General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Burlington Road Pharmacy, 7 Burlington Road, BUXTON, Derbyshire, SK17 9AY

Pharmacy reference: 1073138

Type of pharmacy: Community

Date of inspection: 06/08/2020

Pharmacy context

This is a busy community pharmacy located in a residential area next to a medical centre. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. It does not have a private consultation room which limits the services which the pharmacy is able to offer. 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

The pharmacy generally manages risks to make sure its services are safe, and it takes some action to improve patient safety. It completes the records that it needs to by law and it asks its customers for their views and feedback. The pharmacy team members keep people's private information safe and understand how to protect the welfare of vulnerable people. Team members work to professional standards, but some members of the team have not confirmed their understanding of the pharmacy's written procedures, so they may not always work effectively or fully understand their roles and responsibilities.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services provided but they had not been signed by the current members of the pharmacy team to show they had read and accepted them. And some SOPs had not been reviewed for several years so they might not reflect current practice. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Team members wore uniforms but nothing to indicate their role, so this might not be clear to people. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

There was a SOP covering the recording of labelling and dispensing errors. A root cause analysis was required to be completed following errors that left the pharmacy. The SI said there had not been any errors that he was aware of since taking over as SI, so there were no records available. A small number of near misses had been recorded. The SI said he usually discussed them with the pharmacy team and completed an annual patient safety review. 'Double check' alert stickers were in front of some look-alike and sound-alike drugs (LASAs) so extra care would be taken when selecting these. For example, atorvastatin, amitriptyline and amlodipine. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out.

The SI confirmed he had carried out a COVID-19 risk assessment where he had considered the risks of coronavirus to the pharmacy team and people using the pharmacy. He had not documented this but had introduced several steps to ensure social distancing and infection control. Staff risk assessments had been completed for members of the pharmacy team.

There was a 'Dealing with complaints' SOP and the details of who to complain to was outlined in the practice leaflet. Any customer complaints were referred to the SI. A customer satisfaction survey was carried out annually.

A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription records and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. One CD balance was checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately. Some details of a recent destruction were missing but the SI confirmed he would complete these to ensure a full audit trail. The RP record was maintained electronically.

There was an information governance (IG) file which included information about confidentiality and the General Data Protection Regulation (GDPR). A template was available for the pharmacy's privacy notice. A statement that the pharmacy complied with the General Data Protection Regulation and the NHS Code of Confidentiality was given in the practice leaflet. Confidential waste was collected in a designated place and incinerated by one of the pharmacy's owners. Assembled prescriptions awaiting collection were not visible from the medicines counter. Consent was received when Summary Care Records (SCR) were accessed.

The SI had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. The dispensers had covered safeguarding as part of their dispensing training courses. There was some safeguarding guidance in the signposting file and the contact numbers of who to report concerns to in the local area. Team members understood what signs to look out for and would voice any concerns regarding children and vulnerable adults to the pharmacist. All members of the pharmacy team had completed Dementia Friends training, so they had a better understanding of people living with this condition.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members are qualified for the jobs they do. They are comfortable providing feedback to their manager and they receive feedback about their own performance. But ongoing training does not happen regularly and it is not always recorded, so their knowledge may not be fully up to date.

Inspector's evidence

The SI was working as the responsible pharmacist and there were four NVQ2 qualified dispensers (or equivalent), on duty at the time of the inspection. The staffing level was adequate for the volume of work and the team were observed working collaboratively with each other and the patients. There was flexibility within the pharmacy team and absences were covered by re-arranging the staff hours or transferring staff from the company's neighbouring pharmacy. The SI worked most days in the pharmacy and was the pharmacy's manager.

Members of the pharmacy team carrying out services had completed appropriate training, but there was no structured ongoing training once their training courses had been completed. Team members were not given regular protected training time once they had finished their courses. The SI said this was something he would like to introduce but it had not been possible due to the additional workload caused by the coronavirus pandemic. The SI worked closely with the SI from the neighbouring pharmacy and had a peer review discussion with him as part of his GPhC revalidation, the previous year. The pharmacy team were given formal appraisals where performance and development were discussed and were given positive and negative feedback informally by the SI. Other issues were discussed on a daily basis as they arose, and concerns could be raised. Team members could make suggestions or criticisms informally and they felt comfortable talking to the SI or one of the pharmacy's owners about any concerns they might have.

The SI was empowered to exercise his professional judgement and felt he could comply with his professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine because he felt it was inappropriate. Targets were set by the pharmacy's owners, so they could maintain a certain level of NHS items. But targets were not set for specific service such as Medicines Use Reviews (MURs) and New Medicine Service (NMS). The lack of a consultation room on the premises meant it was difficult to carry out many additional services, and the pharmacy's owners were aware of this limiting factor.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises generally provide a professional environment for people to receive healthcare. The pharmacy does not have a consultation room, so members of the public might not always be able to have confidential conversations in private, and this also limits the services which the pharmacy is able to offer.

Inspector's evidence

The pharmacy premises including the shop front and facia were reasonably clean and in an adequate state of repair. The retail area was free from obstructions and professional in appearance. The temperature and lighting were adequately controlled. Internal maintenance problems were dealt with by the SI who had a list of local contractors who could be contacted such as electricians and plumbers. External maintenance issues were reported to the practice manager at the medical centre, and the response time was appropriate to the nature of the issue. There were staff facilities in the medical centre which included a kitchen area and WCs with wash hand basins and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sink. There were information notices on the path up to the pharmacy and inside the pharmacy about Covid-19, and reminders of the requirement to maintain social distancing. Floor markings and barriers were used to ensure adequate space in front of the medicine counter. The front door was kept open and touch surfaces, such as the card machine were cleaned every hour or two.

There was no consultation room on the premises. The SI explained he used one of the nurse’s room, in the neighbouring medical centre if a private area was required to talk. Only one person was allowed into the pharmacy at a time due to coronavirus restrictions and to aid social distancing, so a private conversation was usually possible without leaving the pharmacy.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a simple dispensing service which is generally well managed. The pharmacy sources and supplies medicines safely. And the pharmacy team carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was accessible to all, including people with mobility difficulties and wheelchair users. Services provided by the pharmacy were displayed in the window of the pharmacy along with the opening hours and they were listed in the practice leaflet. There was a range of healthcare leaflets and some posters advertising services, such as Macmillan cancer support. There was lots of information available in the waiting area from the British heart foundation which people could read whilst waiting for their prescriptions. The pharmacy team were clear what services were offered. A folder was available containing relevant signposting information which could be used to inform people of services and support available elsewhere. Providing healthy living advice and signposting was not usually recorded, although the SI said he sometimes made a note on the patient's medication record (PMR) if they were a regular patient at the pharmacy. An audit of people with diabetes was carried out the previous year; 10 to 15 people had been referred for foot or retinopathy eye tests after it was identified that they had not been tested within the last year. There were lots of information leaflets on diabetes available in the pharmacy. Large print was available on dispensing labels and this facility was used by some partially sighted people.

The pharmacy offered a repeat prescription ordering service and people either indicated their requirements in advance when they collected their medication or telephoned the pharmacy with their requirements. This was checked again at hand-out and any unwanted medicines were retained in the pharmacy and the prescription endorsed as not dispensed. This was to reduce stockpiling and medicine wastage. There was a home delivery service with associated audit trail. The delivery service had been adapted to minimise contact with recipients. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was very limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Speak to Pharmacist' stickers were used to highlight counselling was required and high-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. INR levels were requested and recorded when dispensing warfarin prescriptions. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out the previous year and one person in the at-risk group had been identified. The SI had counselled her about pregnancy prevention.

Around 80 people received their medication in multi-compartment compliance aid packs. The SI could not locate the relevant SOP during the inspection, but he sent a copy to the inspector shortly

afterwards. The SI confirmed that the SOP had been reviewed since the last inspection and the team were following the new procedure. He said prescriptions were always received prior to assembly and the packs would always be checked and sealed the same day. The team used the back of the patient's record card to maintain an audit trail of communications with GPs and changes to medication. The pharmacist used the empty foil strip to carry out the accuracy check rather than the original packaging which increased the risk of errors. Medicine descriptions were not added to the compliance packs labels and packaging leaflets were not usually included, despite this being a mandatory requirement. So, people might not be able to identify the individual medicines or have easy access to information they need. The SI said he assumed that the GP or nurse carried out an assessment to see which adjustment was the most appropriate for a person before referring them for a compliance pack.

CDs were stored in two CD cabinets which were securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. The pharmacy team knew what questions to ask when making a medicine sale and when to refer the person to a pharmacist.

Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from unlicensed 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). It was registered with SecurMed but the team did not have the hardware needed to scan to verify or decommission medicines. The SI said they had made a business decision not to fully implement this yet, as they were still undecided about the next steps. Medicines were stored in their original containers at an appropriate temperature.

Alerts and recalls were received via email messages from the MHRA and the NHS. The SI maintained an electronic record on the pharmacy's email account of any action taken, so they were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe and use it in a way that protects privacy.

Inspector's evidence

Team members did not routinely wear personal protective equipment (PPE) when working in the dispensary, but wore a face masks when serving on the medicine counter or carrying out any face-to-face communication with people. The SI was observed donning a face mask before handing out a prescription to a person, but he explained that he found wearing a face mask made him very hot, so he chose not to wear one all the time. A dispenser confirmed that all members of the team had face masks and wore them when they felt it was necessary. She said the team discussed coronavirus and the wearing of PPE and had agreed an approach which they were comfortable with. They had all been provided with alcohol hand sanitizer which they used frequently.

Recent versions of the British National Formulary (BNF) and BNF for children were available and the pharmacist could access the internet for the most up-to-date information. There was a clean medical fridge which was within range throughout the inspection. All electrical equipment appeared to be in good working order and had been PAT tested. The printer was not currently working as a new toner had been installed and a toner ‘re-set’ was required. The SI had logged a call with Cegedim Rx, who provided IT support.

There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren’t visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.