescription. Pharmacy team members discussed and demonstrated risk reduction actions applied across the dispensary. For example, LASA medicines

were separated on the dispensary shelves to help reduce the risk of a picking error.

The pharmacy had a dispensing incident reporting process in place. The RP explained how he would investigate, correct and report a dispensing incident. The pharmacy submitted incident reports electronically to the superintendent pharmacist's team for review. Evidence of reporting was available. Reports included action points, learning outcomes and a route cause analysis. This helped to identify areas for improvement. A sample of recorded actions was checked. This confirmed the actions had been fully implemented by the pharmacy team.

The pharmacy had a complaints procedure in place. Details of how people could provide feedback or raise a concern was provided in its practice leaflet. Pharmacy team members discussed how they would manage and escalate a concern if required. And they provided examples of how people's feedback helped inform service delivery. For example, a member of the team regularly checked bags of assembled medicines in the retrieval area. This was to ensure that multiple prescriptions for the same person were identified and held together. This reduced the risk of the pharmacy not supplying a medicine when multiple prescriptions arrived at different times for the same person. It also helped to inform checks that all medicines were required upon hand-out. The pharmacy displayed its latest results from its annual 'Community Pharmacy Patient Questionnaire' on the consultation room door. The results identified areas that people felt the pharmacy performed well and highlighted areas for improvement. Such as, promoting the repeat prescription collection service.

The pharmacy had up to date indemnity insurance arrangements in place.

The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements.

A sample of the CD register found that it generally met legal requirements. The address of the wholesaler was occasionally missing when methadone was signed into the register. The pharmacy maintained running balances in the register. Balance checks of the register against physical stock took place monthly. A physical balance check of Sevredol 10mg tablets complied with the balance in the register. A CD destruction register for patient returned medicines was maintained. Returns were entered into the register at the point of receipt.

The pharmacy's Prescription Only Medicine (POM) register generally complied with legal recording requirements. Veterinary medicines were recorded in full in the register. But private prescription entries did not always contain both the date of prescribing and date of dispensing as required.

The pharmacy maintained records relating to unlicensed medicines in accordance with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The team held records containing personal identifiable information in staff only areas of the pharmacy. Assembled medicines waiting for collection were located in the dispensary. The team had completed learning following the introduction of the General Data Protection Regulation (GDPR). And the pharmacy had procedures in place relating to information governance. The pharmacy disposed of confidential waste securely. It completed quarterly audits against the company's information governance requirements. The audits were supported by staff quizzes to confirm the team's understanding of confidentiality requirements. The pharmacy submitted annual information governance declarations as part of its NHS contract. It also had an open and honest approach to reporting concerns related to breaches in confidentiality. For example, the team had adapted their dispensing process after a hand-out error several years ago. This helped reduce the risk of a similar

incident occurring.

The pharmacy had procedures relating to safeguarding vulnerable adults and children in place. The team had access to contact details for local safeguarding teams. Pharmacy team members discussed details of training which they had completed on the subject. The RP had completed level 2 training. Pharmacy team members provided several examples of how they had recognised and reported concerns. Some people visited the pharmacy regularly several days a week. The team explained how they would take steps to seek assurance about people's wellbeing if they did not attend to collect their regular prescriptions.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough staff to provide its services. The pharmacy supports its team members by encouraging feedback and monitoring their performance and development. Pharmacy team members are confident, and they have the skills required to provide the pharmacy's services. They complete continual learning relevant to their roles. And they demonstrate how they apply this learning when providing services. Pharmacy team members engage in continual shared learning opportunities. They demonstrate how their feedback has been listened to and used to inform the safe delivery of the pharmacy's services. And they are confident that any concerns they may need to raise will be listened to.

Inspector's evidence

On duty at the time of inspection was the pharmacist manager, three dispensers (one of which was the pharmacy's supervisor) and a trainee dispenser. Another qualified dispenser and trainee dispenser also worked at the pharmacy. Another qualified dispenser was shortly due to join the team. Company employed delivery drivers provided the prescription delivery service. The pharmacy was able to access additional staffing through an internal relief team if required. But staff generally worked to cover leave amongst themselves.

There was an established programme of continual learning through Mediapharm e-learning modules. A dispenser discussed opportunities for continual learning. Such as, accessing newsletters, journals and attending company meetings. She explained how training in infant nutrition had increased the support she was able to provide when parents visited the pharmacy for advice. A trainee dispenser received regular training time during working hours. All members of the team spoken to expressed that they felt supported. The pharmacy maintained appraisal and training records. Pharmacy team members received an annual appraisal with either the manager or supervisor. And they prepared for the appraisal process by reflecting on their performance and development prior to meeting for the appraisal.

Pharmacy team members worked well within their respective roles and referred queries to the RP appropriately. They had access to information relating to the GPhC's standards for pharmacy premises. This included examples of how the pharmacy worked to meet the standards. The pharmacy had some targets in place for its professional services. The RP explained that he enjoyed providing these services and identified how people had benefitted from them. He confirmed that he was not put under any undue pressure by the targets in place.

Pharmacy team members communicated largely through conversation. Learning from mistakes was shared through regular meetings. Pharmacy team members were observed providing feedback and making suggestions to improve safe practice, during the inspection. It was evident that staff feedback contributed to risk reviews. For example, staff suggestions about the layout of medicines in the dispensary had helped to reduce picking mistakes during the dispensing process.

The pharmacy had a whistleblowing policy in place. Pharmacy team members were confident at explaining how their feedback was taken onboard. They confirmed that they felt confident in discussing

concerns with the supervisor, manager or if needed a member of the senior management team. Pharmacy team members demonstrated how the pharmacy used their feedback. For example, an additional scanner for helping the team to comply with requirements of the Falsified Medicines Directive (FMD) had been provided. This was in response to feedback about the positioning of the original scanner close to the pharmacist's checking station. A dispenser explained that the risk of interrupting final accuracy checks to decommission medicines had concerned the team.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure and well maintained. The premises promote a professional environment for delivering the pharmacy's services. The pharmacy has dedicated private areas for providing its specialist services. And pharmacy team members promote the use of these consultation facilities.

Inspector's evidence

The pharmacy premises were well maintained and secure. Pharmacy team members could report maintenance concerns to their head office. No maintenance concerns were outstanding at the time of inspection. The premises were clean and tidy with no slip or trip hazards evident. Air conditioning was in place. Lighting throughout the premises was bright. Antibacterial soap and paper towels were available at designated hand washing sinks.

The public area of the pharmacy was a good size. It was relatively open plan and led to the medicine counter and consultation room. The pharmacy stored pharmacy (P) medicines in screened cabinets. Signage indicated that these medicines were not for self-selection. The dispensary was a good size for providing the pharmacy’s services. There was a separate room off the back of the dispensary for providing its substance misuse services. To the side of the dispensary was staff facilities and stairs leading to the first-floor level of the building. The pharmacy stored some dressings and appliance on this level.

The consultation room was small. But it could accommodate a wheelchair if needed. It was professional in appearance and provided a sound proof space for holding private consultations. The confidentiality of people accessing substance misuse services was also protected through the layout of the pharmacy. Pharmacy team members were observed promoting the use of private consultation spaces during the inspection.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy team members work well to promote services to help improve people's health and wellbeing. They ensure that the pharmacy is accessible. And they engage people in quality conversations about their health. The pharmacy has records and processes to make sure people get the right medicines at the right time. But the team doesn't always supply information leaflets with medication to help people take their medicines safely. The pharmacy gets its medicines from reputable sources. And it stores and manages them appropriately to help make sure they are safe to use. It has systems in place which provide assurance that medicines are fit for purpose.

Inspector's evidence

The pharmacy was accessed through a simple push/pull door at street level. Opening times and details of the pharmacy's services were advertised. It had a range of service and health information leaflets available to people. Posters in the public area promoted healthy living. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. Designated seating was available for people waiting for a prescription or service.

The pharmacy had systems to identify people on high-risk medicines. Pharmacy team members referred these prescriptions to the pharmacist. And the RP demonstrated how intervention notes were made on the person's medication record following counselling and monitoring checks. For example, for dose changes of opioid medicines. The team was familiar with the requirements of the Valproate Pregnancy Prevention Programme. A dispenser demonstrated how prescriptions for people in the at-risk category were available. And valproate warning cards were available. The pharmacy team highlighted eligibility for services such as MURs through stickers on assembled bags of medicines. An up to date protocol was in place for the supply of medicines through the minor ailments service.

The RP demonstrated how he recorded outcomes from MUR and NMS services electronically. A sample of records confirmed that clinical interventions were recorded. For example, referral to a GP when a person had been suffering from leg cramps whilst taking a statin. The RP reflected on positive outcomes to people accessing services. For example, respiratory MURs had been particularly useful in improving people's inhaler techniques. And monitoring people on new medicines had led to interventions such as formulation and treatment changes.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and informed workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. They also annotated a quad grid on to prescription forms. The grid was designed to capture details of who had completed different stages of the dispensing process. A sample of dispensed prescription forms found that pharmacy team members routinely completed the labelling and assembly section of the grid. But the hand-in and accuracy check were not always complete.

The pharmacy team kept original prescriptions for medicines owing to people. The prescription was used throughout the dispensing process when the medicine was later supplied. The pharmacy

maintained an audit trail of prescriptions sent through the company's centralised delivery service. And people signed for receipt of medicines received through the service.

Many people receiving medicines in multi-compartmental compliance packs had their medicines dispensed at another of the company's pharmacies. But the pharmacy had retained a handful of people who preferred to have their prescription dispensed at the pharmacy. Each person receiving a pack had a profile sheet in place. And the team updated sheets when changes to medicine regimens occurred. The team dated changes on records. But details of any checks carried out with the prescriber were not recorded. A sample of assembled packs did not contain dispensing audit trails. This meant that it could be difficult for the people involved in assembling and checking the pack to be identified, should a query arise. The pharmacy provided descriptions of the medicines inside the packs, so people could identify them. But it did not provide patient information leaflets routinely. The team explained that people received these upon request, or for new medicines. A discussion took place about the legal requirement to supply a leaflet each time a medicine was dispensed.

Pharmacy team members had received training for providing the needle exchange service. The pharmacy used a MethaMeasure machine for managing its supervised consumption service. Prescription details entered on the system were appropriately checked by a pharmacist. The pharmacist led all dispensing activity relating to the service. Photographic identification checks were in place prior to dispensing taking place. And people accessing the service also provided fingerprint identification wherever possible.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of FMD requirements. And had completed training associated with using the pharmacy's scanners. Pharmacy team members demonstrated how they identified FMD compliant packaging. Bags of assembled medicines waiting for collection were clearly marked if they contained FMD compliant medicines. This prompted the team to scan the barcode on the bag label and decommission medicines upon hand-out. SOPs had not been updated to reflect FMD processes.

The pharmacy stored medicines in an orderly manner and in their original packaging. A date checking matrix was in place and this was regularly completed with details of the checks made by the team. A system was in place for highlighting short-dated medicines. The team generally annotated details of opening dates on bottles of liquid medicines. A bottle of metformin oral solution with no details of the opening date on the bottle was brought to the attention of the RP. There were no out of date medicines found during random checks of dispensary stock.

The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was orderly. There was designated space in the cabinet for holding out of date and returned CDs. CD prescriptions were clearly highlighted to prompt additional checks. For example, a check of the 28-day validity period of the prescription. The pharmacy's fridge was clean and a suitable size for the medicine held. A data logger provided continuous (24/7) mapping of fridge temperatures. Temperature records confirmed that the fridge was operating between two and eight degrees. The pharmacy held assembled cold chain medicines in clear bags. This prompted additional checks of the medicines inside prior to hand-out.

The pharmacy had medical waste bins, sharps bins and CD denaturing kits available. This supported the team in managing pharmaceutical waste.

The pharmacy received drug alerts by email. The team checked these and maintained details of alerts for reference purposes.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has suitable equipment and facilities for providing its services. And it has monitoring systems in place to make sure its equipment is safe to use and fit for purpose.

Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet and intranet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screen. Pharmacy team members on duty had personal NHS smart cards. The pharmacy had maintenance support systems in place for it's IT systems.

Clean, crown stamped measuring cylinders were in place. The pharmacy stored cylinders for use with methadone separately. Counting equipment for tablets and capsules was available. This included a separate triangle for use with cytotoxic medicines. The pharmacy had a service contract in place for its MethaMeasure machine. The service contract included both remote and on-site engineer support.

Equipment used to dispense medicines into multi-compartmental compliance packs was single use. Gloves were available if required. The pharmacy stored adrenaline autopens in the consultation room. But the consultation room door was not secured against unauthorised access at the beginning of the inspection. The door remained secure between use following a conversation relating to the potential for unauthorised access. The RP also acted to remove the autopens and secured them in the dispensary.

Electrical safety checks had last been carried out in September 2017. Electrical equipment and wires were visibly clean and free from wear and tear.

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.