General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Pool Pharmacy, Main Street, Pool in Wharfedale, OTLEY, West Yorkshire, LS21 1LH

Pharmacy reference: 1039875

Type of pharmacy: Community

Date of inspection: 30/09/2021

Pharmacy context

This community pharmacy is in small village near Otley. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy provides the NHS seasonal flu vaccination service. The pharmacy was inspected 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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. And it completes all the records it needs to by law. The pharmacy team members respond appropriately when errors occur. They discuss what happened and they generally take appropriate action to prevent future mistakes. The pharmacy team members protect people's private information properly but they don't provide people with information on how they do this.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The team had access to Personal Protective Equipment (PPE) but only the pharmacy apprentice wore a face covering during the inspection. The pharmacy had a plastic screen on the pharmacy counter to provide the team with extra protection. And bottles of hand sanitiser were available for the team and people accessing the pharmacy to use. The retail area was large enough to provide space for people to be socially distanced from each other. And a notice in the retail area asked that only one person stood at the pharmacy counter at a time. Some people wore face coverings when entering the pharmacy. The dispensary was big enough to enable the two team members to adhere to social distancing requirements.

The pharmacy had a range of up-to-date standard operating procedures (SOPs). These provided the team, which consisted of the Superintendent Pharmacist and a pharmacy apprentice, with information to perform tasks supporting the delivery of services. The SOPs had an index to help the team quickly locate the relevant SOP. All the team members had read and signed the SOPs signature sheets to show they understood and would follow them. The pharmacy apprentice demonstrated a clear understanding of her role and worked within the scope of her role. She referred queries from people to the pharmacist when necessary.

The pharmacist when checking dispensed prescriptions and spotting an error asked the pharmacy apprentice to identify and correct the error. The pharmacy recorded these errors known as near misses in a dedicated book. The pharmacy used the same book to record errors that reached the person known as dispensing incidents. The details recorded were limited to a description of the error. The record didn't capture the team members' reflections on the error and the actions they had taken to prevent the error from happening again. The team discussed the errors and how to prevent them. Following an incident when one person was handed another person's medication the team discussed the importance of thoroughly checking a person's address including the postcode. And to not assume that they knew the person when handing the medication over. The team recognised this was particularly important in a small village when it was easy to assume you knew everyone. The inspector discussed using the pharmacy's patient medication record (PMR) to flag people with similar names and addresses.

The pharmacy didn't have a SOP for handling complaints raised by people using the pharmacy services. But it did have a complaints form for people to use. The pharmacy didn't display any information for people to know how to raise a concern with the pharmacy team. The pharmacy had a Facebook group where people left comments about its services or asked questions about healthcare matters. Several people had used this platform to ask about the NHS COVID-19 vaccination booster programme. The

pharmacy team had received several positive comments on the support given to people to ensure their repeat prescriptions were ordered in time to receive their medication.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as, private prescription records, the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The pharmacy didn't display details on the confidential data kept and how it complied with legal requirements. It also didn't display a separate privacy notice. The pharmacy had a folder containing a range of documents covering information governance, confidentiality, and data protection for the team to refer to. The team shredded confidential waste onsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. The pharmacist had recently completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team members had not had an occasion to report a safeguarding concern.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a small team with an appropriate range of experience and skills needed to support its services. Team members work well together and are good at supporting each other in their day-to-day work. They regularly discuss ideas to enhance the delivery of the pharmacy's services. Team members are supported to complete their training courses and are frequently provided with feedback on their progression. The team members use a variety of communication tools to share information to help support the efficient delivery of the pharmacy services.

Inspector's evidence

The Superintendent Pharmacist (SI) covered most of the opening hours with support from the same locum pharmacists when required. The SI had been in post since the pharmacy changed ownership in March 2021. The only other member of the pharmacy team was a full-time pharmacy apprentice who had been in post since June 2021. The SI had recently advertised for a medicine counter assistant to help support the team.

The apprentice was following a training course that provided counter assistant and dispenser qualifications. And was given protected time to complete the training. The SI had gradually introduced the apprentice to different tasks such as generating dispensing labels as they developed their knowledge and skills. The SI provided the apprentice with feedback on their progression and training.

The SI and pharmacy apprentice worked well together. And shared ideas on new ways of working. The two had recently rearranged the stock on the shelves to reduce the risk of picking errors when dispensing medicines. The SI kept the locum pharmacists up to date with relevant information. And often the locum pharmacist would visit the pharmacy the day before their shift to discuss any matters. The pharmacists also left notes for each other to ensure tasks such as chasing up a response to a prescription query were completed. The pharmacy apprentice felt comfortable raising any concerns with the SI.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. The pharmacy has adequate facilities to meet the needs of people requiring privacy when using the pharmacy services.

Inspector's evidence

The pharmacy premises were tidy, hygienic and secure. The pharmacy had restricted access to the dispensary during the opening hours. It had separate sinks for the preparation of medicines and hand washing. The team generally kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices. The pharmacy had a defined professional area. And items for sale in this area were healthcare related.

The pharmacy had a large, soundproof consultation room. The team used this for private conversations with people and when providing services such as the flu vaccination. This room was also used by the team to dispense the multi-compartment compliance packs and as an office. The team removed any confidential information before inviting people into the room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services that support people's health needs. And it manages the pharmacy services well. The pharmacy keeps records of prescription requests. So, the team can effectively deal with any queries. The pharmacy obtains its medicines from reputable sources. And it generally stores and manages its medicines appropriately.

Inspector's evidence

People accessed the pharmacy via a small step. The window displays detailed the opening times and the pharmacy services offered. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The team provided people with information on how to access other healthcare services. The pharmacy provided the seasonal flu vaccination against up-to-date patient group directions which gave the pharmacist the authority to administer the vaccine. The SI had been asked by the team at the medical centre in the nearby town if the pharmacy could support an ear syringing service. The team at the medical centre was struggling to provide this service to everyone who needed it especially people living in the village. The SI had agreed and was in the process of completing the training to provide the service. The SI arranged with the team at the medical centre to only offer the service to people the GPs had referred. This was to ensure the service was appropriate for the person and there were no underlying health concerns. The pharmacy provided lateral flow tests to people as part of a national service. And it provided private COVID-19 PCR travel test kits to a small number of people to undertake at home. The kits were provided by a company listed on the HM Government website which had declared it met the minimum standards for these tests and was registered with the United Kingdom Accreditation Service (UKAS).

The pharmacy provided multi-compartment compliance packs to help around 20 people take their medicines. To manage the workload the team usually prepared the packs two weeks before supply. This allowed time to deal with issues such as missing items and the dispensing of the medication into the packs. The team did not record the descriptions of the products within the packs to help people identify their medication. But it did supply the manufacturer’s packaging leaflets. The local hospitals used the NHS communication system, PharmOutcomes to send copies of the hospital discharge summary for the team to check for changes or new medicines. The team monitored people using this service to ensure they were collecting the medication on time and not missing doses.

The pharmacy provided a repeat prescription ordering service. People either handed in their repeat slip or contacted the pharmacy to request their medication. The team ensured all dispensed prescriptions were supplied with the latest repeat slip so people knew the details of the medication they were taking. The team used an electronic system to request the prescription and as an audit trail to track the requests. The team usually sent the request in time to chase up missing prescriptions, order stock and dispense the prescription before the person needed their medication. The team promptly informed people of any delays to their prescriptions. For example, if the person needed to have a medication review. The team kept the requests after receiving the prescription for two months in case any queries arose. The team provided people with clear advice on how to use their medicines. The team were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And had the PPP pack to provide people with information when required. The pharmacy didn’t have anyone prescribed valproate who met the criteria. The SI had developed a good working relationship with the team at the

medical centre in the nearby town. This enabled the SI to contact the team directly with any queries and receive a prompt response.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample of dispensed prescriptions found that the team completed the boxes. The pharmacy used controlled drugs (CDs) and fridge stickers on bags to remind the team when handing over medication to include these items. The pharmacy used clear bags to hold dispensed CDs and fridge lines. This allowed the team, and the person collecting the medication, to check the supply. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. The pharmacy didn't have a delivery driver and most people preferred to collect their medication. Occasionally the SI would deliver a person's medication especially if they were struggling to leave their house. The team regularly checked uncollected prescriptions and contacted the person to remind them to pick-up their medication.

The pharmacy obtained medication from several reputable sources. The pharmacy team checked the expiry dates on stock but didn't keep a record of this activity. The team members marked medicines with a short expiry date to prompt them to check the medicine was still in date. No out-of-date stock was found. The team removed from the shelves any medicines with less than two month's expiry and stored them in a dedicated basket. When a prescription for one of these medicines was presented the team assessed whether it would be appropriate to supply this medicine within the timescale of the treatment period listed on the prescription. This also helped the team identify medicines that were rarely used that had gone out of date and to carefully monitor the ordering of these products in the future. The dates of opening were recorded for medicines with altered shelf-lives after opening. This meant the team could assess if the medicines were still safe to use. The team checked and recorded fridge temperatures each day. A sample of these records found they were mostly within the correct range. On a few days the maximum temperature was 8.1 or 8.2 degrees. The SI was aware of this and reported it happened when the fridge door was opened when putting stock away or removing stock. The team didn't record whether a follow up temperature check had been done after this event to ensure the fridge temperature had returned to the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The pharmacy stored CDs in a cabinet that met legal requirements and the team used appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email which the SI responded to.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has an adequate range of equipment to provide safe services. And it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy had equipment available for the services provided including a range of CE equipment to accurately measure liquid medication. The pharmacy had a domestic fridge to store medicines at these temperatures and the team used a digital thermometer to monitor the fridge temperatures. The SI had ordered a pharmacy fridge to replace the domestic fridge.

The pharmacy computer was password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computer in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. The pharmacy held most private information in the dispensary and rear areas, which had restricted access.

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.