General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tuxford Pharmacy, 5 Newcastle Street, Tuxford, NEWARK, Nottinghamshire, NG22 0LN

Pharmacy reference: 1084862

Type of pharmacy: Community

Date of inspection: 15/02/2023

Pharmacy context

This community pharmacy is located in the centre of the town. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It supplies a number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. And it supplies medicines to people in care homes.

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 adequately manages risks to make sure its services are safe. It acts to improve patient safety and asks its customers for their views and feedback. Members of the pharmacy team are clear about their roles and responsibilities. They have written procedures on keeping people's private information safe and they understand how they can help to protect the welfare of vulnerable people. Team members generally complete the records that they need to by law. But some of the records are incomplete or inaccurate, which could cause confusion and makes audit more difficult.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that members of the pharmacy team had read and accepted them. The locum pharmacist, who worked regularly in the pharmacy confirmed that she had read the company's SOPs, although she had not made a record in this pharmacy. Roles and responsibilities were set out in SOPs. There was a role chart on display in the dispensary and the pharmacy team members were performing duties which were in line with their responsibilities. Team members did not wear uniforms or anything to indicate their roles, so this might not be clear to members of the public. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

Pharmacy team members recorded dispensing incidents electronically. They reported near misses on a log and discussed them within the team. Learning points were included on the log. Following incidents 'select with care' alert stickers had been placed in front of medicines which were commonly confused such as metformin and metformin MR, and some other common look-alike and sound-alike drugs (LASAs) had been highlighted. Dividers had been used to separate medicines with different strengths, such as fluoxetine 20mg and 60mg capsules. Pharmacy team members pointed out to each other similar packaging or when pack sizes changed. For example, when a medicine which was usually received in boxes of 28 changed to 30. This helped to reduce errors. The RP explained baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. Notices on the actions to take in the event of an anaphylactic reaction and basic life support were on display in the consultation room to help manage the risks when carrying out the vaccination service. The required equipment, such as a sharps bin was in place.

A notice was on display with the pharmacy's complaint procedure, and it encouraged people to leave feedback. This was also outlined in practice leaflets which were on display. The certificate of professional indemnity insurance which was on display in the pharmacy was out of date. Following the inspection, the pharmacist superintendent (SI) said that it renewed automatically and confirmed appropriate insurance arrangements were in place provided by a reputable company. Private prescription and emergency supply records were maintained electronically, but the prescriber details were not correct on the sample of private prescriptions checked, which could cause confusion in the event of a problem or query. The controlled drug (CD) registers were generally in order. Records of CD running balances were kept and audited periodically. A discrepancy was found in one of the running balances checked. The RP resolved the discrepancy during the inspection and corrected the register by recording a missing entry of a supply made in January. Patient returned CDs were recorded and disposed of appropriately. The RP log was recorded electronically and appeared to be complete.

There was an information governance (IG) file which included information about confidentiality and data protection. Confidential waste was collected in a designated place and shredded. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR), but it was partly covered by a poster, so people might not realise it was there, or be able to read it.

The RP had completed level three training on safeguarding. Other staff had completed training appropriate to their role. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The RP had the NHS safeguarding App on her mobile phone which included guidance and the details of who to report concerns to in the local area. The pharmacy had a chaperone policy, and this was highlighted to people, but the notice had been partly covered by a poster, so people might not realise this was an option. The RP said she would move the poster. Pharmacy team members were aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse, and training on this was part of the planned training programme.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members have the appropriate training for the jobs they do, and they get some ongoing training to help them keep up to date. The team members work well together. They are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

There was an RP, an NVQ2 qualified dispenser, a trainee dispenser, a trainee medicines counter assistant (MCA) and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. There was a holiday planner and planned absences were organised so that not more than one person was away at a time. Team members were all part time and increased their hours to cover each other's absences when required. The pharmacist superintendent (SI) worked at least one day each week in the pharmacy and there were two regular locum pharmacists who covered the other days.

Members of the pharmacy team carrying out the services had completed appropriate training and some qualification certificates were on display. The trainee MCA had worked at the pharmacy for a few weeks. She was due to be enrolled onto an accredited course. The pharmacy team were following a monthly programme of training on a variety of topics. A team member explained that she mainly carried out her training at home. Training had been completed on return of unwanted inhalers, adult and childhood obesity, and infection prevention and control.

The pharmacy team received informal feedback on their performance and development from the SI. Other issues were discussed daily within the team as they arose. Team members said they would be comfortable talking to the RP or SI about any concerns they might have. And they confirmed they were comfortable admitting errors and felt that learning from mistakes was the focus.

The RP was empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because she felt it was inappropriate. She said there was pressure on her to carry out various services such as the New Medicine Service (NMS), but she didn't feel this ever compromised patient safety and she didn't feel under excessive pressure to do them.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises generally provide a suitable environment for people to receive healthcare services. The pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations. But the lack of space and poor housekeeping affect the working conditions and detract from the professional image of the pharmacy.

Inspector's evidence

The pharmacy premises, including the shop front and facia, were in a reasonable state of repair, but some areas were in a poor state of decoration and not very clean. Several of the fixtures and fittings were broken and the flooring and chairs in the retail area were stained, which didn't provide a professional image. There was a very large cardboard box in the retail area. A member of the team explained that the pharmacy was used as a drop off and collection point for a courier. She moved the parcel during the inspection when she noticed it was getting in the way. The temperature and lighting were adequately controlled on the ground floor, but the first floor was not heated and was very cold.

Space was very limited in the dispensary. The dispensary shelves were over full, and a shortage of bench space and shelving meant some baskets containing medicines were being stored on the floor. There was a separate room on the first floor where compliance aid packs were assembled and stored. Some baskets containing medicines were on the floor in this room too, which was unhygienic and compromised the integrity of the medicines. There was also a stockroom on the first floor which provided additional storage space. Staff facilities included a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation. Hand washing notices were displayed above the sinks. The hot water boiler was broken so there was currently no hot running water. Team members confirmed that this had been reported to the SI who had told them he was dealing with it. Hand sanitizer gel was available.

The consultation room was equipped with a portable sink. The availability of the room was highlighted by a sign on the door and in the practice leaflet. This room was used when carrying out services such as vaccinations and when customers needed a private area to talk.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy services are reasonably well managed, and people receive appropriate care. The pharmacy gets its medicines from licensed suppliers and the pharmacy team carries out some checks to ensure medicines are in suitable condition to supply.

Inspector's evidence

There was a step up to the front door of the pharmacy, but it was possible for customers to enter with prams and wheelchair users with assistance. Services provided by the pharmacy were advertised and details of the services were outlined in the practice leaflet. There was a range of healthcare leaflets and some posters advertising local services and support groups. For example, carers in the community and cancer survivors. Books on common conditions were available for purchase.

There was a home delivery service with an associated audit trail. The service had been adapted to minimise contact with recipients, during the pandemic. The delivery driver confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The workflow in the dispensary was reasonably well organised and there was a designated checking area. Some of the dispensary shelves were full and untidy. A dispenser explained that she tidied them when she date-checked, but they were behind with this as the pharmacy had been very busy. Dispensed by and checked by boxes were usually initialled on the medication labels to provide an audit trail.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. ‘Pharmacist’ stickers were used to highlight when counselling was required. The team were aware of the valproate pregnancy prevention programme. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

The multi-compartment compliance aid packs were suitably managed. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these and the date the changes had been made, which could cause confusion when assembling packs. Medicine descriptions were included on the labels to enable identification of the individual medicines. Packaging leaflets were not usually included unless the person was having the medicine for the first time. So, people might not have easy access to all the information they need each time they received their medication. Disposable equipment was used. An assessment was made by the pharmacist as to the appropriateness of a pack or if other adjustments might be more appropriate to the patient’s needs. This involved a discussion with the patient, carer, or prescriber, but these conversations were not usually recorded.

The trainee MCA explained what questions she asked when making a medicine sale and knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be misusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which were securely fixed to the wall. The CD keys were under the control of the RP during the day. There was a large quantity of date expired and patient returned CDs, but they 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.

Recognised licensed wholesalers were used to obtain stock medicines. Medicines were generally stored in their original containers, although a couple of loose bottles of tablets were seen which had not been appropriately labelled and did not include their batch number and expiry day. Date checking was carried out periodically and medicines which were going out of date in the next few months were noted down so that they could be taken off the shelves at the appropriate time. Short-dated medicines were highlighted by adding an elastic band or sticker to the packaging. A record of when the date checking had been carried out and which parts of the pharmacy had been checked was not made, so some areas of the pharmacy might be missed. A dispenser confirmed that the expiry date of each medicine was checked as part of the dispensing and accuracy checking process, which should pick up any short-dated medicines which had been missed. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages to the pharmacy's email address, and these emails were saved electronically in a designated folder. They were read and acted on by a member of the pharmacy team, but the action taken was not always recorded so the team might not be 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 access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date information. The RP said she used an App on her mobile phone to access the electronic British National Formulary (BNF) and BNF for children. There was a clean medical fridge for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in working order.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. 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. Patient medication records (PMRs) were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. 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.