General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: West End Pharmacy, 3 Heysham Road, MORECAMBE, Lancashire, LA3 1DA

Pharmacy reference: 1084040

Type of pharmacy: Community

Date of inspection: 27/08/2020

Pharmacy context

This is a community pharmacy located next to a medical centre. There is also another pharmacy inside the medical centre. It is situated in a residential area of Morecombe in Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and emergency hormonal contraception. A number of people receive their medicines in multi-compartment compliance aids.

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 team has written procedures to help it work effectively. But the procedures do not contain a date of issue and there are no records to show when members of the team read them. So the pharmacy cannot show that the procedures are up to date or that they are always followed. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs). But there was no date of when they were issued or when they are due to be reviewed. So it is not known how well they reflected current practice. Staff said they had read the SOPs but there were no training records to indicate when they had done this. A risk assessment for the continued provision of pharmacy services during coronavirus had been completed by the pharmacist. Information about the changes to services, to address risks which had been identified, was emailed to each member of staff. Individual risk assessments for each member of the pharmacy team had been completed by the pharmacist.

Dispensing errors were recorded electronically. A recent record related to a supply of incorrect eye drops. The pharmacist had investigated the error and warning stickers had been placed on the stock shelves to help reduce the risk of future errors. There was a paper log to record near miss incidents. The pharmacist said each month he discussed the near miss errors with the pharmacy team. But details of this discussion were not recorded so there was no record to show what learning had been identified. The pharmacist gave examples of action that had been taken to help prevent similar mistakes, which included moving different strengths of betahistine tablets away from each other.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The members of the pharmacy team understood their responsibilities and were clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team.

A current certificate of professional indemnity insurance was on display in the pharmacy. Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team had read the policy and had signed confidentiality agreements. When questioned, the dispenser was able to describe how confidential information was destroyed using the on-site shredder. A privacy notice was on display in the retail area explaining how the pharmacy handled and stored people's information.

Safeguarding procedures were included in the SOPs. The pharmacy team had completed a safeguarding e-learning and pharmacy professionals had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. The dispenser said she would initially report any concerns

to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacists, two accuracy checking technicians (ACTs), a dispenser and two medicine counter assistants (MCA) – one of whom was in training. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist, one or two ACTs, and one or two other staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about the coronavirus pandemic. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training. But staff did not have appraisals and training was not provided in a structured or consistent manner, so learning needs may not always be identified or addressed.

The technician gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgment and this was respected by the superintendent. The dispenser said she received a good level of support and felt able to ask for further help or raise concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no service based targets set by the company.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. An enhanced cleaning schedule was in place to help minimise the risk of coronavirus transmission. Markings on the floor encouraged social distancing of 2m between members of the public. A restriction of no more than two people in the retail area at any one time was in place. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary.

Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by the position of the counter. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was generally clutter free with a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was suitable for wheelchair users. The pharmacy team said they would assist a patient where they could, but there was no wheelchair access to the consultation room. So some people may not be able to access all of the pharmacy's services. Pharmacy practice leaflets gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. The pharmacy opening hours were displayed at the entrance of the pharmacy.

A repeat prescription service was offered where patients would contact the pharmacy to order their medication. A record of requested medication was kept, and any missing items were queried with the GP surgery. The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a record of delivery was kept. The delivery driver was exercising social distancing for each delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. The ACT was permitted to perform the final accuracy check on medicines which were repeated items. New medicines, or changes in prescriptions would be flagged to the pharmacist. But there was no audit trail to indicate when a clinical check had been completed. So there was a risk that some medicines could be supplied without a clinical check.

Dispensed medicines awaiting collection were kept on a collection shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient’s name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted and the pharmacist said he would counsel patients on their latest results. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to patients to check the supply was suitable but said there were currently no patients that met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. The pharmacy would refer people to their GP in order to assess their suitability to receive their medicines in a compliance aid. A

record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. A diary was used to record short-dated stock and it was segregated at the start of the month of expiry. But there was no set structure for when expiry dates were checked, so some medicines may be overlooked. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinets, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication were quarantined in a safe area for at least 7 days to help minimise the risk of exposure to coronavirus. They were then disposed of in designated bins located away from the dispensary. Details of drug alerts received from the MHRA, and any action which had been taken, were recorded.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested in June 2016. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean by the pharmacy team.

Clear Perspex screens were installed at the medicines counter. Signs were on display in the retail area encouraging members of the public to maintain social distancing and to wear a face mask. Members of the pharmacy team were wearing a mixture of face masks or visors. Gloves and alcohol-based hand gel were available for use by staff. Disposable paper towels were used by staff as part of their hand washing regime.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.