General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Grace Pharmacy, 165-167 Park Lane, Tottenham, LONDON, N17 0HJ

Pharmacy reference: 1040479

Type of pharmacy: Community

Date of inspection: 03/06/2019

Pharmacy context

This is an independent pharmacy situated in a parade of shops in a residential area opposite a GP practice. It dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids to a number of people to help them take their medicines safely.

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 met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.3	Standard not met	The premises are not maintained to an appropriate level of hygiene for some of the services provided.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy does not fully manage the risks associated with dispensing and with the multi-compartment compliance aid services.
		4.3	Standard not met	The pharmacy does not always secure its medicines in line with legislation.
		4.4	Standard not met	There is no procedure in place to deal with concerns raised when medicines or medical devices are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy has written instructions which tell the team how to complete tasks safely. But it does not review these regularly so they may not always reflect current best practice. The pharmacy generally keeps the records it needs to by law. But not all of them are complete or accurate. This could make it harder for it to show what had happened if there was a query. The pharmacy asks its customers for their views. Team members protect people's private information. And they know how to safeguard vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which the responsible pharmacist (RP) said he was going to review in the next few weeks. Most SOPs with the exception of the RP SOPs had last been reviewed in May 2017 and the RP SOPs had not been reviewed since 2011. The RP said that the team member had read SOPs relevant to her role but the SOPs had not been signed to show that the team member had understood them.

Near misses which occurred during the dispensing process were not recorded. Dispensing incidents were said to be recorded on the electronic patient medication record system. The RP was aware of where these could be recorded on the system and said that there had not been an incident for some time. He said in the event that there was an incident he would investigate and reflect on what had happened.

The correct RP notice was displayed. The team member was aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance.

The pharmacy had a complaint procedure. The pharmacy also completed an annual patient satisfaction survey. Complaints came to the RP first and he said he would try and resolve them. The RP said that most feedback had been about people expecting that their prescription would be ready by the time they came across to the pharmacy from the surgery. The RP said that he had tried educating people about the process to help manage their expectations.

Records for private prescriptions were well maintained. There were no emergency supply records as the RP said that these were not given. The pharmacy had also not dispensed any unlicensed specials. RP records were generally well maintained but the pharmacist was not routinely signing out. The RP was the only pharmacist who worked at the pharmacy. Controlled drug (CD) registers were generally well maintained but there were a number of missed headers.

CDs that people had returned were recorded in a register. However, some returns that had been received a few weeks before the inspection had not been recorded. This may mean that diverted CDs may not be identified.

The RP was the only team member who had an NHS Smartcard to access electronic prescriptions and summary care records. This was password protected. Assembled prescriptions were stored in the dispensary and were not visible to people using the pharmacy.

The RP had completed a level two safeguarding course and had briefed the team on signs to look out

for. The team member would let the RP know if they had any concerns. The RP said that he had previously had the contact details for local safeguarding boards available but these had been misplaced. Lack of ready access to this information may delay the time taken to escalate a concern.

Principle 2 - Staffing ✔ Standards met

Summary findings

Team members are properly trained for the jobs that they do. They work closely together and share information with each other to ensure services are provided safely. The pharmacy does not have contingency arrangements in place to cover leave. There may also be issues about continuity of care for people if the RP is off unexpectedly.

Inspector's evidence

The pharmacy team comprised of the RP and another team member who was a trained medicines counter assistant (MCA). The RP said that there were enough staff for the services provided. The RP had not taken any time off in all the years he had worked at the pharmacy. All dispensing and checking was done by the RP. The pharmacy was open for 60 hours a week, but the RP said that he worked around 77 hours to prepare multi-compartment compliance aids and to complete other work.

Staff performance was managed formally with an appraisal held annually. The RP gave the MCA on the spot feedback. Things were generally discussed as they came up.

The MCA asked appropriate questions before recommending over-the-counter treatment. She said she would always refer to the pharmacist if unsure or for any requests for multiple sales.

The RP encouraged the MCA to complete ongoing training. He passed on any information received from suppliers and said that he was able to hear over-the-counter conversations and would intervene where needed. The RP briefed the MCA about changes in legislation and about changes to the classification of medicines from prescription only to pharmacy only (POM to P switches). However, the RP said that due to the demography of the area the pharmacy had not stocked recent POM to P switches such as Viagra Connect. The MCA said that she usually read through magazines that the pharmacy received. No numerical targets were set for the services provided.

Principle 3 - Premises **Standards not all met**

Summary findings

The premises are kept secure. Some areas of the pharmacy including the dispensary are untidy and require maintenance. This does not present a professional image to people visiting the pharmacy.

Inspector's evidence

The pharmacy had not been refitted for many years and was dirty in places including the dispensary workbenches. The dispensary and the back area of the premises were cluttered. There were a number of boxes in the dispensary, some of which were empty and others held stock. This reduced floor space. The RP said that the empty boxes were from the stock that had been received and were due to be recycled. There was a considerable amount of workspace available but the pharmacist only used one bench for the whole dispensing process as well as for preparing multi-compartment compliance aids. The other workbench was filled with prepared compliance aids, stock and paperwork. A sink was available for the preparation of medicines and had a considerable amount of limescale. There was dust and dirt on the floor and workbenches and there was a strong smell of food in the dispensary.

The consultation room was no longer used as such. As the pharmacy did not provide any services, the RP said that the room was no longer used for consultations and was ‘relegated’ to become the stock room and staff room. Private conversations were held to an area to the side of the medicines counter. The premises were kept secure from unauthorised access.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. The RP said that the pharmacy never became too hot. The dispensary work area was well lit as the light was situated directly above the dispensary work bench. Parts of the retail area were dark.

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

Summary findings

To protect people from harm the pharmacy obtains its medicines from reputable sources. But it does not always keep its medicines securely. The pharmacy does not always label people's medicines before they are supplied to them. It doesn't use some of the safety materials (such as warning stickers) when making supplies of medicines which contain valproate. And it does not always give people the information leaflets that come with their medicines. So, patients and carers may not always know how to use their medicines safely. It doesn't provide people with descriptions of their medicines when they pack these in compliance aids. This could make it harder for people to be able to identify which medicines are which.

Inspector's evidence

There was a small step leading into the premises. The RP said that most people who used mobility aids preferred to be served outside. The pharmacy had a portable ramp available, and this was stored in the back area. But, because of where it was stored, it was difficult to access the ramp. Team members would also help people who required assistance. The pharmacy team were multilingual and the RP said that some people came in with translation applications on their mobile phones if they did not speak English.

Team members were aware of the need to signpost people to other healthcare providers when they needed assistance that the pharmacy couldn't provide. The RP said he would use the internet to find details of other services.

Prescriptions were dispensed and checked by the RP. The RP said he dispensed electronic prescriptions for repeat medicines either before or after the pharmacy's opening hours or when it was quiet to help manage the workflow. The RP said that he took a mental break between dispensing and handing out prescriptions. At the point of handing the medication out to people he said he asked people to double check their medication or confirmed with them what they were expecting.

The pharmacy did not generate owing notes for people if some of their medicines were not in stock. And there was no clear audit trail to show whether or not these owed items had been supplied at a later date. This could present confusion to other pharmacists in the event that the RP was off unexpectedly.

There was no audit trail to show who had dispensed and checked the prescriptions. The RP said that he was the only one who completed both processes. Baskets were not used to separate people's prescriptions.

The RP had some awareness about the change in guidance for supplying sodium valproate and the associated Pregnancy Prevention Programme. However, he was not aware of the need to use the related warning stickers on dispensed medicines or provide warning cards to people.

The requests for prescriptions for people enrolled on the multi-compartment compliance aids service had to be initiated by the person rather than the pharmacy. Prescriptions were sent to the pharmacy electronically but these were not printed out. Compliance aids were prepared and checked by the RP. Changes were confirmed with the GP or with the patient or carer when they came to collect their

compliance aids. If the patient came to collect, the RP said that he would also check their Summary Care Records after obtaining consent.

Instruction labels containing information about dosages and cautions were said to be printed before compliance aids were handed out. However, the RP said that on some occasions if one compliance aid had been labelled the remaining would not be labelled. A compliance aid was observed for a person which had been prepared for a prescription received on 17 May 2019. The compliance aid was still in the pharmacy and the person had last been given a seven day supply on 7 May 2019. The pharmacy had no procedure in place to query uncollected compliance aids.

Assembled compliance aids observed for seven people had been prepared with no labels. Compliance aids for one person were found in a bag with a single backing sheet loosely placed inside. This had details of the medicines that were in the packs but the quantity annotated on this sheet was incorrect. Patient information leaflets (PILs) were not supplied. Product descriptions were not included on the compliance aid labelling and there was no audit trail to show who had prepared and checked the compliance aids. There was also no indication of when the compliance aids had been prepared but the RP said that they had been prepared the previous Saturday.

The RP carried out deliveries after work on rare occasions. CDs were not delivered. Signatures were not obtained from people when their medicines were delivered. The RP informed people of the exact time that he was due to deliver the medication to ensure that someone would be available to accept the delivery.

Medicines were obtained from licensed wholesalers and stored appropriately. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines.

The RP said that he completed date checking each month. There were no records kept. There were no date-expired medicines found on the shelves checked.

The pharmacy had the necessary equipment fitted for the Falsified Medicines Directive (FMD). However, this was not being used as the RP was unsure about what he had to do when split packs were dispensed.

Out-of-date and other waste medicines were segregated in the dispensary away from stock and then collected by licensed waste collectors. The RP said that drug recalls were received via email or from wholesalers, but he had not received any in the last two to three years. The RP said that he would subscribe to the Medicines and Healthcare products Regulatory Agency drug alert bulletins.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. But it does not always clean medicine measures thoroughly. So, there is a risk that medicines may be cross-contaminated.

Inspector's evidence

The pharmacy had the necessary facilities and equipment for the services offered. Measuring cylinders were glass and calibrated but the CD measure had a considerable amount of limescale as well as residue of the CD. An electronic tablet counting machine was used, the tray of which had a thick coating of tablet residue which had become hard over time. The RP said that since the last inspection he had obtained new trays but the machine was not frequently used. The old tray was discarded during the inspection. The RP calibrated the machine using a known quantity of tablets.

The pharmacy had a domestic fridge of adequate size for storing medicines which required cold storage. This had a freezer at the top which had a significant amount of ice.

Confidentiality was maintained through the appropriate use of equipment and facilities. The computer in the dispensary was password protected and out of view of patients and the public. Confidential waste was collected and either shredded or incinerated.

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.