General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Brookside Pharmacy, 2-2a Turner Lane, Whiston, ROTHERHAM, South Yorkshire, S60 4HY

Pharmacy reference: 1039235

Type of pharmacy: Community

Date of inspection: 28/10/2021

Pharmacy context

The pharmacy is in a village on the outskirts of Rotherham, South Yorkshire. Its main services include dispensing NHS prescriptions and selling over-the counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people to take their medicines. And it delivers medicines to people's homes. The pharmacy was inspected during the COVID-19 pandemic.

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 its services appropriately. It keeps people's private information secure. And it encourages feedback from members of the public about its services. The pharmacy generally keeps all records it must by law. Its team members have the knowledge and ability to recognise and raise concerns to help safeguard vulnerable people. Pharmacy team members behave openly and honestly by discussing their mistakes. And by acting to reduce risk following mistakes they make during the dispensing process.

Inspector's evidence

The pharmacy had appropriately addressed the risks of managing its services during the COVID-19 pandemic. This included fitting a plastic screen at the medicine counter and limiting the number of people in the public area. The pharmacy had also adopted a one-way system. And this encouraged people to observe social distancing. Pharmacy team members had supplies of personal protective equipment available to them. Some team members wore type IIR face masks continuously when working. All team members donned a face mask when speaking with members of the public. They had also read the NHS England and NHS Improvement Community Pharmacy COVID-19 standard operating procedure (SOP). The pharmacy's superintendent pharmacist (SI) had engaged team members in personal risk assessments. And one team member reported feeling supported when returning to work after shielding.

The pharmacy had a range of SOPs to support the safe running of the pharmacy. The SOPs covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensing processes, and pharmacy services. The SI took ownership for preparing and reviewing the SOPs. The current version were due for review. Most team members had signed the procedures to confirm their understanding of them. A new team member with some pharmacy experience had worked in the pharmacy for around a month. But had not yet read or signed the SOPs. All team members were observed working in accordance with the SOPs throughout the inspection. The pharmacy also had information relating to business continuity arrangements in place for team members to refer to if needed.

Pharmacy team members engaged in some processes designed to reduce risk. For example, the team mostly recorded mistakes made during the dispensing process, known as near misses. Feedback following a near miss was provided by the RP, who went on to record the mistake. Records of near misses contained information about mistakes being corrected immediately, and identified some learning points. For example, a recent entry reminded team members to use the prescription form when picking an item. The RP explained how he would manage and report a dispensing incident. And evidence of reporting was available. All incidents were reported to the SI to support ongoing reviews designed to improve safety. And team members engaged in monthly safety reviews which provided an opportunity to share learning. Details of these reviews were recorded and team members signed the review documentation to acknowledge they had read and understood it. Recent actions taken to reduce risk included ensuring dispensary shelves were kept orderly. And team members recognising a need to ensure all near misses were recorded. Team members on duty demonstrated ongoing risk

reduction actions. For example, identifying ‘look-alike and sound-alike’ medicines on the dispensary shelves with bright warning signs.

The pharmacy advertised its complaints procedure to people. And it invited people to provide feedback through its ‘Community Pharmacy Patient Questionnaire’. Team members discussed how they responded to feedback pragmatically. And they provided examples of how they used feedback to inform the services provided. For example, by increasing capacity for the delivery service to meet demand during the pandemic. The pharmacy had information governance procedures to support its team members in managing people’s information securely. These procedures were also due for review. Most team members had signed the procedures, and all team members on duty were observed managing people’s information with care. The pharmacy stored all personal identifiable information in staff-only areas of the premises. It had a large cross-shredder to dispose of day-to-day confidential waste. And the SI arranged for secure collection of larger amounts of confidential waste when required.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. The pharmacy held both electronic and handwritten RP and private prescription registers. But there were some gaps in the electronic RP register and handwritten private prescription register. A discussion took place about the need to maintain one complete RP and one complete private prescription register only. The pharmacy held its specials records in accordance with the requirements of the Medicines and Healthcare products Regulatory Agency. It maintained its CD register with running balances. But it did not always complete regular full balance checks of physical stock against the register. For example, some medicines had been balance checked in September 2021, but others had not been balance checked since February 2021. This meant it could be more difficult for the pharmacy to investigate a concern if one arose. A random balance check completed during the inspection complied with the balance recorded in the CD register. The pharmacy had a patient returned CD destruction register. And this was maintained to date.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. And contact information for local safeguarding agencies was displayed for team members to refer to. The RP on duty had completed safeguarding training through the Centre for Pharmacy Postgraduate Education. And other members of the team demonstrated an understanding of how to recognise and report a safeguarding concern. For example, recognising concerns related to people taking their medicines. And using this information to work with care agencies, families, and prescribers to ensure medicines were supplied in the most effective way for the patient.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy employs a small, dedicated team of people who work together well. Pharmacy team members demonstrate enthusiasm for their roles. They engage in some continual learning associated with their roles. And they are confident in providing feedback and know how to raise a professional concern if needed.

Inspector's evidence

The pharmacy team on duty consisted of the RP, two dispensers, a medicine counter assistant, and a trainee dispenser. Another qualified dispenser worked at the pharmacy alongside a delivery driver. Pharmacist cover was split between three regular pharmacists. The trainee dispenser had joined the team recently and was working through induction training. This appointment had been made following team members providing feedback to the SI about pressure increasing when a part-time team member was on a day off. The new part-time post supported the team in working efficiently, and provided some relief for periods when staffing levels were lower. For example, when a team member was on leave.

Pharmacy team members were observed communicating with each other regularly throughout the inspection. For example, the team discussed the morning's schedule for the flu vaccination clinic to help plan dispensary workload between booked appointments. The team also engaged in the monthly safety review to help share learning. The team explained that access to an e-learning hub was provided to them. But explained that accessing this non-mandatory training had not been priority during the pandemic. Pharmacy team members reported that they had completed some learning relating to the requirements of the NHS Pharmacy Quality Scheme (PQS). The RP had been fully supported when completing training ahead of providing the NHS flu vaccination service. And had benefitted from an opportunity to learn from and shadow the SI during a flu clinic prior to carrying out the service.

Pharmacy team members had not received a formal appraisal at work for some time. But they felt supported and were able to request a meeting with the SI if needed. And it was clear that team members felt confident in providing feedback to the SI. The pharmacy had a whistle blowing policy which provided team members with a formal route for raising a concern if needed. The RP on duty explained that specific targets related to services were not set. And the RP was able to exercise their own professional judgement when offering pharmacy services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are safe and secure. They provide a suitable space for the delivery of pharmacy services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy was in a traditional building on a main road running through the village. The premises were secure and maintained to the appropriate standard. Team members shared cleaning tasks between them and the pharmacy was sufficiently clean and organised. Dispensing workload had increased by around 20% since the last inspection. Space in some areas of the pharmacy was limited. But team members demonstrated an efficient and managed workflow. Lighting throughout the premises was sufficient and air conditioning was in working order.

The pharmacy premises consisted of a mid-size public area which stocked healthcare, beauty, and seasonal items. To the side of this area people could access a small consultation room. The room provided a private space for people to talk to a team member in confidence. The dispensary was to the side of the public area and medicine counter. It was an appropriate size for the workload carried out. And team members used additional space in a back storeroom to store some work. For example, baskets of part-assembled prescriptions waiting for stock to arrive to complete them. To the side of the dispensary was a further storeroom. This room also provided access to staff kitchen facilities and a sink for the reconstitution of liquid medicines. A small corridor off the dispensary led to a door and staircase to staff bathroom facilities.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy ensures its services are accessible to people. It has written procedures to support its team in managing its services safely. The pharmacy obtains its medicines from reputable sources. And it stores its medicines safely and securely. The pharmacy team members recognise the risks associated with the pharmacy services provided. And they act with care to manage these risks. Pharmacy team members engage people in conversations about their health and the medicines they are taking. But they don't regularly take the opportunity to record the outcomes of these conversations.

Inspector's evidence

The pharmacy was accessible through a simple open/close door. It advertised details of its opening hours and services clearly for people to see. And it provided a range of health information leaflets. Team members understood how to signpost a person to another pharmacy or healthcare professional when the pharmacy was unable to provide a service or supply a medicine.

The pharmacy protected Pharmacy (P) medicines from self-selection by displaying them behind the medicine counter. And the RP was able to supervise activity in the public area from the dispensary. The pharmacy had a legally valid patient group direction (PGD) for the NHS flu service. This allowed the pharmacist to administer flu vaccinations to eligible people through the service. The PGD was signed by pharmacists providing the service. And the pharmacy managed the service through booked appointments. This supported workload planning in the dispensary.

There was some recognition of the need to provide additional information to people taking higher risk medicines. But information and monitoring checks was limited to conversations. And pharmacists did not take the opportunity to record the outcome of these conversations on people's medication records. A dispenser demonstrated an awareness of the risks of supplying medicines containing valproate. And the RP was aware of the requirements of the valproate pregnancy prevention programme. There was a poster close to the entrance of the dispensary which highlighted the requirements of the programme. And the pharmacy had patient cards to issue to people in the high-risk group. The team could not recall dispensing valproate to a person in the high-risk group to date. The pharmacy clearly identified prescriptions for CDs and cold chain items by using clear bags. This prompted further safety checks upon hand out.

The pharmacy kept each person's prescription separate throughout the dispensing process by using baskets. And team members brought prescriptions belonging to people waiting in the public to the direct attention of the RP. The pharmacy held part-assembled medicines in baskets on a designated work bench in the dispensary. It held prescription forms associated with these medicines in the baskets. This ensured the prescription was available throughout the whole dispensing process. The pharmacy also retained prescriptions for owed medicines, and team members dispensed from the prescription when later supplying the owed medicine. The pharmacy kept an audit trail of each person it delivered medicine to. And this record included information such as the need to post a slip to advise the person of an attempted delivery if they were not at home. The driver returned medicines to the pharmacy if a delivery attempt was not successful.

Pharmacy team members generally signed the 'dispensed by' and checked by boxes on medicine labels

to form a dispensing audit trail. But the ‘dispensed by’ part of the audit trail was not usually completed when supplying medicines in multi-compartment compliance packs. This was due to one team member generally being responsible for tasks associated with this service. A discussion took place about the benefits of completing the full audit trail. The pharmacy’s system for supplying medicines in compliance packs included an audit trail to identify when prescriptions were received, checked, and dispensed. The team recorded queries and changes to people’s medicine regimens within the patient medication record. Descriptions of medicines were provided on backing sheets attached to the compliance packs for people who requested them. The pharmacy supplied patient information leaflets to people on the compliance pack service every few months but not at the beginning of each cycle. A discussion took place about the legal requirements associated with providing patient information leaflets. The team recognised that the transfer of medicines from their original packaging to a compliance pack was a high-risk activity. And steps were taken to manage this risk. For example, the dispenser and pharmacist worked to assemble and check one person’s compliance packs at a time. And the dispenser initially left the first day's tablets/capsules safely on top of the original box of medicine used to assemble the pack. This meant the pharmacist was able to accurately identify each medicine prior to the full accuracy check of the pack beginning.

The pharmacy sourced medicines from licensed wholesalers. It stored medicines in their original packaging in an orderly manner throughout the dispensary and storerooms. The pharmacy stored medicines subject to safe custody arrangements appropriately in secure cabinets. It generally segregated out-of-date CDs within the cabinets. But space was becoming limited due to the amount of expired stock held. A discussion took place about the need to arrange for an authorised witness to attend the pharmacy in order for the expired stock to be safely destroyed. The pharmacy’s fridge was clean and a good size for stock held. The pharmacy maintained an electronic fridge temperature record which showed it was operating within the accepted temperature range of two and eight degrees Celsius.

The pharmacy had a date checking matrix which indicated that the most recent checks had been completed in July 2021. Team members were aware that checks were due and explained how they managed the risk of dispensing an out-of-date medicine by routinely checking expiry dates during the dispensing process. This practice was observed throughout the inspection. A random check of dispensary stock found no out-of-date medicines. And short-dated medicines were highlighted. The pharmacy had medicinal waste bins and CD denaturing kits available. And it stored these appropriately. A team member demonstrated how the team received medicine alerts by email. And team members checked for new emails regularly to ensure they acted upon alerts in a timely manner.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It maintains its equipment appropriately. And its team members act with care by using the equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written and electronic reference resources available. These included the British National Formulary (BNF) and BNF for children. The pharmacy's computer was password protected. And it was accessible to team members only. The pharmacy stored bags of assembled medicines on shelves between the dispensary and medicine counter. People's information on bag labels was kept out-of-view of the public area. Pharmacy team members used cordless telephone handsets. This allowed them to move out of earshot of the public area when a phone call required privacy.

There was evidence of periodic safety checks associated with the pharmacy's electrical equipment. This helped to assure team members that equipment was safe to use. The pharmacy team used crown-stamped measuring cylinders for measuring liquid medicines. And it used separate equipment for measuring higher risk liquid medicines and demonstrated how most tablets and capsules were blister packed. Counting equipment was available for tablets and capsules if needed. Equipment used to support the multi-compartment compliance pack service was single use.

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.