General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Neil Pharmacy, 95 Wenlock Road, SOUTH SHIELDS, Tyne and Wear, NE34 9BD

Pharmacy reference: 1077013

Type of pharmacy: Community

Date of inspection: 17/06/2021

Pharmacy context

This is a community pharmacy on the outskirts of South Shields. This was a follow up inspection following failed standards. The pharmacy opens six days a week. It sells a range of health care products, including over-the-counter medicines. It dispenses people's prescriptions. The pharmacy provides multi-compartment compliance packs to some people who need help managing their medicines. It delivers medicines to people who can't attend its premises in person. People can also collect coronavirus (COVID-19) home-testing kits from the pharmacy. The pharmacy provides a Covid 19 vaccination service from the premises. This inspection took place during the COVID-19 pandemic. Conditions on registration are in place on this pharmacy premises that prevent some services being provided. These conditions were imposed after failings were identified on a previous inspection and they remain in force at the time of this inspection

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	1.2	Standard not met	The pharmacy lacks systems to review and manage the safety and quality of services it provides.
		1.6	Standard not met	CD records are not accurate and transactions are not entered in a timely manner
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 manage and store medicines in an organised manner. Some medicines are not stored in their original packaging and have not been appropriately labelled.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

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

Summary findings

The pharmacy has written procedures for the services it provides. But the most recent version hasn't been tailored to this pharmacy's activities. So, the procedures may not accurately reflect its current practise. Also there is little evidence that these have been read and understood or that the team are working in a consistent manner. This could mean that patient safety is compromised. People using the pharmacy can raise concerns and provide feedback. The pharmacy does not sufficiently manage the risks especially in relation to CD management. So, there is a risk that CD discrepancies may go undetected for a prolonged period.

Inspector's evidence

The superintendent (SI) informed the inspector that they had completed risk assessments and had introduced systems to help manage the risk of virus transmission. Members of the pharmacy team would report any work-related infections to the superintendent. All wore face masks to help reduce the risks associated with the virus. And they washed their hands or used hand sanitisers regularly. The front counter had a full Perspex screen to provide a physical barrier. Prominent signs on the windows and inside the pharmacy reminded people to wear face masks. Four people could access the shop at any one time. The pharmacy occupied a corner site providing space for people to queue outside and round the side if necessary.

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. The superintendent (SI) advised that they had updated the SOPs in January 2021. These were a set of generic SOPs and the SI had not tailored these to the pharmacy's activities. Some members of the pharmacy had read and signed that they understood the contents. But most had not. The SI explained that this had not been completed because of time constraints. The SI could not initially locate the SOP for over-the-counter sales. The SI located a copy of the SOP 'The sale of OTC medicines without the intervention of a Pharmacist', which advised that the counter assistant should 'refer to the pharmacist if the purchaser wants to buy a lot or has been in several times that day or week to buy them. Such items include Kaolin and morphine mixture, codeine linctus and recently pseudoephedrine products'. The date of preparation of the SOP was 17 January 2021. And three members of the pharmacy team had signed to confirm that they had read and understood the SOP. The inspector queried the SOP because the pharmacy had conditions imposed which stated that the pharmacy could only supply codeine linctus when required on prescription. The SI advised the inspector that they never sold codeine linctus and the pharmacy team were aware of this. The wording on the SOP was a mistake and should have read codeine products rather than codeine linctus. Team members when asked advised that they didn't sell codeine linctus. The pharmacy had two bottles under the dispensary checking bench. The SI confirmed that these would be used only when a prescription for codeine linctus was presented.

The SI advised that the pharmacist picked up near miss errors at the checking stage of the dispensing process, then informed the dispenser of the error and then entered the error on the near miss sheet. The inspector looked through the near misses recorded by the dispenser who was training to be an accuracy checking technician (ACT). Sections for possible causes and actions taken had not been completed so the team may be missing opportunities to identify the cause of the error and make changes appropriately. The team recorded on average seven or eight near misses each month. The

dispenser informed the inspector that she discussed any errors with individuals when they occurred. And supplied examples of changes made following a near miss. She showed the inspector 'check strength' stickers on various medicines. The SI advised that they had very few dispensing errors and was unable to locate the folder. She advised that if an error did occur, they would record it on the patient medication record (PMR). The SI advised that she could not remember the last complaint they had, but any complaints or concerns would be handled by herself.

The pharmacy had up-to-date professional indemnity insurance valid until 30 September 2021. The pharmacy displayed the correct responsible pharmacist name and registration number. So, people could easily know who the responsible pharmacist (RA) on duty was. Entries in the responsible pharmacist electronic record complied with legal requirements. The SI had signed in that morning as RP. The pharmacy kept electronic records of private prescriptions and emergency supplies. The last stock check for commonly dispensed CDs took place in February 2021. The records demonstrated that the last Zomorph 30mg balance check had been done on 4 February 2021. There were 52 Zomorph 30mg in the CD cabinet and the balance in the CD register was 71. The SI advised that she knew that any unresolved CD issues needed to be reported to the accountable officer. The SI showed the inspector a basket with CD prescriptions and invoices, and she advised that she had not entered any into the CD register in June. When asked the SI advised that she was aware of the regulations just but hadn't had time. The pharmacy kept special records for unlicensed medicines with the certificate of conformity.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste segregated and shredded. Members understood the importance of keeping people's private information secure.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload. The lack of proper training on the pharmacy procedures means that the team may not be working effectively as they could. Members of the pharmacy team work well together. And they know how to raise a concern if they have one.

Inspector's evidence

The pharmacy team on the day consisted of three dispensing assistants one of whom was on a registered accuracy checking course (ACT), one trainee dispensing assistant (not yet registered on a registered course), one trainee counter assistant (not yet registered on a medicines counter assistants course). A pharmacy apprentice was starting soon, and a newly enrolled pharmacy student would be joining the team to help on a Saturday. The pre-registration student advised that she had regular training time allocated each week. And had built up time to take time off to revise for the exam next month. She also attended university study groups on a weekend. The SI advised that members of the pharmacy team worked well together and had adapted well to the changing workload priorities. The SI thought they had enough staff to cover the workload. Staff covered for each other's time off. People were served promptly. The company didn't offer a formal training program as such. The SI advised that the team received on the job training when required. Some members of the team had completed training to provide the covid vaccination service and other services such as smoking cessation. Most members of the team had not read and signed the training record at the back of each SOP that applied to their level of competence. So, the team might not be working consistently to these.

The pharmacy did not have set targets. The SI felt able to make professional decisions to ensure people were kept safe. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The company had a whistle blowing policy and team members knew who they should raise a concern with if they had one.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable and secure environment for people to receive healthcare. And its premises are clean. The pharmacy team members take appropriate steps to reduce the risk of Covid 19 infection.

Inspector's evidence

The pharmacy had adequate lighting. The team used fans during hot days. The pharmacy had a retail area, a consultation room with sink, computer desk and chairs. The vaccination team used the consultation room to provide covid 19 vaccinations. The pharmacy had been re-fitted to provide separate areas for dispensing and checking prescriptions. Clutter on the work benches made establishing a smooth workflow difficult. The pharmacy had a stock area to the rear. The team stored overflow stock on the floor in the dispensary which was obstructing access to the lower shelves. The pharmacy had a sink in the dispensary with a supply of hot and cold water. They cleaned the pharmacy on most days at quieter times. And they regularly wiped and disinfected the surfaces they and other people touched.

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

Summary findings

There is insufficient assurance that stock is stored and managed appropriately. There are mixed batches of medicines and loose blister strips on the shelves. There is a lack of verifiable processes to routinely identify and remove date-expired medicines. There was no audit trail to identify who had dispensed and checked prescriptions so this may mean that people receive medication that has not been properly checked. The pharmacy receives its medicines from reputable sources and pharmacy services are accessible to people.

Inspector's evidence

The pharmacy had a step up at the front door into the pharmacy. The pharmacy team assisted with entry for wheelchair users or took medication out to them. The pharmacy had a back door that wheelchair uses could also use to access the pharmacy. The pharmacy advertised its services and displayed information and advice about Covid 19 precautions prominently in the window. Services provided included pharmacy first, the 'GP to Pharmacy' scheme which involved supply of treatments for a range of conditions such as Impetigo and cellulitis. The team provided a smoking cessation service and supply of EHC. And provided a free delivery service on request. The pharmacy and the other pharmacy in the group provided a Covid 19 vaccination service. The service was running at the time of the inspection. The pharmacy had a seating area used for people to recover following their vaccination. The SI explained that that they had a team of three who run the service between the two sites. Team members used various stickers within the dispensing process as an alert before they handed out medicines to people. For example, they used fridge stickers to highlight that a fridge line needed added to the prescription before handing out. Team members didn't initial the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. The SI explained that she usually covered most days with the exception of some weekends and holidays, so she didn't think it necessary. There were no signatures on the multi-compartment compliance packs, so this made it difficult to know whether the pack had been checked by a pharmacist or not. They used dispensing baskets to hold prescriptions and keep medicines together, this reduced the risk of them being mixed up. The team used owing slips when the pharmacy could not supply the full quantity prescribed. And kept a record of the delivery of medicines to people.

The SI advised that members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group prescribed valproate needed to be counselled on its contraindications. The team had completed an audit and two people were identified in the at-risk group. Both had received the leaflet and card. The SI showed the inspector the cards and leaflets that they handed out to patients when valproate was dispensed to them. The inspector discussed the need to provide the cards on each dispensing even if the person had received a card previously. The team supplied medicines to substance misuse clients. The team prepared these on the day because there was insufficient room in the CD cabinets to make them up in advance.

The pharmacy team placed Pharmacy (P) medicines on shelving behind the counter so people could not self-select such medicines. The SI explained that she instructed the team to refer repeated requests for codeine-based medication, such as co-codamol to the RP. They had an intervention book to record such occasions. The shelves in the dispensary were overflowing. The team stored boxes full of stock on the

floors near the shelves. The stock on the shelf had no dividers and medicines with different strengths were mixed. Increasing the risk of a picking error. The SI explained that at the annual stocktake out of date items were removed. During the year, the team checked the date on medicines in an ad hoc manner and marked short dated items with a marker. Some out of date creams were found and given to the SI for destruction, along with dozens of loose foil strips on the shelves. The SI informed the inspector that the dispensers removed the loose medicine in foils when they supplied part of a pack rather than using a white box. The inspector noted amber bottles on the shelves containing medication removed from their foils with no expiry or batch numbers on the bottles. The SI explained that at the end of the week she usually went around the shelves and removed loose blisters and unmarked bottles and placed them in the medicinal waste bins. The stocktakes date checked when doing the annual stock take. The team sometimes marked the date when a liquid medicine was opened. So, checks could not always be made to make sure the medicine was safe to supply. The Pharmacy used recognised suppliers such as AAH, Alliance and DE.

The pharmacy had medical waste bins. There were carrier bags full of returned medication on the floor next to the waste bins waiting to be disposed of. The SI received drug alerts via email and actioned them but did not keep up-to-date records of the actions taken. The team members checked, and recorded fridge temperature ranges daily. The record for the month had been completed daily and was consistently within the correct ranges of between two and eight degrees Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

Team members had access to up-to-date reference sources. The team stored medicines waiting to be collected in a way that prevented people's confidential information being seen by members of the public. The pharmacy used a range of CE quality marked measuring cylinders. They had a separate methadone measure which had been broken. A replacement had been ordered. The pharmacy team stored these near to the sink for easy access. Members of the pharmacy team made sure they cleaned the equipment they used to measure, or count, medicines before they used it. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. This also contained some foodstuff. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. The phone was positioned at the rear of the pharmacy So, its team could have confidential conversations with people when necessary. Some of the team members responsible for the dispensing process had their own NHS smartcard.

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.