General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: King Cross Pharmacy, 210-212 King Cross Road, HALIFAX, West Yorkshire, HX1 3JP

Pharmacy reference: 1039549

Type of pharmacy: Community

Date of inspection: 01/07/2021

Pharmacy context

The pharmacy is on a high street in the suburbs of Halifax. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service. The inspection was completed during the Covid-19 pandemic.

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	1.1	Standard not met	The pharmacy does not identify and manage all the risks to its services. It doesn't have documented procedures for some key processes. This includes the management of near miss errors and dispensing incidents. And there is evidence that not all pharmacy team members have read or follow the procedures available.
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 not all met	4.3	Standard not met	The pharmacy does not have an adequately robust process for managing the storage of its medicines and for checking expiry dates. And there is evidence of out-of-date medicines on the shelves. The pharmacy does not always keep its medicines in the original packs. Or store them in accordance with the law. So, there is a risk the pharmacy may supply medicines that are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy identifies and manages some risks. But it doesn't have written procedures to help manage the risks to all its professional services. There is evidence that pharmacy team members do not complete all tasks in the safest and most effective way. And they do not always record or fully analyse their mistakes. So, they may miss opportunities to learn and make services safer. Pharmacy team members adequately protect people's confidential information. And they keep the records they must by law.

Inspector's evidence

The pharmacy had some standard operating procedures (SOPs) in place. The pharmacy owner had reviewed the procedures in January 2020 when the pharmacy had moved to its new premises. The owner explained he had intended to review the SOPs every year while pharmacy team members settled into their new pharmacy. But he had not yet reviewed them. Pharmacy team members said they had read some of the SOPs. And they had signed some procedures to confirm this. But they had not signed all the procedures that were available, for example the procedure to help manage the risks of providing medicines to people in multi-compartment compliance packs. And when asked, they could not remember reading this procedure either. Some key procedures were missing. For example, there were no documented procedures to help pharmacy team members manage near miss errors or dispensing errors that had been provided to people. There was also evidence that some documented procedures were not being followed, for example the procedure for checking the expiry date of medicines. The pharmacy had some measures in place to manage the transmission of Covid-19 in the pharmacy. It had hand sanitiser available in various locations around the premises for people to use. Pharmacy team members had installed plastic screens at the retail counter. And they were cleaning the pharmacy's retail area frequently. They had completed infection control training in January and February 2021. The superintendent pharmacist (SI) explained the other pharmacy owner had completed a Covid risk assessment at the beginning of the pandemic. But he could not provide a documented risk assessment during the inspection. And he did not know if the risk assessment had been revisited or amended since it was written. Pharmacy team members were not wearing masks while they were working in the pharmacy. And they were not maintaining social distancing while they worked.

The pharmacy did not have a documented procedure to help pharmacy team manage near miss errors made while dispensing or dispensing errors provided to people. The SI and owner also admitted there had been approximately six months recently, from November 2020 to April 2021, where pharmacy team members had not recorded any mistakes because they had been too busy. A dispenser explained that if she made an error while dispensing, the pharmacist would tell her. They would discuss the error and the pharmacist would ask her to be more careful. The errors were then recorded. The pharmacy had records available for near miss errors made in June 2021. Most of the errors were wrong strength errors. And the learning points recorded were "be more careful" on all entries. The pharmacy also had records of near miss errors from before October 2020. These records were also vague about what had caused each error, or the action taken to prevent errors happening again. The pharmacy owner analysed the data collected for patterns. And he documented his analysis. But all the documented analyses available showed the same information and actions to prevent mistakes happening again, such as placing alert stickers on the edges of shelves in front of medicines with similar names. And asking pharmacy team members to slow down during busy periods. There was no evidence of any shelf-edge

stickers in the pharmacy. And there was no evidence of any reflection on the data and analysis to establish if the changes made had been effective in reducing errors. The pharmacy recorded dispensing errors provided to people. The owner said there had been one dispensing error since they took over operating the pharmacy in January 2020. The error had been reported to the pharmacy by the NHS. Pharmacy team members had completed a root cause analysis of the error. And this had prompted them to separate the affected medicines, prednisolone and propranolol, on the shelves to prevent further picking errors.

The pharmacy did not have a documented procedure to deal with complaints handling and reporting. It collected feedback from people verbally. But it did not advertise how people could give feedback to pharmacy team members. The pharmacy did not have any records of any feedback received. And pharmacy team members could not give any examples of changes made in response to people's feedback.

The pharmacy had up-to-date professional indemnity insurance in place. It maintained a responsible pharmacist record electronically, which was generally complete. The pharmacist was not displaying their responsible pharmacist notice. This was discussed and the pharmacist printed a new notice during the inspection. The pharmacy kept controlled drug (CD) registers electronically. And these were complete and in order. It kept running balances in all registers. And these were audited against the physical stock quantity approximately monthly. The inspector checked the running balances against the physical stock for two products. And these were correct. Pharmacy team members monitored and recorded minimum and maximum fridge temperatures every day. The pharmacy kept private prescription and emergency supply records electronically. And these records were generally complete.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members had signed to confirm they had understood the procedure. The pharmacy owner was currently completing an information governance (IG) toolkit to help comply with current NHS requirements. Pharmacy team members clearly explained how important it was to protect people's privacy and how they would protect confidentiality.

A pharmacy team member gave some examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had procedures for dealing with concerns about children and vulnerable adults. Pharmacy team members had completed training in 2020, including the two pharmacist owners.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete ad-hoc training to keep their knowledge and skills up to date. Pharmacy team members feel comfortable discussing issues.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were two pharmacist owners, one of which was the superintendent pharmacist, one qualified dispenser and one trainee dispenser. Pharmacy team members completed training ad-hoc by reading various materials. And by completing training modules provided by the NHS e-learning for healthcare platform when available. They had recently completed modules about antimicrobial stewardship, infection prevention and control and sepsis. Pharmacy team members received an appraisal every six months with the pharmacy owner. They discussed their performance. And they set objectives to work towards. One team member explained her current objective was to complete her current training course.

Pharmacy team members explained they would raise professional concerns with either of the pharmacy's owners, who worked at the pharmacy regularly. They felt comfortable raising concerns. And confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. But it had not been read or signed by team members. Pharmacy team members communicated with an open working dialogue during the inspection. They explained they felt comfortable suggesting areas for improvement in the pharmacy. And these would be raised informally with the owners. But they could not give any examples of any recent changes they had suggested to improve the delivery of their services. The pharmacy owners did not ask the team to achieve any targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. But some of these spaces are cluttered which increases the risk of mistakes being made. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. Most areas of the pharmacy were tidy and well organised. But there were several areas of the benches that were cluttered with items such as dispensing baskets, prepared multi-compartment compliance packs and packages for delivery. This reduced the amount of bench space available to work from. The pharmacy's floors and passageways were generally free from clutter and obstruction. The pharmacy kept equipment and stock on shelves throughout the premises. It had a cellar which pharmacy team members used for storage and to prepare and store multi-compartment compliance packs. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. They were currently restricting the use of the room to emergencies to help manage the risk of spreading Covid-19. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. Its overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The pharmacy's professional areas were well defined by the layout and were well signposted from the retail area.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy does not always manage its medicines appropriately. Pharmacy team members do not follow the pharmacy's documented process for checking the expiry date on medicines. The pharmacy does not always keep its medicines in the original packs or store them appropriately. And controlled drugs are not always stored in accordance with the law. So, it may not be able to adequately ensure the safety of these medicines. The pharmacy sources its medicines from reputable suppliers. It has some processes to manage the risks associated with its services and the pharmacists provide advice for people taking high-risk medicines.

Inspector's evidence

The pharmacy had access from the street through automatic doors. Pharmacy team members could use the medication records system to produce large-print labels to help people with visual impairment. And they said they would use written communication with someone with hearing impairment. Pharmacy team members could speak Urdu and Punjabi, as well as English, to help communicate with people in the local community.

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. But this did not match the process being carried out by pharmacy team members. The procedure stated that team members should check for expired medicines every three months. The superintendent pharmacist (SI) said medicines in the retail area had been checked in June 2021. But the owner admitted that the rest of the pharmacy had likely not been checked since October 2020. The pharmacy did not have any records available of any expiry date checking being completed. There was also no evidence of any packs being highlighted as short-dated to help pharmacy team members remove them before they expired. After a search of the shelves, the inspector found eight items that were out of date. Most of these items had expired since October 2020. But some had expired before this. For example, a split pack of Gedarel found had an expiry of September 2020. The inspector found amber bottles on the shelves containing medicines that had been removed from their original packaging. The bottles were labelled with the name and strength of the contents. But the label did not contain information about the expiry date or the batch number of the medicine. One of the bottles contained Tegretol. And there was no information on the label about when they had been removed from their original blister. The inspector found cartons of medicines that contained loose tablets. One example was a box of olanzapine that contained a quantity of loose small white tablets. Several containers were found containing mixed batches of medicines. For example, a box of pregabalin 225mg capsules was found containing several strips of the same medicine. But the strips had different batch numbers and expiry dates. And none of these matched the batch number or expiry printed on the box. Another example was a box of dicycloverine 10mg tablets. The expiry date printed on the box was July 2022. The box contained several strips showing different expiries. And one strip that was out of date, showing a date of August 2020. The pharmacy's shelves were generally untidy. And there were several loose blisters strips on the shelves without an outer container. Some of these strips were also incomplete because the strips had been cut, which had removed the batch number and expiry. And some strips had been cut so the medicine could not be identified. So, pharmacy team members would not know if medicines were out of date or if they had been subject to a batch recall. Or if the medicines were still stable and safe to use.

The pharmacy supplied medicines in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included some descriptions of what the medicines looked like, so they could be identified in the packs. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the patient's electronic medication record. Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels for medicines that were dispensed in the pharmacy. This was to maintain an audit trail of the people involved in the dispensing process. And they used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The SI counselled people receiving prescriptions for valproate if appropriate. And he checked if the person was aware of the risks if they became pregnant while taking the medicine. He also checked if they were on a pregnancy prevention programme. But the pharmacy did not have stock of some of the printed information material to give to people to help them manage the risks. This was discussed and the SI gave his assurance that he would obtain the outstanding materials as soon as possible. The pharmacy delivered medicines to people. It recorded the deliveries made. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy to arrange a redelivery.

The pharmacy obtained medicines from five licensed wholesalers. It stored medicines on shelves. And it kept medicines in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinets tidy and well organised. And out of date and patient returned CDs were segregated. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had some equipment available to help prevent the transmission of Covid-19. These included hand sanitiser and plastic screens. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It had a suitable shredder available to destroy its confidential waste. It kept its computer terminals in the secure areas of the pharmacy, away from public view. And these were password protected. The pharmacy fridge was in good working order. The pharmacy restricted access to all equipment.

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.