General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Oakleigh Pharmacy, 253 Oakleigh Road North, Whetstone, LONDON, N20 0TX

Pharmacy reference: 1040506

Type of pharmacy: Community

Date of inspection: 09/11/2020

Pharmacy context

The pharmacy is located on a main road in a residential area. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), flu vaccinations and a local delivery service. This was a targeted inspection as intelligence had been received that the pharmacy had been obtaining unusually large quantities of codeine linctus which is addictive and can be abused. The inspection was undertaken 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

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It keeps the records it needs to keep by law and these are largely kept accurate and up to date. The pharmacy learns from mistakes that happen during the dispensing process to help make its services safer. And people can provide feedback about the pharmacy's services.

Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed SOPs which were relevant to their roles. Team roles were defined within the SOPs. There was an SOP for selling over-the-counter (OTC) medicines. This only briefly mentioned referring to the responsible pharmacist (RP) before selling medicines that could be misused but did not contain codeine products. However, there was a further documented policy, 'The Care Card' which described how to manage excessive requests and the risks of selling these medicines which included codeine linctus.

The pharmacy's team members, including the RP, were aware that OTC codeine-containing medicines were addictive. The RP explained that the pharmacy had not dispensed any NHS or private prescriptions for codeine linctus. The RP said that team members checked symptoms and used an established sales-of-medicines protocol (WWHAM) before selling over-the-counter medicines. The team did not document any details of refusals to sell codeine linctus. The RP said that the pharmacy did not routinely sell codeine linctus with the exception to those with underlying health conditions who required it and were known to the RP.

The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE). The responsible pharmacist (RP) was unsure if the necessary risk assessments to help manage Covid-19 had been completed, she gave an assurance that she would speak to the superintendent pharmacist (SI) to check. The SI had verbally checked with team members if they were able to work during the pandemic.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). The RP said that when she spotted a mistake, she would ask the team member to identify their mistake and ask them to rectify the mistake and make a record on the near miss log sheet which was attached to the wall in the dispensary. Previous near miss records were filed at the company's warehouse and were not available to view at the inspection. As a result of past errors similar looking items were separated on the shelves and shelf-edge labels were attached to remind team members to take care. The RP completed reviews to find any trends or patterns and these were discussed at the weekly team meeting. As the pharmacy had been busier than usual due to the Covid-19 pandemic team members had been asked to slow down and not rush when dispensing. The RP said that there had not been any reported dispensing errors.

The correct RP notice was displayed. The team members were 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. And it completed an annual patient satisfaction survey.

Records for emergency supplies, unlicensed specials, controlled drug (CD) registers and RP records were well maintained. CD balance checks were frequently carried out. A random check of a CD medicine complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received. Private prescription records were generally well maintained; however, prescriber details were not accurately recorded on all entries seen.

Assembled prescriptions were stored out of the view of people. Team members had completed training on data protection and information governance. This had been renewed recently. Confidential waste with people's private information on was segregated in a separate bin, and this was usually shredded at the weekend. Some empty bottles with people's private information was found in the general waste bin. The RP gave assurances that these details would be removed when the bin was emptied. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

The RP had completed the level two safeguarding training course. Team members were able to describe the steps that they would take in the event that they had any safeguarding concerns. Details of local safeguarding contacts were available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. They can raise any concerns or make suggestions and they can take professional decisions to ensure people taking medicines are safe. Where relevant, the pharmacy generally enrols staff on a suitable accredited training course for their role. But it does not always do this in a timely manner.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, the pre-registration trainee (pre-reg) who had recently started, a counter assistant who had started at the pharmacy in August 2020 but had not been enrolled on any training course. And there was a dispensing assistant who had started working at the pharmacy in December 2019 and had also not been enrolled on any training courses. Following the inspection, the RP confirmed that team members had been enrolled on courses suitable for their roles.

Staff performance was managed by the RP who completed appraisals every few months on a one-to-one basis. The RP also gave team members feedback. The RP would speak to the SI if there were any major issues.

Team members asked appropriate questions before recommending treatment and referred to the RP if unsure. The counter assistant was new to the role and confirmed with the RP before selling any medicines and would also refer to the RP if faced with a request to buy more than one packet of a medication. Team members were able to describe the steps they would follow when handing out prescriptions.

The pre-reg was well supported by the RP who was also her tutor. She had been enrolled on a formal structured training course with 'Pre-reg room.' As part of her training she completed online training modules. The pre-reg was given set-aside time to complete her training.

Team members held a weekly meeting when the shop was closed. The RP said that this had been particularly useful at the start of the pandemic as the team had been able to discuss how to manage the changes. As part of the meeting the team also covered over-the-counter training, went over questions that should be asked and discussed new products. The owners also arranged for training from time to time. The RP felt able to make suggestions and provide feedback to the SI and owners.

Targets were not set for team members. The RP said that she carried out the services for the benefit of people who used the pharmacy. And she felt confident about taking professional decisions.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are clean. People can have a conversation with a team member in a private area. But the pharmacy could do more to keep its consultation room tidy and clear of unnecessary items.

Inspector's evidence

The dispensary was large with ample workspace which was allocated for certain tasks. The work benches used for dispensing and checking were largely clear and organised. Dispensary shelves were tidy and organised. A sink was available for the preparation of medication. Cleaning was done by the team daily and team members were able to maintain distance from each other. Team members were observed to use face masks and only two people were being allowed into the pharmacy at any given time. The retail area of the pharmacy was large and people waiting were able to maintain distance from other people. Hand sanitiser was also available for team members and people to use.

A large signposted consultation room was available which was accessed from behind the medicines counter and unlocked when not in use. The room allowed low-level conversations to take place inside which could not be overheard. The room was being used to store stock that had been delivered over the weekend and some people's personal information was not stored properly. The RP gave an assurance that that people were not left alone in the room.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely and people can access them. The pharmacy gets its stock from reputable sources and stores it properly. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use. However, the pharmacy does not keep an audit of stock it transfers to other branches. So, it is harder for the pharmacy to keep track of stock movement. And for the pharmacy group as a whole to identify any potential concerns with purchases of larger quantities of medicines liable to misuse.

Inspector's evidence

The range of services offered by the pharmacy was adequately promoted. Access into the premises was via a small step at the entrance. The RP said she had spoken to the local council about having a ramp fitted and also about the uneven paving outside the pharmacy. Team members would help people were appropriate or people were signposted to their GP or other local pharmacies. Aisles were wide and clear with easy access to the counter. The local population predominantly were English speaking and the pharmacy had not had issues with languages in the past. Team members were multilingual or would use online translation applications when needed. Team members were aware that signposting may be necessary where people required an additional or alternative service. Due to the Covid-19 pandemic the pharmacy had stopped providing face-to-face services between April and July. However, these had resumed and the pharmacy was also providing flu vaccinations when stock was available. The RP had already vaccinated between 600-700 people.

The pharmacy had an established workflow in place. Prescriptions were received electronically. These were dispensed by the dispenser or pre-reg and left for the RP to check. The RP rarely had to self-check prescriptions and described obtaining a second check if she had dispensed a prescription. Dispensed and checked-by boxes were available and were being used. Baskets were used on most occasions to separate prescriptions, preventing transfer of items between people.

The RP was aware of the change in guidance around pregnancy prevention for dispensing sodium valproate. The RP had previously had a conversation with people who fell in the at-risk group. The RP was aware of the need to use the warning stickers if valproate was not dispensed in its original pack.

For prescriptions for warfarin, the RP asked when the person last their INR had checked. The RP said recently INR records had not been made on the electronic recording system when the person had their yellow book. For prescriptions ordered by the pharmacy a copy of the INR records was attached to the request slip. The RP had attached a poster with a list of cytotoxic medicines in the dispensary to prompt team members when they were dispensing. Prescriptions for schedule two and three CDs were filed separately. For schedule four CDs the RP highlighted the prescription if she was labelling. CD stickers were also available but these were not always used.

Multi-compartment compliance packs were supplied from another branch. Written consent was obtained from people before this happened. Trays were labelled with the other pharmacy's name and address. The pharmacy acted as a collection point for people who found it more convenient to collect from there.

Deliveries were carried out by the delivery drivers. There had been an increase in demand for deliveries

due to the pandemic. In the event that a person was not available medication was returned to the pharmacy. Signatures were not obtained from recipients to help with infection control. Drivers had been provided with PPE and hand sanitisers.

Medicines were obtained from licensed wholesalers and were generally stored appropriately. Fridge temperatures were monitored daily and recorded for one of the fridges; these were within the required range for the storage of medicines. The RP said that she checked the fridge temperature daily for the second fridge but had not recorded this anywhere. At the time of the inspection the temperature probe could not be located, the RP said she had moved this when she had been cleaning the fridge a few days before the inspection. CDs were kept securely.

Date checking was completed every four weeks. There were no date-expired medicines found on the shelves checked. Records for date-checks completed had not been made since the start of the Covid-19 pandemic. Out-of-date and other waste medicines were disposed of in the appropriate containers which were kept separate from stock and collected by a licensed waste carrier.

The pharmacy had the scanners in place for the Falsified Medicines Directive. However, these were not being used at the time of the inspection.

Drug recalls were received via email from the MHRA and the from the SI and these could be accessed by all team members. The pharmacy had not had stock of the latest recall.

Pharmacy stock was manually ordered by team members. This included codeine linctus. The pharmacy did not have an online presence. And it did not have a wholesale distribution authorisation (WDA). The RP said that the pharmacy group usually distributed over-the-counter medicines including codeine linctus to their sister branches. There were no records or audits kept for any stock transferred and the pharmacy ordered a large quantity of codeine linctus at a time which was mainly distributed to other branches. Records found indicated that only a very small number of sales of codeine linctus had been made from this pharmacy over the previous three months. And that a relatively small number of bottles had been sold prior to this in 2020. The pharmacy had not dispensed any codeine linctus against a prescription recently.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it generally maintains its equipment well.

Inspector's evidence

The pharmacy had a range of clean measures available, only one of these was a glass calibrated measure and the other two were plastic. The RP gave an assurance that she would order glass calibrated measures and remove the plastic measures. Tablet counting trays were available. Up-to-date reference sources were available including access to the internet. The pharmacy had two fridges of adequate size. A blood pressure monitor was available which the RP said was sent for calibration every two years. Due to the Covid-19 pandemic this was not being used at the time of the inspection.

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.