General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Fairford Pharmacy, 2 Ashley Court, 65 Kingsgate, AYLESBURY, Buckinghamshire, HP19 8WB

Pharmacy reference: 1083697

Type of pharmacy: Community

Date of inspection: 29/04/2019

Pharmacy context

This is a community pharmacy located next to a GP surgery within a residential area of Aylesbury in Buckinghamshire. Mainly older people use the pharmacy's services. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs) and the New Medicines Service (NMS). And, it supplies some people with their medicines inside multi-compartment compliance packs for people who find it difficult to take their medicines on time.

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 manages some risks effectively. The pharmacy team deal with mistakes that occur during the dispensing process responsibly. But, they don't formally review them and they are not recording all the details. This could mean that opportunities to spot patterns or trends are missed. And, they may not always understand how to prevent similar mistakes in future. Members of the pharmacy team generally protect people's private information. But, they are sharing their NHS smart cards to access electronic prescriptions. This makes it more difficult for them to control access to people's records and keep information safe. Some members of the team understand how they can protect the welfare of vulnerable people. But, they could not find details of the local safeguarding agencies. This could lead to a delay in reporting concerns. The pharmacy is insured for the services it provides. But, some of the pharmacy's records are not always kept in accordance with the law. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence

The pharmacy was clear of clutter and organised. There was enough space for pharmacy processes to occur safely. Staff described ensuring workspaces were clear before assembling prescriptions. They processed prescriptions in batches, prescriptions were labelled, stock was gathered first and then dispensing occurred. Prescription assembly by staff and the final accuracy check by the Responsible Pharmacist (RP) occurred in segregated areas. To further reduce the chance of mistakes occurring, staff explained that their busiest periods were in the morning and all staff were normally present to help manage the workload.

Near misses were seen recorded. The superintendent pharmacist reviewed these and spoke to staff individually to raise their awareness. This process was described as occurring informally. There were no details documented to support or verify this process. There were also some details missing within the near miss log, this included the action taken and whether there were any contributing factors.

There was no information on display about the pharmacy's complaints procedure. The RP's process to handle incidents was in line with the pharmacy's documented complaints process. Details of previous incidents were seen on the pharmacy system. Incidents were also reported to the National Reporting and Learning System (NRLS).

There were a range of documented Standard Operating Procedures (SOPs) present to support the supply of services. These were reviewed in March 2019. Staff were in the process of reading and signing the SOPs.

Some team members could identify signs of concern to safeguard vulnerable people. They were trained through reading the relevant SOP. One member of staff required prompting but stated that in the event of a concern, the RP would be informed. The pharmacist was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). According to her, relevant local contact details were seen but these could not be located at the inspection.

There was no confidential material left within public facing areas. Confidential waste was segregated before being taken away by an authorised carrier. Bagged prescriptions awaiting collection were stored

in a location that prevented sensitive information being visible from the retail area. Staff were trained on the EU General Data Protection Regulation (GDPR). The RP had accessed Summary Care Records for queries about medicines. Consent to do this was obtained verbally.

There was no information on display to inform people about how their privacy was maintained. An NHS smart card used to access electronic prescriptions had been left in one of the computer terminals and was being used by the team. This belonged to the superintendent pharmacist who was not present on the premises.

The correct RP notice was on display. This provided details of the pharmacist in charge of operational activities. A sample of registers checked for Controlled Drugs (CDs) were mostly maintained in line with the Regulations. There were odd headers that were incomplete. Balances for CDs were checked and documented every few months. On randomly selecting CDs held in the cabinet, their quantities matched balances recorded in corresponding registers.

Some electronic records of emergency supplies recorded the nature of the emergency, others were documented as 'on Req', which did not clarify or provide an explanation for the supply of a prescription-only medicine without a legally valid prescription. There were gaps within the electronic RP record where pharmacists had not recorded the time that their responsibility ceased. Prescriber details were missing from records of unlicensed medicines. There were also odd incomplete records of prescribers in the electronic private prescription register such as prescriber names or addresses. Professional indemnity insurance arrangements was provided through the National Pharmacy Association (NPA) and due for renewal after July 2019.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage the workload safely. Pharmacy team members are trained well or they are undertaking appropriate training for their role. They understand their roles and responsibilities. And, they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The pharmacy dispensed between 5,500 to 6,000 prescription items every month with 41 people receiving their medicines inside multi-compartment compliance packs and no people with instalment prescriptions. Staff present included a regular locum pharmacist, a trained dispensing assistant and a trainee medicines counter assistant (MCA) undertaking accredited training with Buttercups.
There was also another trainee dispensing assistant who was undertaking accredited training with Buttercups, a delivery driver and the superintendent pharmacist who was on maternity leave.

Staff knew which activities were permissible in the absence of the RP, they used a range of questions to obtain relevant information before selling over-the-counter (OTC) medicines and if they were unsure, details were run past the RP. Sufficient knowledge of OTC medicines was held and demonstrated.

Staff in training completed their course material at home. Ongoing training for the team was through literature that they received through the post, staff took instruction from pharmacists and were provided with relevant documented information from the superintendent. The trained dispensing assistant described increasing their knowledge from relevant online pharmacy websites.

The team's progress was checked periodically. This was a sit down process with the superintendent where feedback was provided and issues or problems were worked out. As they were a small team, they communicated verbally with regular discussions occurring between them.

In addition to the Essential Services, the pharmacy provided several medicines for a range of conditions such as erectile dysfunction, malaria, salbutamol, hair loss and rosacea under private Patient Group Directions (PGDs). Last season, the pharmacy also administered influenza vaccinations under a PGD.
The locum pharmacist was not set any formal or commercial targets to achieve services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, secure and provide a professional environment for the delivery of pharmacy services.

Inspector's evidence

The premises consisted of a medium sized retail area and dispensary at the rear. Public-facing areas were well presented and professional in appearance. All areas were clean. The pharmacy was suitably lit and well-ventilated.

Pharmacy only (P) medicines were stored behind the front counter. Staff were always within the vicinity. A signposted consultation room was available to provide services and private conversations. The space was of a suitable size for the services provided. There was no confidential information present or easily accessible from the room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources. But, some medicines are stored in poorly labelled containers. This makes it harder for the team to check the expiry date, assess the stability or take any necessary action if the medicine is recalled. Team members generally ensure pharmacy services are provided safely. But, some medicines are supplied within their original packaging inside compliance packs. This could lead to people accidentally swallowing the medicine as well as the packaging. And, the pharmacy does not always provide medicine leaflets. This means that people may not have all the information they need to take their medicines safely.

Inspector's evidence

There were two entrances into the pharmacy, people could enter through the back and front door. Both were at street level although there was a slight step at the front entrance. This was not enough to hinder entry for people with mobility issues. The retail space was made up of wide aisles and some clear open space by the front counter. There were two seats available for people waiting for prescriptions. The team described taking their time with people who were partially deaf. Staff explained details verbally and read instructions and checked understanding for people who were partially sighted.

The pharmacy's opening times were advertised on the door. There were some leaflets available for people to access information about other local services. Staff used online details to help signpost people to other local organisations. PGD paperwork for the private services were present and signed by authorised pharmacists. These were not provided by the locum pharmacist.

The pharmacy team used baskets to hold each prescription and associated medicines. This prevented any inadvertent transfer. Staff used a dispensing audit trail to verify their involvement in processes. This was through a facility on generated labels.

There were very few people receiving higher risk medicines from the pharmacy. People who were previously prescribed warfarin were switched to rivaroxaban and only one person was prescribed lithium. The RP described counselling and asking about blood test results.

Staff were aware of risks associated with valproate. They had read information about this and literature was present to provide to people if needed. This medicine was stored in a section with a shelf edge label highlighting relevant risks. Pharmacists were made aware if prescriptions were seen. Staff explained that no prescriptions for people in the at-risk group had been seen.

Multi-compartment compliance packs were supplied to people who found managing their medicines difficult. Pharmacists and staff carried out the initial assessment verbally and liaised with the person's GP. Prescriptions were ordered by the pharmacy, when received, details on prescriptions were cross-referenced against individual records to help identify changes or missing items. Queries were checked with the prescriber and audit trails were maintained. Descriptions of medicines within trays were provided. Packs were not left unsealed overnight. Mid-cycle changes involved packs being retrieved, amended, re-checked and re-supplied.

Patient Information Leaflets (PILs) were not routinely supplied. Not all medicines included in compliance packs were de-blistered and removed from their outer packaging; Epilim tablets were provided inside trays for one patient within their original packaging. This was described as required to help with compliance issues. The person's GP was informed. There were no details highlighted on compliance packs to indicate this activity, to instruct people to remove medicines from the foil or to ensure ongoing safety concerns were reinforced. The RP thought that details were documented by the team to support or demonstrate the purpose for this. This was not located during the inspection. There were no risk assessments for this situation seen to be carried out or documented.

Medicines were delivered. Audit trails were in place to demonstrate when and where medicines were delivered. The driver marked against people's details when medicines were delivered. CDs and fridge items were identified. People's signatures were obtained when CDs were delivered. Failed deliveries were brought back with notes left to inform people. Medicines were not left unattended.

Medicines and medical devices were obtained from licensed wholesalers such as Colorama, AAH, Alliance Healthcare, Sigma, OTC Direct and Doncaster. Unlicensed medicines were obtained through Colorama or Alliance Specials. The pharmacy was in the process of complying with the European Falsified Medicines Directive (FMD). The pharmacy system had been updated and relevant equipment ordered. The team were provided with guidance from the superintendent pharmacist and were aware of the processes involved.

Medicines were stored in an organised manner in the dispensary. Date-checking of medicines occurred every few months. Short-dated medicines were identified using a highlighter pen. A schedule was being used by the team to demonstrate when medicines were last checked for expiry. This had been taken away by the superintendent and could not be verified. There were no date expired medicines or mixed batches seen. Liquid medicines were marked with the date they were opened.

There were odd medicines stored outside of their additional containers that were marked with all relevant details. However, several of these were missing expiry dates and batch numbers.
This included rivaroxaban, levetiracetam, sodium fusidate, and prednisolone. There was also a loose blister present (metformin). The latter was not the normal practice of the team.

CDs were stored under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day and overnight. Prescriptions requiring collection were held within an alphabetical retrieval system. Fridge items and CDs (Schedules 2 and 3) were identified with notes written on. Schedule 4 CDs were not highlighted. Uncollected medicines were checked and removed every month.

A date expired prescription for tramadol was present (dated 14/01/19). The MCA knew this was a CD and that this prescription was only valid for 28 days. Once accepted, the team stored returned medicines requiring disposal within appropriate receptacles. People bringing back sharps for disposal were referred to the local council. Returned CDs were brought to the attention of the RP with relevant details entered into a CD returns register. Drug alerts were received by email. The process involved checking for stock and acting as necessary. An audit trail was available to verify this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has appropriate equipment and facilities to provide services safely.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources. Computer terminals were positioned in a way that prevented unauthorised access. A range of clean, crown stamped conical measures were present for liquid medicines. Counting triangles were available.

The dispensary sink used to reconstitute medicines was relatively clean. There was hot and cold running water available as well as hand wash present. The fridge was maintained at appropriate temperatures for the storage of medicines. The CD cabinet was secured in line with legal requirements. The blood pressure machine was described as replaced the year before 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.