General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Aqsa Pharmacy, 91 London Road, HIGH WYCOMBE, Buckinghamshire, HP11 1BU

Pharmacy reference: 1082873

Type of pharmacy: Community

Date of inspection: 06/09/2019

Pharmacy context

This is a community pharmacy situated on a main road in a residential area of High Wycombe in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter (OTC) medicines and offers a few services such as Medicines Use Reviews (MURs) and the New Medicines Service (NMS). And, it provides multi-compartment compliance aids to people if they find it difficult to manage their medicines.

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	1.8	Good practice	Members of the pharmacy team are trained and proactive in ensuring the welfare of vulnerable people
2. Staff	Standards met	2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The owner has provided a range of resources to ensure the team's knowledge is kept up to date
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 operates in a safe manner. It identifies and manages risks appropriately. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand and are proactive in protecting the welfare of vulnerable people. And, they protect people's privacy well. The pharmacy generally maintains its records in accordance with the law.

Inspector's evidence

The pharmacy's workload was manageable, it was organised and the dispensary's workspaces were kept clear of clutter. Prescriptions and multi-compartment compliance aids were processed on the side or back workstation and bench and the responsible pharmacist (RP) conducted the final accuracy-check from a separate area. This helped to reduce distractions.

A review about the risks associated with the pharmacy's practice had been completed this year and the team's near misses were routinely recorded by the RP. Staff were made aware about them at the time. They described routinely being aware of the risks associated with making mistakes and focused when they dispensed. The near misses were generally collectively reviewed every month with some details seen recorded. Trends or patterns were shared with the team. Staff explained that medicines with similar names or packaging were identified, highlighted and separated. This included higher-risk medicines. The team stored medicines in a manner that helped them to reduce errors, the pharmacy's stock holding was very organised with different strengths of medicines arranged in order and split packs stored at the bottom. Staff stated that this also helped to reduce interruptions to the flow when they were dispensing.

Information about the pharmacy's complaints procedure was on display and a documented complaints process was available. The RP handled incidents, his process was in line with the latter and included apologising, investigating and recording details. Relevant details were also reported to the National reporting and Learning System (NRLS). Previous reports were seen completed.

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. They were reviewed in 2018. Team members roles and responsibilities were defined within the SOPs. Except for the newest member of the team, staff had signed to confirm that they had read the SOPs. Team members understood their roles and responsibilities and knew the activities that were permissible in the absence of the RP. This included the newly employed member of staff. However, an incorrect RP notice was initially on display and this meant that, in line with the law, people were not being provided with the correct details of the pharmacist in charge of operational activities. When highlighted, this was rectified.

Staff could identify signs of concern to safeguard vulnerable people and provided an example of when this had happened previously. They were trained to level 1 via the Centre for Pharmacy Postgraduate Education (CPPE) and would inform the RP in the event of a concern. The pharmacist was trained to level 2 through CPPE. There was an SOP to support the process and relevant local contact details for the safeguarding agencies were readily available.

There was information on display to inform people about how their privacy was maintained, and no confidential material was left within public facing areas. Confidential waste was segregated before being shredded and dispensed prescriptions awaiting collection were stored in a location where sensitive information could not be seen. Staff were trained on the EU General Data Protection Regulation (GDPR) and had signed confidentiality statements. Summary Care Records were accessed for emergency supplies and consent was obtained verbally from people for this.

Most of the pharmacy's records relating to its services were compliant with statutory requirements. This included records of private prescriptions and a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association and this was due for renewal after January 2020. There were some missing entries within the electronic RP record when the pharmacist had not recorded the time that their responsibility ceased. This was discussed at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

In line with its workload, the pharmacy has enough staff to manage its workload safely. Trained members of the pharmacy team understand their roles and responsibilities. Newer members of staff are being appropriately supervised. The team is provided with several resources and encouraged to complete regular, ongoing training. This helps to keep their skills and knowledge up to date.

Inspector's evidence

Staff present during the inspection included the RP who was also the owner, a full-time trained dispensing assistant and a new member of staff who was working on the counter and had only very recently been employed. There was also a part-time trained medicines counter assistant (MCA) and a delivery driver. Contingency cover for absence or annual leave involved arranging cover from the pharmacy's other branch. The team's certificates of qualifications obtained were seen.

The new member of staff was being supervised by the RP and staff, she knew to ask a few relevant questions to determine suitability before medicines were sold over the counter and referred appropriately. To assist staff with their training needs, they were provided with set aside time to complete resources from several providers such as Numark, AAH and CPPE as well as regularly taking instruction from the RP. This helped to improve and keep their knowledge up to date. Staff progress was also monitored frequently and annually. As they were a small team, team members communicated verbally with one another. There were no formal targets in place to complete services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a professional environment to deliver its services. The pharmacy is clean. It is well maintained and secure from unauthorised access.

Inspector's evidence

The premises consisted of a medium sized retail space and dispensary at the rear. There was also an appropriately sized, signposted, consultation room available where services and confidential conversations could take place. The room was located behind the front medicines counter but in front of the dispensary. There was no confidential information accessible from the vicinity or from within the room itself. The pharmacy was bright and well-ventilated. Its retail area was well presented. The pharmacy was clean. Pharmacy (P) medicines were stored behind the front counter and this, along with a barrier restricted their access by self-selection. It also prevented unauthorised entry into the dispensary.

Principle 4 - Services ✔ Standards met

Summary findings

In general, the pharmacy provides its services in a safe manner. The pharmacy's team members help people with different needs to access the pharmacy's services. And, they usually make appropriate checks for most people prescribed higher-risk medicines. The pharmacy obtains its medicines from reputable sources, it manages them well and largely stores them appropriately.

Inspector's evidence

There was a step at the front of the pharmacy. Staff explained that they assisted people with wheelchairs or restricted mobility at the door if this was required. They communicated verbally with people who were visually impaired, one member of staff could use basic sign language to assist people who were partially deaf, or they used the consultation room to help reduce background noise. The RP spoke Urdu and Punjabi to assist people from the South Asian community, staff described using gestures for people whose first language was not English or they used representatives to help convey relevant details. There was a seat available for people waiting for prescriptions and a few timed car parking spaces on the street that was adjacent to the pharmacy.

The pharmacy displayed a range of leaflets that provided information about other local services and it also advertised services that their other branch could provide (such as travel vaccinations). There was documented information present that staff could use alongside their own knowledge of the area or online resources, to signpost people to other local organisations. The pharmacy was healthy living accredited and held a dedicated zone in its retail space where the team ran promotions and campaigns on various topics. This included displaying relevant material such as helping people to identify signs of certain cancers or encouraging cervical screening. Staff explained that they had made some referrals to local providers.

Compliance aids were supplied to people after the RP assessed their suitability for this. Once set up, staff ordered prescriptions and when received, they cross-referenced details against records that they kept on a spreadsheet to help identify any changes or missing items. The spreadsheet was updated every month and included details about the medicines ordered, when the repeat request was sent to the pharmacy and relevant notes about the situation. There was also a separate noticeboard used to keep track of the compliance aids. The team checked queries with the prescriber and maintained records to verify this. Compliance aids were not left unsealed overnight, descriptions of the medicines within them were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes were dependent on the situation and person receiving the compliance aids, the pharmacy either provided the medicines separately or supplied new compliance aids.

Not all medicines were de-blistered and removed from their outer packaging before being placed into the compliance aids. Staff were dispensing sodium valproate, still in its original foil, in the compliance aids. They were aware of the potential risks of supplying it in this way. They explained that this was necessary to ensure that people would take their medicine as prescribed by their doctor. Counselling had been provided to ensure that the outer packaging was removed before taking the tablets with the carers, but there were no details documented to confirm this and this situation was not discussed with the prescriber. Nor was there any evidence that the pharmacy had carried out any risk assessment. This made it difficult for them to show that that they had considered all the risks involved or

that appropriate advice had been provided when these medicines were supplied.

Staff were aware of risks associated with valproates and the pharmacy had not supplied any females at risk with this medicine. There was relevant literature available to provide to people, if required. For people prescribed higher-risk medicines, the pharmacist described asking about relevant parameters where possible and recording this information. This included asking about blood test results or the International Normalised Ratio (INR) level for people prescribed warfarin. However, details about this were not documented for people receiving compliance aids. This was discussed during the inspection.

The pharmacy delivered dispensed prescriptions to people. There were records available to demonstrate when this occurred and to whom medicines were supplied. Signatures were obtained from people once they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and notes were left to inform people about the attempt to deliver. Medicines were not left unattended.

During the dispensing process, team members used baskets to keep prescriptions and medicines separate and a dispensing audit trail. This was through a facility on generated labels and helped to identify their involvement in processes. Dispensed prescriptions awaiting collection were stored with prescriptions attached. Details about fridge items and CDs (Schedules 2-3) were identified to help staff to identify them. Uncollected prescriptions were checked every few weeks although Schedule 4 CDs were not routinely identified. Routinely identifying all CDs as best practice was discussed during the inspection.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as AAH, Alliance Healthcare and Phoenix. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, there were scanners present, guidance information for the team and the pharmacy was complying with the decommissioning process. The team had been trained by the RP and had completed relevant training about the topic.

Medicines were stored on shelves in an ordered manner. The team date-checked medicines for expiry every three month and records were kept verifying that the process had occurred. Medicines approaching expiry were highlighted with stickers. There were no date-expired medicines seen or mixed batches of medicines present. CDs were stored under safe custody and the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received via email, the process involved checking for stock and taking appropriate action as necessary. There were records present to verify this.

Medicines returned by people for disposal were held within designated containers prior to their collection. However, there were no containers or a list available for staff to identify, separate and store hazardous and cytotoxic medicines. People returning sharps for disposal were referred to their other branch where they could be accepted and disposed of. Relevant details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide services safely. Its equipment is clean and used in a way that protects people's privacy.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included crown-stamped conical measures for liquid medicines, counting triangles and the dispensary sink that was used to reconstitute medicines. There was hot and cold running water with hand wash available. The fridge used for medicines requiring cold storage was operating at appropriate temperatures. The CD cabinet was secured in line with legal requirements. Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions and they were stored securely overnight. A shredder was available to dispose of confidential waste.

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.