General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** M&A Pharmacies Ltd, 2 Bridge Hill, Oughtibridge, SHEFFIELD, South Yorkshire, S35 0FL

**Pharmacy reference:** 1039261

**Type of pharmacy:** Community

**Date of inspection:** 10/05/2022

## Pharmacy context

This is a community pharmacy in the village of Oughtibridge, Sheffield. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines. The inspection was completed during the COVID-19 pandemic.

## Overall inspection outcome

✔ **Standards met**

**Required Action:** None

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 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 adequately manages the risks associated with the services it provides. And it keeps the records it needs to by law. The team discusses ways to improve when errors in the dispensing process happen. But they don't always record details of each error. So, they may miss opportunities to learn and make specific changes to the way they work. The pharmacy generally protects people's private information. And team members are equipped to appropriately help safeguard vulnerable adults and children.

### Inspector's evidence

The pharmacy had some procedures in place to help manage the risks of the services it offered during the COVID-19 pandemic. There were notices displayed in the retail area reminding people to wear a face covering in the pharmacy. Team members were not wearing face coverings at the start of the inspection. This was not in line with guidance provided by the UK Health Security Agency (UKHSA) regarding preventing the spread of infection in healthcare settings. The dispensary was relatively small and team members were not always able to socially distance from each other while they worked. The pharmacy had a set of written standard operating procedures (SOPs). The SOPs covered tasks such as dispensing medicines, responsible pharmacist (RP) requirements and management of controlled drugs (CDs). The pharmacy's superintendent pharmacist (SI) reviewed the SOPs every two years to make sure they were still up to date with the pharmacy's current ways of working. However, it wasn't clear if all the pharmacy's team members had read and understood each SOP that was relevant to their role.

The pharmacy had a process to record and report near miss errors made by its team members during the dispensing process. The RP spotted any near miss errors, informed the dispenser of the error, and asked them to rectify the mistake. The pharmacy had a near miss log for the team to use to record details of any near miss errors. Team members recorded the time and date of the error and why the error might have happened. For example, if two medicines had a similar name or packaging. But the team didn't always have the chance to record each near miss error as they were often too busy managing the dispensing workload. So, the team may have missed out on the opportunity to learn from specific errors and make changes to the way they work to improve patient safety. The near misses were informally analysed for any trends or patterns. The team had recently separated two different strengths of amlodipine tablets to prevent them being selected by mistake during the dispensing process. The pharmacy recorded details of any dispensing errors that had reached people. But the team was unable to show any examples during the inspection. People who used the pharmacy could make a complaint or raise a concern by speaking with a team member. The team escalated any concerns it could not resolve to the pharmacy's superintendent pharmacist (SI). But the process wasn't highlighted to people, so people may not know how to make a complaint or raise a concern. The pharmacy usually completed an annual patient satisfaction survey. It had not completed it during the pandemic.

The pharmacy displayed an indemnity insurance certificate, but it had expired in December 2021. Following the inspection, the SI sent the inspector a copy of a valid indemnity insurance certificate. An RP notice was on display showing the name and registration number of the RP on duty. Entries in the RP record were made consistently every day to comply with legal requirements. The pharmacy kept its CD registers according to requirements. During the inspection, the balances of three randomly selected CDs were checked and were correct. The team verified stock balances when a CD was dispensed

and when the pharmacy received new stock. The pharmacy held accurate records of CDs returned by people. The pharmacy kept appropriate records of supplies of private prescriptions.

The pharmacy held most records containing personal identifiable information in areas of the pharmacy that only team members could access. There was some confidential material stored on shelves and a desk in the consultation room. And so, there was a risk that confidential information could be seen by other people. The team placed confidential waste into a separate basket to avoid a mix up with general waste and periodically destroyed it. The pharmacy had a folder containing documents about data protection and security including the General Data Protection Regulations (GDPR). The RP had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. A dispenser described situations that would require reporting and was aware of the contact details of the local safeguarding teams.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy's team members have the right qualifications and skills to safely provide the pharmacy's services. They manage the workload well and support each other as they work. The pharmacy provides limited opportunities for its team members to complete ongoing training. Which means they may find it difficult to make sure their knowledge and skills are up to date. Team members provide feedback and suggest improvements to help improve the pharmacy's services.

### Inspector's evidence

The superintendent pharmacist (SI) and regular locum pharmacists covered the opening hours. On the day of the inspection the RP was a regular locum pharmacist and was supported by a part-time pharmacy assistant and a part-time medicines counter assistant. The pharmacy also employed two other part-time pharmacy assistants, a part-time medicines counter assistant and a part-time delivery driver. Team members were observed working efficiently and supporting each other throughout the inspection.

The pharmacy didn’t provide its team members with a formal training programme. Team members usually completed training in their own time by reading training material they received in the pharmacy press or provided by manufactures of medicines. The pharmacy didn’t keep records of any completed training.

The SI gave the team informal feedback on their performance when necessary. The team held regular informal discussions where they could give feedback, raise concerns, and suggest ideas on ways to improve the pharmacy’s processes. Recently, the team discussed how they help reduce the time taken for them to dispense medicines. Team members discussed how they could improve and decided to start storing medicines alphabetically based on the medicines generic name, rather than brand name. The team explained that the change had been successful, and they were spending less time trying to find medicines when completing the dispensing process.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy keeps its premises clean and secure. The team works well to keep the areas where it dispenses medicines tidy. The pharmacy has a sound-proofed room where people can have private conversations with the pharmacy team members.

### Inspector's evidence

The dispensary was generally clean and throughout the inspection the dispensing benches were well organised and tidy. The dispensary had a separate first floor room for team members to work separately if needed to reduce distractions. The dispensary was of a suitable size for the volume of services the pharmacy offered.

There was a small, consultation room that the team used to have private conversations with people. The room was cluttered with various miscellaneous items and so didn’t portray a professional environment. There was a sink in the dispensary for professional use. The team had toilet facilities with hot water for handwashing. There were several storerooms throughout the premises. Some were untidy with various items stored on the floor. And so, this presented a trip hazard for team members. Lighting was bright throughout the premises. Team members completed regular cleaning of the premises.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy provides a range of services that are generally accessible to people. And it suitably manages the delivery of these services. It has generally suitable management arrangements for its medicines. But there are some expired medicines stored in the dispensary. And so, there is a risk that people are supplied medicines that are not fit for purpose.

### Inspector's evidence

People accessed the pharmacy using a small step. The pharmacy didn't have a ramp available so people with pushchairs, prams, or wheelchairs may find it difficult to access the premises. People who needed support entering the pharmacy knocked on the door to gain the attention of the team. The pharmacy advertised its services and opening hours in the main window. The team provided large-print labels on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

Team members used various stickers and annotated bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight if a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours to help the team efficiently manage the dispensing process. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. During the pandemic the driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines. Team members demonstrated their understanding of the pregnancy prevention programme for people who were prescribed valproate. They explained the questions they would ask of people who may be affected and to make sure they knew to use appropriate contraception. And they knew to take care they didn’t affix dispensing labels over written warnings on packs.

Many of the prescriptions the pharmacy received were for people who required their medicines to be dispensed in a multi-compartment compliance pack. These were dispensed in a separate room away from the main dispensary. This allowed team members to work without distractions. People received their packs either weekly or monthly depending on their personal needs. The team ordered prescriptions on behalf of people and cross-referenced them with master sheets to make sure they were accurate. The master sheets informed the team which medicines went in the packs and at what time of the day they were to be taken. The medicines, prescriptions and master sheets were placed into a basket to prevent people's medicines being mixed up or misplaced. The team affixed dispensing labels to the packs and the pharmacy provided medicine administration record charts (MAR) on request. The packs didn't contain any information, such as visual descriptions to help people identify the medicines inside. However, the pharmacy did supply the packs with patient information leaflets. So, people had the full information about their medicines.

The pharmacy stored its Pharmacy (P) medicines behind the counter to monitor sales. Team members

were seen asking people who wanted to purchase P medicines, appropriate questions to make sure the medicine they wished to buy was suitable for the symptoms they were describing. The pharmacy had made improvements to implement a robust process for the team to follow to check the expiry dates of its medicines. The team generally followed the process according to schedule. But five out-of-date medicines were found after a check of around 30 randomly selected medicines. None of these medicines were highlighted as being out of date and so there was an increased risk of these medicines being supplied to people. The pharmacy had a medical grade fridge which is used to store medicines that needed cold storage. The team tidily stored medicines inside the fridge. The pharmacy had a process to record daily temperature ranges of the fridge. But the team hadn't recorded any ranges between April 26 and the day of the inspection. And so, there was a risk the fridge may not have been operating correctly. The inspector checked the fridge temperature ranges during the inspection. The temperatures were within the acceptable range.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It positioned the computer screens so unauthorised people did not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of cash during the pandemic. Team members had access to personal protective equipment including face masks and gloves.

## 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. |